HQRP FAQ Tool

Course Layout

1.0 Navigating the FAQs

1.1 How to Search for Information

You can search in two ways, depending on whether you're looking across the entire HQRP FAQ Tool or just within the topic or page you're currently viewing.

Option 1: Search Across All Lessons or FAQs
Use this method if you want to search the full **HQRP FAQ Tool**.

1. **Start This Course**
   Open the **HQRP FAQ Tool** course.
2. **Select the Search Icon**
   Locate and select the **Search icon** at the top of the **sidebar on the left-hand side of the screen**.
3. **Enter a Search Term**
   Enter the word or phrase you are looking for in the search field.
4. **Use the Enter Key**
   The system will display search results in the sidebar.
5. **View Results**
   You will see:
   - A list of lessons that contain your search term
   - The number of times the term appears in each lesson
6. **Select a Result to Jump to It**
   Select any result to go directly to that lesson. The term will be **highlighted** in the lesson content, as long as it is not within a hidden text block (see note below).
7. **Return to Normal Sidebar Navigation**
   To exit search mode, select the **Close icon** in the search field or **use the Escape (ESC) key**.

Option 2: Search Within the Current Lesson or Page Only
Use this method to find information on just the lesson or page currently displayed.
Open Your Browser's Find Feature
Use Ctrl + F (Windows) or Command + F (Mac).

1. **Enter a Keyword or Phrase**
   A small search box will appear in your browser. Enter the term you want to locate.
2. **Review the Results**
   Your browser will highlight all matches on the page. Use the arrow keys next to the search box to move between them.

1.2 Resources

- Note on Hidden Text Blocks:

If the term you searched for appears in a hidden or collapsed section, it may not be visible or highlighted immediately. Expand any hidden content areas if needed.

- Technical Help – Email PAC Training:
  Do you need technical help with the FAQs?
  Send us an email using the Email PAC Training button. We are happy to help.
  Email: cmspostacutecaretraining@RainmakersSolutions.com
- PDF of FAQs:
  Download a PDF of all FAQs

2.0 HOPE Data Collection

2.1 Section A: Administrative Information

If a patient is admitted directly to general inpatient care (GIP), how do we code Item A0215. Site of Service at Admission?

As noted in the coding instructions in the manual, Code 05, Inpatient Hospital, if the patient received hospice care in an Inpatient Hospital at the time of admission.

For Item A1400, Payer Information: Can both A. Medicare (traditional fee-for-service) and B. Medicare (managed care/Part C/Medicare Advantage) be coded?

Yes. “Check all that apply.” This item is intended to identify all current, existing payer sources that the patient has, regardless of whether or not the payer is expected or likely to provide reimbursement for any services, supplies, medications, etc., that the patient may receive during the hospice stay.

For a payer change from commercial insurance to Medicare, is it necessary to discharge the patient and create a new admission to align with the Medicare Hospice Benefit and the Notice of Election (NOE)?

No. An insurance change can be updated with the next HOPE submission. Although the Notice of Election (NOE) correlates with Medicare (as payer) and needs to align with the use of the Medicare Hospice Benefit, this does not require a new HOPE Admission. The HOPE Admission is tied to the original hospice election date or the date of admission to another hospice, not the type of insurance. An insurance change can occur anywhere along the continuum of a hospice stay. Each hospice provider is responsible for completing the applicable HOPE records after a patient is admitted to their hospice for services. This is based on the patient’s length of stay in each hospice and is not based on the patient’s benefit period or their payer.

If the patient was admitted to the hospice on or after October 1, 2025, the hospice is required to complete the HOPE Admission, HUVs (and any SFVs if applicable), and

the HOPE Discharge, once the patient is discharged. This information can be found in the HOPE Guidance Manual located on the HOPE webpage.

How should Item A1905, Living Arrangements be coded at hospice admission for facility patients (nursing facility, GIP, or hospice admissions in a hospital) who normally reside at home?

Item A1905, Living Arrangements should reflect the current living arrangements of the patient at the time of the assessment. Select the response option for the setting where hospice services are to be initiated. This item is not asking about "prior" living conditions, before they elected hospice, but what is happening at the time of admission to hospice. Code 4: Inpatient facility would be the correct response, as examples include skilled nursing facility, nursing home, inpatient hospice, hospital.

For hospice patients who reside in an assisted living facility (ALF), does the building staff count as in-person assistance?

Item A1910, Availability of Assistance collects information about the level of in-person assistance provided by available and willing caregivers, excluding hospice and facility staff. Even if facility staff provide in-person assistance, they are not included in the coding for this item.

If no caregivers, other than hospice or facility staff, are available, the correct response is Code 5: No assistance available.

2.2 Section I: Active Diagnoses

What if the principal diagnosis selected is not listed among the response options for Item A1910, Availability of Assistance?

The principal diagnosis in HOPE is intended to be completed by the RN during an assessment and is based on discussions and confirmation with the hospice medical director to determine the correct terminal diagnosis and the comorbidities that may impact the patient during their hospice stay.

If none of the listed response options for Item I0010, Principal Diagnosis align with the patient's terminal condition, select Code 99: None of the above.

How should Comorbidities or Co-existing Conditions be coded if none are present for Item I0010, Principal Diagnosis?

There is no required minimum for the Comorbidities and Co-existing Conditions. Check all that apply, or none at all. However, per the HOPE Guidance Manual located on the HOPE webpage, "check all 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."

For Item I0010, Principal Diagnosis, is cancer the only diagnosis that can be coded as both the principal diagnosis and as a comorbidity and co-existing condition?

Yes. Cancer is the only diagnosis that can be considered both the primary diagnosis and a comorbidity.

Should hospices only select diagnoses related to I0010, Principle Diagnosis or all of the patients comorbid and co-existing conditions?

Per the HOPE Guidance “check all 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.”

2.3 Section J: Health Conditions

If the hospice patient did not have pain at the time of the HOPE-Admission visit, does the hospice nurse have to complete the Comprehensive Assessment?

Completion of the comprehensive pain assessment depends on whether the clinician determines that pain is an active problem. HOPE includes a skip pattern so that a comprehensive pain assessment is not required when J0905. Pain Active Problem is coded 0. No.

If the patient does not have pain at the time of the assessment but pain is identified as an active problem, complete Item J0910, Comprehensive Pain Assessment.

For additional details on quality measure (QM) scoring for the Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (CBE #3235), refer to the Hospice Quality Reporting Program Quality Measure Specifications User’s Manual located on CMS' Current Measures webpage.

Can the Symptom Follow-up Visit (SVF) 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 completed within 2 calendar days of a HOPE-Admission or HUV in which any pain or non-pain symptom in Item J2051, Symptom Impact is coded as moderate or severe. The SFV must be a separate visit from the HOPE-Admission or HUV, although it may occur later on the same day or anytime within the following two days.

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.

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.

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.

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

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.

When an SFV indicates that 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 additional SFVs are not required 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.

2.4 Section M: Skin Conditions

How do we code skin issues that are not represented on the list provided in the HOPE Item M1195, Types of Skin Conditions?

Item M1195, Types of Skin Conditions provides a non-exhaustive list of common skin conditions that the hospice nurse can document. The nurse should review the medical record and assess for any ulcers, wounds, or skin problems present at the time of assessment.

If the hospice nurse identifies a skin issue not listed, they would select Z. None of the above were present. The nurse is still able to code a treatment such as a medication or cream in Item M1200, Skin and Ulcer/Injury Treatments, as appropriate.

2.5 Section N: Medications

For Section N of the HUV, which date should be used when an opioid is being continued?

Data collected for the HUV is designed to update the patient's written plan of care. Each item should reflect what is determined during the assessment visit, and/or documented in the clinical record. The date entered should coincide with the details obtained at that visit (HUV) regardless of whether the opioid is newly initiated or continued from a previous order.

- If an opioid order is continued, or initiated during the HUV visit, enter the date of the HUV visit—not the original order date.

Section N items were carried over from the Hospice Item Set (HIS) and inform the seventh component of the Comprehensive Assessment Quality Measure at Admission: "Patients Treated with an Opioid who are Given a Bowel Regimen." For detailed instructions on how this quality measure is calculated, consult refer to the Hospice Quality Reporting Program Quality Measure Specifications User's Manual located on CMS' Current Measures webpage.

2.6 Section Z: Record Administration

For Item Z0350, Date Assessment was Completed, should the date include the SFV, or is it just when the HUV was conducted?

For the HUV timepoints, Item Z0350, Date Assessment was Completed would be the date the HUV was completed, including any SFVs where applicable.

3.0 Timepoints

3.1 Admission

If a hospice patient was transferred to our hospice and both of the HUVs were already completed by the previous hospice, does our hospice staff need to complete any HUVs?

When a hospice patient transfers from one hospice to another, the HOPE requirements depend on whether the two hospices share the same CMS Certification Number (or CCN).

Hospice quality reporting and requirements are at the CCN level.

- Same CCN: the receiving hospice continues the HOPE record process.
- Different CCN: each hospice should complete a HOPE-Admission, HUV records (as applicable), and a HOPE-Discharge record for the care provided to the patient by their organization.

For more information regarding transfers, refer to the HOPE Guidance Manual located on the HOPE webpage.

3.2 HUV

Since CMS is allowing an LPN/LVN to conduct the SFVs, 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.

Which patients require an HUV?

When counting days for the HOPE timepoints, the date of the hospice election (or the date your hospice recorded in A0220. Admission Date) would be considered day 0.

- HUV1 is required on or between days 6 and 15 of the hospice stay.
- HUV2 is required on or between days 16 and 30 of the hospice stay.

What should our hospice do if we are late completing the HUV?

If an HUV is 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 applicable SFVs. A late HUV record will still be accepted in iQIES. Currently, HQRP compliance is based on timely submission and not on completion. “To comply with the timeliness requirements providers must submit at least 90% of their HOPE records per the 30-day submission deadline throughout the calendar year, for each corresponding FY APU period. A late HOPE HUV record, if submitted timely will count positively towards your hospice’s compliance rate.

If an HUV is 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 applicable SFVs. A late HUV record will still be accepted in iQIES.

What should our hospice do if we miss completing the HUV1?

HUV1 and HUV2 have specific timeframes for data collection. If, for any reason, you miss the data collection period for HUV1, there is no need to submit, since there is no HUV data. Your hospice can still collect and submit HUV2. Currently, HQRP compliance is based on timely submission and not on completion. “To comply with the timeliness requirements providers must submit at least 90% of their HOPE records per the 30-day submission deadline throughout the calendar year, for each corresponding FY APU period. A late HOPE HUV record, if submitted timely will count positively towards your hospice’s compliance rate.

What should our hospice submit if we miss completing the HUV1?

HUV1 and HUV2 have specific timeframes for data collection. If, for any reason, you miss the data collection period for HUV1, there is no need to submit, since there is no HUV data. Your hospice can still collect and submit HUV2.

What do we do if a patient refuses the HUV?

Per the HOPE Guidance Manual: Hospice Outcomes and Patient Evaluation (HOPE) Guidance Manual, HUVs are required and expected. These HUV timepoints were created to be intentionally broad to allow maximum flexibility, and in alignment with the Hospice Conditions of Participation (COPS) to update the plan of care.

Does an HUV still need to be completed if the patient is in a GIP setting?

Yes. All Medicare-certified hospice providers are required to submit data on all patient admissions. The completion of HOPE records applies to all patient admissions to a Medicare-certified hospice program regardless of where the patient receives hospice services, such as a private home, nursing home, assisted living, or hospice inpatient facility. Refer to the HOPE Guidance Manual located on the HOPE webpage.

How do we conduct the HUV "visit" or an SFV in a GIP setting when care is provided 24 hours/day, 7 days per week?

For a patient in an inpatient setting a “visit” may be considered an “encounter “or something similar. The completion of HOPE records applies to all patient admissions to a Medicare-certified hospice program regardless of where the patient receives hospice services, such as a hospice inpatient facility.

Please refer to the HOPE Guidance Manual located on the HOPE webpage for the definitions of HUV1 and HUV2.

Are these new HOPE timepoints only for patients on Routine home care (RHC)?

No. HOPE is for all patients admitted on or after October 1, 2025. These include the HOPE-Admission, HUV(s), if applicable, and HOPE-Discharge records. No hospice patients are excluded based on the level of care (e.g., general inpatient care day (GIP), Continuous home care (CHC), or Inpatient respite care (respite).

How do we code a late SFV?

CMS understands that there will be instances where an SFV may be late due to a variety of reasons. A late SFV would still be acceptable, and if added to the associated assessment before the required submission date, it will be included in 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 who were identified as having severe or moderate symptom impact due to pain or non-pain symptom(s).

What do we do if the patient refuses the SFV?

If the SFV cannot be completed within the required 2-day timeframe, follow the instructions in the guidance manual to accurately complete the item. Item J2052C. Symptom Follow-up Visit (SFV) provides four response options for C. Reason SUV not completed:

Code 1, Patient and/or caregiver declined an in-person visit.
Code 2, Patient unavailable (e.g., in ED, hospital, travel outside of service area, expired.)
Code 3, Attempts to contact patient and/or caregiver were unsuccessful.
Code 4, None of the above.

If an SFV is completed within 2 days resulting and results in Item Z0350,. Date Assessment was Completed falling on day 17, does this constitute a late HUV?

No. If the SFV was completed within the allowed window (e.g., within 2 days of the triggering event), then a completion date of day 17 is not considered late. What matters is whether theSFV was conducted according to HOPE requirements and whether the record is submitted and accepted within 30 days of completion. Once the HUV record is accepted in iQIES, the SFV would be included in the numerator for the relevant process quality measure.

3.3 Discharge

Can an LPN complete the HOPE-Discharge, or must it be an RN?

This depends on the reason for discharge as some reasons require a nursing assessment, others do not. Patients can be discharged for any of the reasons listed in Item A2115, Reason for Discharge.

The discharge item set has not changed from the HIS to HOPE. The items on the HOPE discharge ask about the date of discharge and the reason. Responding to these items does not require an assessment and therefore can be completed by any appropriate hospice team member.

Our hospice completed an administrative discharge due to a billing issue and now the HUV has been reset. Is this necessary?

No. If an administrative discharge occurs without an interruption in hospice care, the hospice should continue to complete HUV1 and HUV2 based on the dates of the original admission to their hospice. An administrative discharge for billing purposes does not require the submission of a HOPE Discharge record and does not reset HOPE timepoints.

When a patient remains under hospice care without interruption, a HOPE Discharge should not be submitted. A HOPE Discharge is required only when the patient is no longer receiving hospice services or there is an interruption in care for a reason listed in Item A2115, Reason for Discharge.

We recommend you review Special Circumstances Affecting HOPE in the HOPE Guidance Manual located on the HOPE webpage.

An administrative discharge is for your billing records only as the hospice cannot bill for services. If you have any questions about how to handle an administrative discharge, please contact the iQIES Service Center:

- E-mail: iqies@cms.hhs.gov
- Phone: 1-800-339-9313
  Hours: Monday - Friday, 8am - 8pm Eastern Time (ET)

4.0 HOPE Data Submission

4.1 Submission Sequence

Is the hospice election considered day 0 or day 1 for HOPE?

CMS interprets the date of hospice election, or the date coded in Item A0220, Admission Date for transfers, or re-admissions to be day 0. Therefore, if the patient was admitted (Admission Date = Wednesday) and the effective date of hospice election was on Wednesday, Wednesday is day 0, Thursday is day 1, and so on.

Do the 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 (a warning), but the record will be accepted.

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.

Can a provider submit their own HOPE records?

Yes. Providers can continue to submit their own records.

4.2 Submission Deadline

What are the HOPE Submission Deadlines?

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

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

5.0 HQRP Compliance

5.1 Compliance

What are the requirements for timely submission of HOPE data?

Timely submission of HOPE data is required for compliance with the HQRP. Hospices must submit at least 90% of their HOPE records within 30 days to avoid a 4% Annual Payment Update (APU) penalty.

- The submission deadline for the Admission record is no later than the Admission date + 30 calendar days.
- The submission deadline for HUV records is no later than Z0350. Date Assessment was Completed + 30 calendar days.
- The submission deadline for the Discharge record is no later than the Discharge Date + 30 calendar days.

Data submitted in calendar year (CY) 2026 will affect payment adjustments in fiscal year (FY) 2028.

How can I ensure that my HOPE record submissions meet the timeliness compliance threshold?

To comply with HOPE timeliness requirements, providers must submit at least 90% of HOPE records by the submission deadline for each FY APU period.

To monitor compliance, use the Timeliness Compliance Threshold Report in iQIES to review your hospice's preliminary compliance with the 90% threshold.

How do we verify our HOPE submissions?

The best way to monitor successful HOPE submissions to and acceptance in iQIES is by monitoring the Final Validation Reports (FVRs). Instructions on reports for validating HOPE submissions are available on the iQIES portal. Additional guidance can be found in the iQIES Reports Training Materials found in the Reference & Manuals section on the QIES Technical Support Office (QTSO) website. We also recommend you review the training materials posted on the HQRP Education and Training Library page for additional guidance on HOPE submission and validation reports.

Our hospice payments have been reduced since October 1st. Can you explain why?

CMS issues non-compliance notices each July for hospices that did not meet HQRP requirements in the prior calendar year. Hospices subject to the 4% APU reduction effective October 1 would have received a notice from their Medicare Administrative Contractor (MAC), which is also placed in the hospice's CASPER folder.

If a hospice believes the non-compliance determination is incorrect, they may submit a request for reconsideration within 30 calendar days of the date on the notification letter. Requests submitted after this deadline are not accepted.

Additional information about the reconsideration process is available on the HQRP Reconsideration Requests webpage. Questions regarding reconsideration should be directed to HospiceQRPReconsiderations@cms.hhs.gov.

6.0 iQIES

6.1 Error Messages and Warnings

Where can we find information to understand the error messages we receive when submitting HOPE records?

We recommend you review the additional guidance in the HOPE Error Message Reference Guide and iQIES Reports Training Materials found in the Reference & Manuals section on the QIES Technical Support Office (QTSO) website. These resources explain submission errors and corrective actions for HOPE records submitted to iQIES.

We received a warning on my HOPE submission. What do we need to do?

Warnings indicate items to review, but the record is accepted. Hospices should review the flagged items to confirm accuracy and, if needed, correct and resubmit the record. If the information is correct, no action is required.

We recommend you review the additional guidance in the HOPE Error Message Reference Guide and iQIES Reports Training Materials found in the Reference & Manuals section on the QIES Technical Support Office (QTSO) website.

For technical questions, please contact the iQIES Service Center:

- E-mail: iqies@cms.hhs.gov
- Phone: 1-800-339-9313
  Hours: Monday - Friday, 8am - 8pm ET

7.0 Vendors

7.1 Vendors for Data Collection and Submission

Do we need a vendor to submit HOPE?

As of October 1, 2025, hospice providers are 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.

Do hospices need a vendor for HOPE data collection?

Yes. Hospices need a private software vendor to collect HOPE data if they do not already have one.

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.

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.

8.0 CAHPS® Hospice Survey

8.1 CAHPS and the HQRP

What are the data submission deadlines for CAHPS Hospice Survey data?

The data submission deadlines for CAHPS Hospice Survey data are the second Wednesday of the month for the months of February, May, August, and November. It is important for hospices to submit their patient counts to their selected vendor monthly. Approved CAHPS vendors submit data on behalf of their client hospices on or before that date. Late data is not accepted. More information is available on the official CAHPS Hospice Survey website.

Can you clarify who determines the mode for the CAHPS Hospice Survey administration, phone call, mail, or web?

Hospices will determine the mode they will use when selecting a survey vendor. The different survey vendors offer different modes. After a hospice has determined the mode with the survey vendor they select, all cases from that hospice are required to use the same mode.

How do we verify our CAHPS submissions?

Hospices and their vendors can monitor CAHPS Hospice Survey data submissions through reports posted to the CAHPS Hospice Survey Data Warehouse. These reports are available by 5:00 PM Eastern Time on the next business day after submission.

Where can I get more information about the CAHPS Hospice Survey?

More details on the CAHPS Hospice Survey, including podcasts about data submission and other key items, can be found in the Information for Hospices section of the CAHPS Hospice Survey website. CMS provides multiple educational resources and training opportunities on HQRP and CAHPS Hospice Survey websites to help providers be successful.

9.0 Hospice Measures

9.1 Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (CBE #3235)

How will the transition from the HIS to HOPE work in regard to the QMs?

Starting October 1, 2025, hospices continue collecting data for the Comprehensive Assessment at Admission measure (CBE #3235) when a patient is admitted, using the HOPE tool. CMS plans to add two new measures based on HOPE data—Timely Follow-Up for Pain Impact and Timely Follow-Up for Non-Pain Symptom Impact—reporting for these two new measures will be no sooner than fiscal year 2028.

Why is my hospice's Comprehensive Assessment at Admission measure score lower than the seven components?

CBE #3235 is an "all or none" composite measure rather than an average-based measure. As a result, the overall score can be lower than the lowest individual component score.

To qualify for the measure numerator in CBE #3235, a hospice must complete all seven component processes; no partial credit is given. For example, if a hospice completes only six of the seven care processes, it will not receive credit.
This measure also includes conditional components that apply only to eligible

patients. When patients do not qualify, the measure calculation adjusts accordingly, and the hospice receives credit for those components.

The Hospice Patient-Level QM Report identifies which patient stays trigger the seven individual components and the Comprehensive Assessment at Admission measure.

How does the measure work for pain assessment if pain is not an active problem?

There is a skip pattern built into HOPE so that a comprehensive pain assessment is not required if pain is not coded as an active problem.

If pain is not an active problem (per clinical documentation) skip Item J0910, Comprehensive Pain Assessment. If pain severity is coded as mild, moderate, or severe, select Yes for Item J0905, Pain Active Problem and complete Item J0910, Comprehensive Pain Assessment. If pain is an active problem but the patient is not experiencing pain at the time of screening due to effective pain management, select Yes for Item J0905 and complete Item J0910.

9.2 Claims-based Measures

How do we submit the data for the claims-based measures?

The data for the claims-based measures are collected from Medicare claims data that has already been completed and submitted to CMS. There is no additional submission requirement for administrative data (Medicare claims).

10.0 Public Reporting

10.1 Compare Tool on Medicare.gov

Can you clarify when the QMs will be updated on the compare tool on Medicare.gov?

CMS updates publicly reported QMs according to published refresh schedules. Refer to the Public Reporting: Key Dates for Providers webpage for details. Please note that CAHPS Hospice Survey results and Star Ratings are refreshed on different schedules.

With the start of HOPE, will the first 2 quarters of HOPE data collected be used in the publicly reported measures on the compare tool on Medicare.gov 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 before publicly reporting the measures. Data collected by hospices during the 4 quarters of CY 2026 (Q1- Q4) will be analyzed beginning in CY 2027. CMS will determine whether to publicly report some or all measures based on that analysis.

How do we update our data on the compare tool on Medicare.gov (e.g., facility name, profit status)?

Hospices should follow CMS instructions for updating demographic data through the HQRP processes. Refer to the CMS webpage How to Update Hospice Demographic Data for step-by-step guidance.

When will HOPE data be on the compare tool on Medicare.gov?

The first refresh to publicly report HOPE data will be in February 2027. This refresh will include the HIS data from Q2 & Q3, 2025 and HOPE data from Q1 2026. Please Note: this will only be 3 quarters of data.

11.0 Reports

11.1 Timeliness Compliance Threshold Report

How will the timeliness compliance threshold change with HOPE implementation?

Timely submission of HOPE data is a factor in determining a hospice's compliance with the HQRP requirements and APU determinations. To comply with the timeliness requirements, providers must submit at least 90% of their HOPE (HIS) records per the 30-day submission deadline throughout the calendar year, for each corresponding FY APU period. Compliance is also based on participation in CAHPS. The Hospice Timeliness Compliance Threshold Report allows hospices to check their preliminary compliance with the 90% compliance threshold. This report is only available for the current year and the prior year within iQIES. There is no access to historical CY data.

We recommend that you review the Timeliness Compliance Fact Sheet, which is available in the Downloads section of the Requirements and Best Practices page on the CMS HQRP website.

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

Yes. To be compliant with the HQRP, 90% of HOPE records must be submitted by the 30-day submission deadline or 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.

If our hospice is late in completing the HUV, will it impact compliance?

No. Currently, HQRP compliance is based on timely submission and not on completion. Providers must submit at least 90% of their HOPE records within the 30-day submission deadline throughout the calendar year, for each corresponding FY APU period. Submissions will now include all HOPE- Admissions, HUVs, and Discharges.

The calculations of timely submission will still be available to providers via iQIES reports.

11.2 Reviewing the FVR

Are the FVRs be available for HOPE in iQIES?

Yes. The FVRs are available for HOPE users to download after a submission in iQIES, similar to the other care settings. These include an on-demand Provider FVR, an autogenerated Provider FVR, and a Submitter FVR. Format for the reports are 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.

11.3 Provider Preview Reports

Can we see our hospice's QM information before it is posted on the compare tool on Medicare.gov?

Yes. Providers receive Provider Preview Reports prior to each public reporting refresh on the compare tool on Medicare.gov. 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.

Public reporting reflects a lag in the data. Providers should also review the Public Reporting: Key Dates for Providers webpage to understand the dates of service included.

11.4 Quality Measure Reports

When will the quality measure reports be available in iQIES?

The QM reports (i.e., Hospice-Level QM Report, Patient-Level QM Report, and the Review and Correct Report) will be available in iQIES in 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.