

# **CMS' HOSPICE QUALITY REPORTING PROGRAM (HQRP) FORUM**

***HOPE for the Future***

***February 26, 2026***



# AGENDA

- HOPE Implementation
- HOPE Resources and Training
- HQRP Quality Measures (QMs) & HOPE
- Transition to iQIES
- Public Reporting Update
- FAQs



# ACRONYMS IN THIS PRESENTATION

- CMS – Centers for Medicare & Medicaid Services
- FAQs – Frequently Asked Questions
- HARP - Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account.
- HIS – Hospice Item Set
- HOPE – Hospice Outcomes and Patient Evaluation
- HQRP – Hospice Quality Reporting Program
- HUV – HOPE Update Visit
- PPR- Provider Preview Reports
- PSO – Provider Security Official
- iQIES – Internet Quality Improvement & Evaluation System
- QM – Quality Measure
- SFV – Symptom Follow-up Visit



# DISCLAIMER

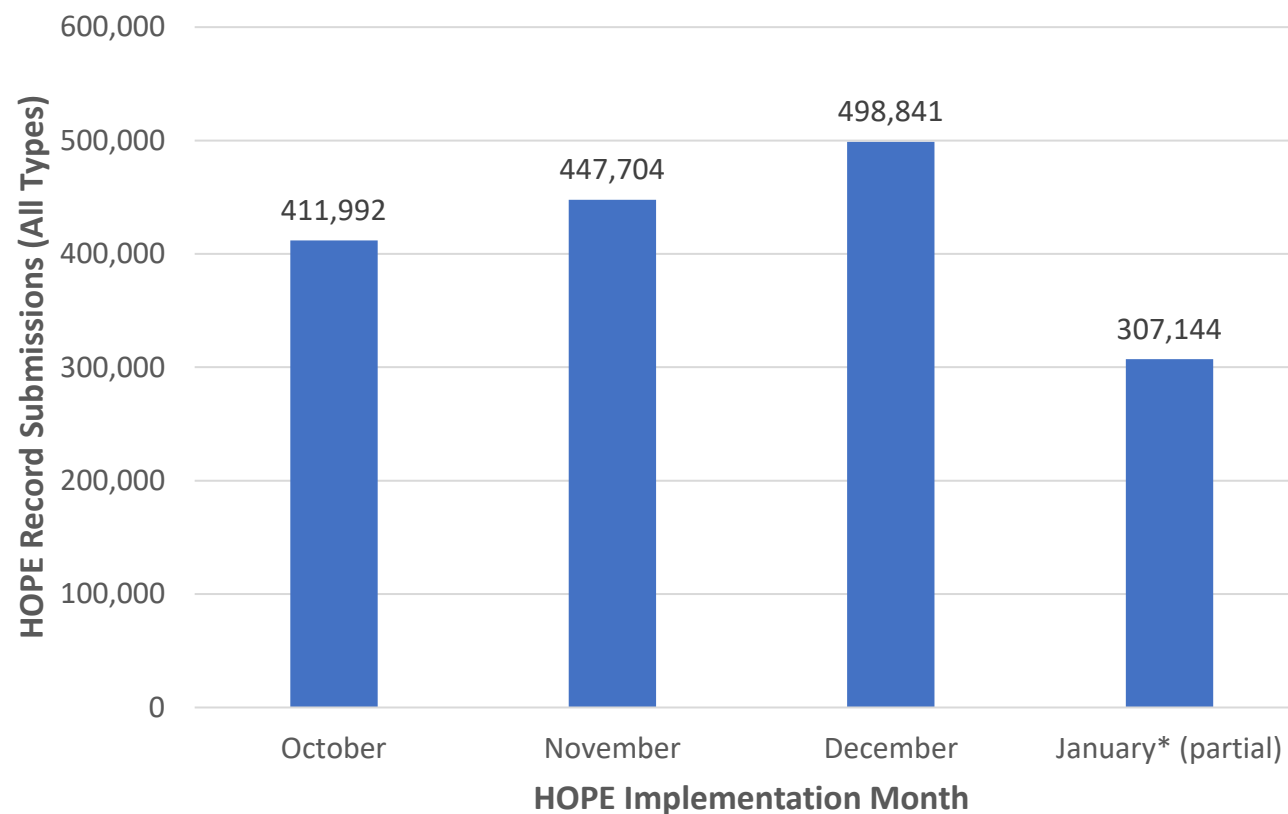
- This presentation was current at the time it was published or uploaded onto the web. Medicare policy is subject to change, so links to the Hospice Quality Reporting Program (HQRP) and other related web pages have been provided as supplemental resources for your reference.
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# HOPE IMPLEMENTATION

- The **Hospice Outcomes & Patient Evaluation, or HOPE** patient level data collection tool was successfully implemented in Q4 2025.
- HOPE replaced the Hospice Item Set (HIS) as the data collection tool for hospices.
- HOPE will provide new **assessment-based quality data** to enhance the Hospice Quality Reporting Program (HQRP).

# HOPE ASSESSMENT SUBMISSIONS

- The number of HOPE assessment submissions since October 2025 is approaching **2 million**.
- These submissions encompass 750,000 patients served by approximately 5,600 hospices.





# HOPE DATA COLLECTION RESOURCES

- HOPE Guidance and materials are accessible via the [HOPE](#) webpage.
- These include:
  - The HOPE Guidance Manual v1.02.
  - Item sets: All item, HOPE-Admission, HOPE Update Visit (HUV), and HOPE-Discharge.
  - Change table.
  - The HOPE development and testing report.

# HOPE TRAINING

- Training resources are currently accessible to all hospice providers and staff 24/7 via CMS' [HQRP Training and Education Library](#) webpage.
  - HOPE virtual training program courses:
    - Course 1: Didactic Recorded Training Series
    - Course2: Coding workshop
  - [HOPE Timepoints Video](#)
  - [HOPE Web-Based Training](#)
  - [HOPE Implementation FAQs](#)
  - [HQRP: Achieving a Full Annual Payment Update \(APU\) Training](#)





# HQRP RESOURCE DOCUMENTS

Updates to include HOPE data collection and submission.

- The [HQRP Requirements and Best Practices](#)
  - Getting Started with the HQRP.
  - The Timeliness Compliance Threshold Report: Fact sheet.
  - Post Acute Care (PAC) Hospice Quick Reference Guide.
- The [Current Measures](#) page.
  - The Hospice Comprehensive Assessment at Admission Quality Measure (QM) Background and Methodology Fact Sheet.

# HOPE TECHNICAL INFORMATION

- The [HOPE Technical Information](#) webpage provides updates and resources related to HOPE data submission specifications and other technical information.
- The Downloads section contains:
  - Errata (v1.00.3) dated 1/16/26
  - CMS' HOPE Vendor Training
  - Final HOPE Data Specifications
  - Errata (v1.00.2) dated 5/22/2025

# **HOPE and the HQRP Quality Measures (QMs)**



# HQRP QMs SUPPORTED BY HOPE

- **As of October 1, 2025**
  - The Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (CBE #3235) is still collected in HOPE.
- **No sooner than Fall of 2027:**
  - Timely Follow-up for Pain Impact **(new)**.
  - Timely Follow-up for Non-Pain Symptom Impact **(new)**.

Full QM specifications are available on  
CMS' HQRP [Current Measures](#) webpage.



# HQRP QUALITY MEASURE SPECIFICATIONS USER'S MANUAL

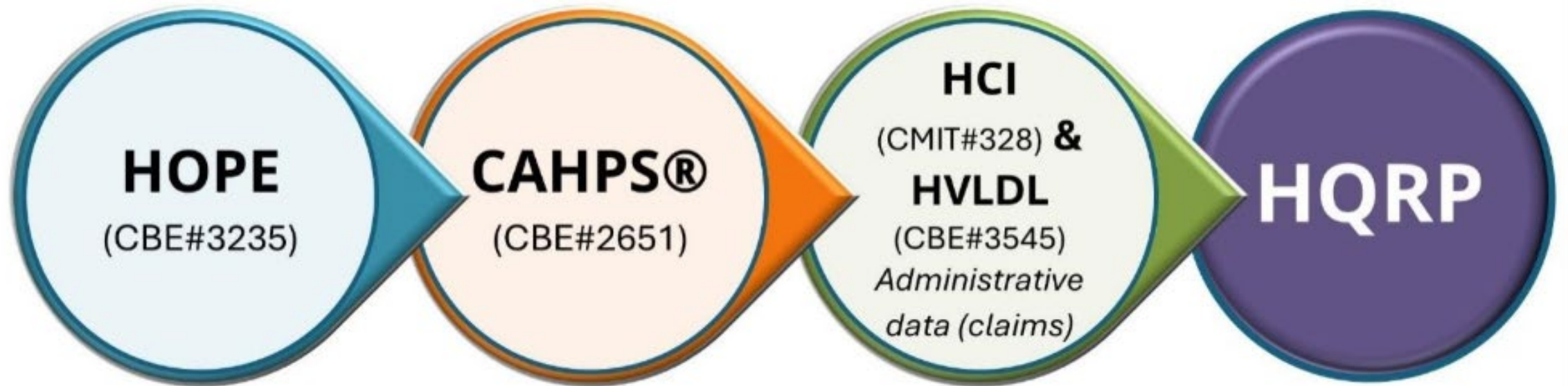
An updated version of the Manual will soon be posted in the Downloads section of the Current Measures webpage.

Updates include:

1. A correction to the language for record selection of the new HOPE measures
2. Clarifying language to describe HCI exclusions



# THE HQRP QUALITY MEASURES





# TRANSITION TO iQIES



# iQIES

- CMS' iQIES replaced QIES and CASPER on October 1, 2025.
  - HIS corrections continued in QIES until February 15, 2026.
  - Some reports are still in CASPER.\*
- Hospices transitioned to iQIES for HOPE record submissions.
- CMS' free HART tool is now retired.
- Hospice providers need to select a private vendor to collect and prepare HOPE data for submission.
- Providers can choose to submit their own HOPE records or arrange with a 3rd party to submit on their behalf.

# iQIES – What's Different?

- Only one log in, CMSNet is no longer available.
- iQIES access is not limited to just 2 users.
- Step 1: All hospice users need a HARP user ID
  - **HARP** = Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account.
- Once obtained, they will access iQIES to request a specific role to access the functionality in IQIES

\* A CMS approved **Provider Security Official (PSO)** is responsible to approve all users for their hospice (e.g., third parties and vendors).

# The PROVIDER SECURITY OFFICER (PSO) AND IQIES

- **Step 2: PSO**
  - CMS approves the first PSO for each hospice.
  - Hospices appoint **at least one** PSO.
  - CMS recommends two PSOs.
  - The PSO must be in place prior to any other user obtaining their iQIES role.

More information about the process to onboard hospice PSOs:  
<https://qtso.cms.gov/news-and-updates/iqies-hope-assessment-submission-and-reporting-launch-and-provider-security>.

# iQIES – What stays the same?

- The hospice workflow:
  - Hospices will continue to assess patients, code the HOPE tool, and submit an XML file.
  - Access to reports in iQIES\*:
    - Some will be automatically generated and placed in your folders, while others can be run on an ad hoc basis.
    - Several reports are still in the process of transition to iQIES. CMS will send updates in early 2026. \*
    - iQIES Reports Training materials are available here: [iQIES Reference & Manuals | QIES Technical Support Office](#)



# HQRP Public Reporting Update





# HQRP DATA SOURCES FOR PUBLIC REPORTING

Care Compare Refresh	HIS/HOPE Period of Performance
November 2025	HIS: Q1 2024 – Q4 2024
February 2026	HIS: Q2 2024 – Q1 2025
May 2026	HIS: Q3 2024 – Q2 2025
August 2026	HIS: Q4 2024 – Q3 2025
November 2026	HIS: Q1 2025 – Q3 2025 *3 quarters of data
February 2027	HIS: Q2 2025 – Q3 2025; HOPE: Q1 2026 *3 quarters of data
May 2027	HIS: Q2 2025 – Q3 2025 HOPE: Q1 2026 – Q2 2026
August 2027	HIS: Q3 2025 HOPE: Q1 2026 – Q3 2026
November 2027	HOPE: Q1 2026 – Q4 2026 *First public posting of new HOPE QMs (anticipated)



# FIRST REFRESH TO USE iQIES

Data for August refresh will be the first Provider Preview Report (PPR) in iQIES (May)

Care Compare Refresh	HIS/HOPE Period of Performance
November 2025	HIS: Q1 2024 – Q4 2024
February 2026	HIS: Q2 2024 – Q1 2025
May 2026	HIS: Q3 2024 – Q2 2025
<b>August 2026</b>	<b>HIS: Q4 2024 – Q3 2025</b>
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November 2027	HOPE: Q1 2026 – Q4 2026 *First public posting of new HOPE QMs (anticipated)



# FIRST REFRESH WITH HOPE DATA

Care Compare Refresh	HIS/HOPE Period of Performance
November 2025	HIS: Q1 2024 – Q4 2024
February 2026	HIS: Q2 2024 – Q1 2025
May 2026	HIS: Q3 2024 – Q2 2025
<b>August 2026</b>	HIS: Q4 2024 – Q3 2025
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November 2027	HOPE: Q1 2026 – Q4 2026 <b>*First public posting of new HOPE QMs (anticipated)</b>

First PPR in iQIES  
will be for the  
August refresh

First refresh  
to publicly  
report  
HOPE data



# LAST REFRESH WITH HIS DATA

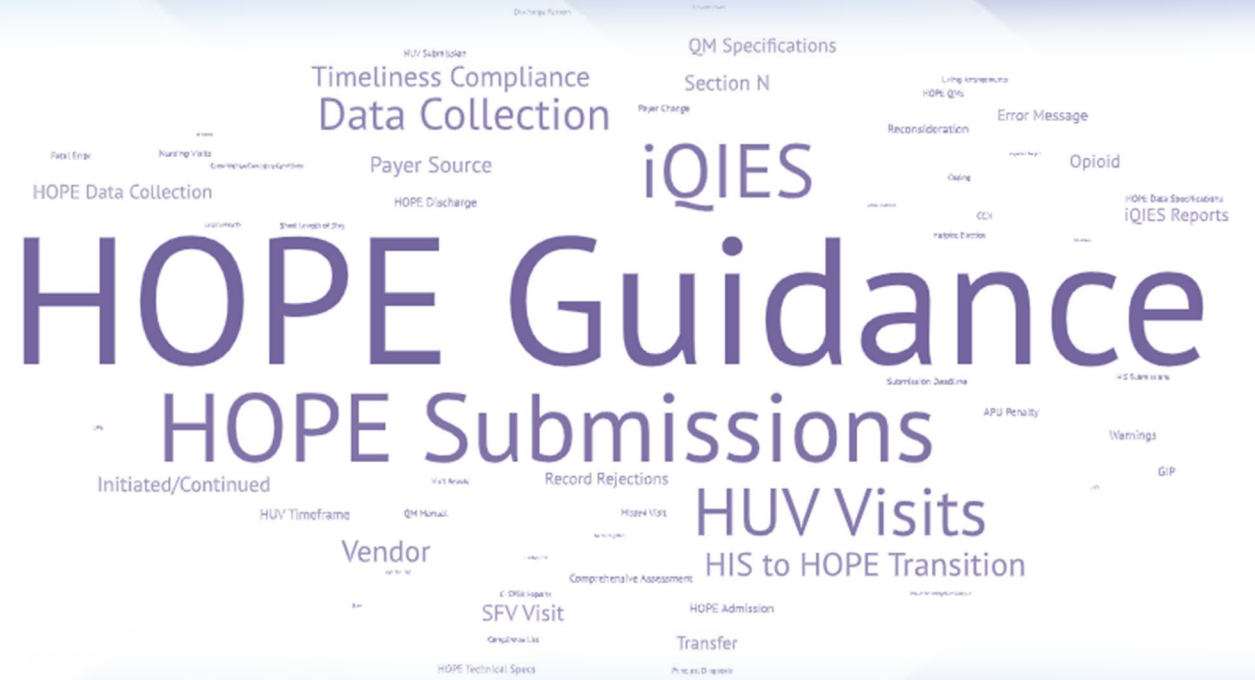
Care Compare Refresh	HIS/HOPE Period of Performance
November 2025	HIS: Q1 2024 – Q4 2024
February 2026	HIS: Q2 2024 – Q1 2025
May 2026	HIS: Q3 2024 – Q2 2025
<b>August 2026</b>	HIS: Q4 2024 – Q3 2025
November 2026	HIS: Q1 2025 – Q3 2025 *3 quarters of data
<b>February 2027</b>	HIS: Q2 2025 – Q3 2025; HOPE: Q1 2026 *3 quarters of data
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First PPR in iQIES  
will be for the  
August refresh

First refresh to  
publicly report  
HOPE data

First refresh  
to publicly  
report **only**  
**HOPE data**

# HOPE FAQs





# FAQs

- **Let's review some of the common questions we have received via the HQRP Help Desk about HOPE.**
- You can also submit questions to the HQRP Help Desk: [HospiceQualityQuestions@cms.hhs.gov](mailto:HospiceQualityQuestions@cms.hhs.gov).
- New questions may be added to the HQRP FAQs posted on the HQRP Training and Education webpage.





# Transition to HOPE

Q<sup>1</sup>

How will the transition from the HIS to HOPE work regarding the Quality Measures?

# Transition to HOPE

- 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.

# Administrative Discharge

Q<sup>2</sup>

- Our hospice completed an administrative discharge due to a billing issue and now the Hope Update Visit (HUV) has been reset.
- Is this necessary?

# Administrative Discharge

A<sup>2</sup>

- Your hospice should complete the HUV1 & 2 based on the dates from the original admission to your hospice, since there was no gap in care. We recommend you review Chapter 1, of the HOPE Guidance Manual.
- Hospices should submit a HOPE-Discharge record once the patient is no longer receiving hospice services or there is an interruption in care related to one of the reasons for discharge listed in Item A2115.

# Updating Agency Data on Care Compare?

Q<sup>3</sup>

How do we update our data, such as the facility name or profit status on Care Compare?



# Updating Agency Data on Care Compare?

- Currently, iQIES is the source of truth for demographic data on Care Compare. It is CMS's intention to transition to fully use PECOS data only; however, this transition will not be finalized for some time.
- If provider demographic data on Care Compare is incorrect, the provider should first ensure that their data are up to date in PECOS and then request that their MAC provide the updated 855A to the provider's state agency. It is the responsibility of the state agency staff to update the demographic data in iQIES.
- This is a two-step process. Please refer to this webpage for instructions: <https://www.cms.gov/medicare/quality/hospice-quality-reporting-program/how-update-hospice-demographic-data>.



Q<sup>4</sup>

# A1400. Payer Information: Medicare and Medicare Advantage

**For item A1400**, can both choice A, Medicare (traditional fee-for-service and choice B, Medicare(managed care/Part C/Medicare Advantage) be coded?

# A1400. Payer: Medicare and Medicare Advantage

- **Yes, this item is a “check all that apply.”**
- It 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.
- In January, CMS announced an Errata (V1.00.3) to adjust the final HOPE Data Specs that were effective October 1, 2025. This document addressed this issue regarding edits that were causing record rejections. The revisions went into effect on February 18, 2026.
- Refer to the Downloads section of the [HOPE Technical Information](#).

Q<sup>5</sup>

## A1905. Living Arrangements

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

# A1905. Living Arrangements

- 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 the examples include a skilled nursing facility, nursing home, inpatient hospice, or a hospital.

Q<sup>6</sup>

# I0010. Principal Diagnosis

What if our principal diagnoses is not on the list in HOPE?



# I0010. Principal Diagnosis

A<sup>6</sup>

- The principal diagnoses in HOPE are intended to be completed by the RN during an assessment and are 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 no options align with the terminal condition, then code 99. None of the above.

# Comorbidities and Coexisting Conditions

Q<sup>7</sup>

Should hospices only select diagnoses that are related to the hospice diagnosis, or terminal condition or should we select all of the patients comorbid and coexisting conditions?



# Comorbidities and Coexisting Conditions

A<sup>7</sup>

- Per the HOPE Guidance “check all comorbid and/or coexisting diseases or medical conditions that are addressed in the plan of care or that have the potential to impact the plan of care.”

Q<sup>8</sup>

# GIP and the HUV

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

# GIP and the HUV

A<sup>8</sup>

- **Yes,** All Medicare-certified hospice providers are required to submit data on all patient admissions.
- Refer to Chapter 1 of the HOPE Guidance Manual, section **1.5. Applicable Patients.**
  - Completion of HOPE records applies to all patient admissions to a Medicare-certified hospice program regardless of where the patient receives hospice services:
    - A private home, nursing home, assisted living, or hospice inpatient facility.

# HUVs and Transfers

If a hospice patient was transferred to our hospice and both HUVs were already completed by the previous hospice, do we still need to complete the HUVs?

# HUVs and Transfers

A<sup>9</sup>

- 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, HOPE Update Visit records (as applicable), and a HOPE-Discharge record for the care provided to the patient by their organization.



# Symptom Follow-up Visits (SFV) Past the Expected HUV Timeframe

Q<sup>10</sup>

If an SFV is completed within 2 days resulting in the date of completion recorded on Z0350 as day 17, does that count against the hospice as a late HUV?

# Symptom Follow-up Visits (SFV) Past the Expected HUV Timeframe

A<sup>10</sup>

- 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 late.
- What matters is whether the record is submitted within 30 days of completion and whether the SFV was done according to HOPE rules for timing after the finding of a **moderate** or **severe** symptom.

# Section N. Medications and HUVs

Q<sup>11</sup>

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



# Section N. Medications and HUVs

A<sup>11</sup>

- Data collected for the HOPE Update Visit (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.

# Z0350, Date Assessment was Completed and the SFV

Q<sup>12</sup>

Does Z0350 have to include the SFV, or is it just when the HUV was conducted?

# Z0350, Date Assessment was Completed and the SFV

A<sup>12</sup>

- For the HUV timepoints, Z0350. Date Assessment was Completed would be the date the HUV was completed, including any SFV where applicable.
- During the Admission or HUV, data collected for the Symptom Impact item (J2051) may trigger the need for the Symptom Follow-up Visit (SFV).
- 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**.

# SUMMARY



# SUMMARY

- HOPE data collection began on October 1, 2025.
- HOPE materials and resources for training can be accessed via CMS' HQRP website.
- With HOPE implementation, hospice data submission has transitioned to iQIES.
- Most of the hospice provider reports are now obtained via iQIES.
- Hospices can still register for a Provider Security Officer (PSO).

# SUMMARY (CONT.)

- Quality Measures will begin to be calculated using HOPE data.
- Public Reporting for the new HOPE quality measure will begin no sooner than fall 2027, with the November refresh.

# HELPFUL RESOURCES

- CMS HQRP Main Page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index>.
- The [HOPE](#) webpage.
- The [HQRP Training and Education Library](#) webpage.
- The [HOPE Technical Information](#) webpage.
- The [iQIES Reference & Manuals | QIES Technical Support Office](#).



# RESOURCES CONT.

- The [HQRP Requirements and Best Practices.](#)
- The [Current Measures](#) page.
- iQIES Service Center Help Desk: [iqies@cms.hhs.gov.](mailto:iqies@cms.hhs.gov)
- Hospice Quality Help Desk: [HospiceQualityQuestions@cms.hhs.gov.](mailto:HospiceQualityQuestions@cms.hhs.gov)





# THANK YOU

