May 19, 2025

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Implementation of Hospice Outcomes and Patient Evaluation (HOPE) Tool

Dear Administrator Oz,

On behalf of LeadingAge, the National Alliance for Care at Home, and the National Partnership for Healthcare and Hospice Innovation (NPHI), we strongly urge the Centers for Medicare & Medicaid Services (CMS) to waive the HOPE timeliness submission requirement for two calendar quarters post implementation. We further respectfully request that CMS delay the HOPE implementation date until at least six months after CMS education, training, and final validation specifications are available and the application for iQIES access has been opened for hospices.

The transition from the current quality reporting tool, the Hospice Item Set (HIS), to the HOPE tool is technically complex and represents a distinct change in the timing and content of the documentation of the care delivered to hospice patients; moreover, it carries significant financial risk for hospice providers. The Hospice Quality Reporting Program (HQRP) is a "pay-for-reporting" program, which requires hospices to submit a high percentage (90%) of data records within a specified timeframe or receive an annual payment update penalty of four percent. This penalty is twice that of other providers and a significant impact for hospice providers as many are small, independent businesses a great deal of which are not-for-profit. Our associations remain fully committed to the HQRP, including the payment penalties for non-compliance, and recognize the critical importance of accurate, timely data submission to inform the delivery of high-quality hospice care. However, we have serious concerns about the potential for successful implementation of the HOPE tool. Providers and technology vendors have shared that there is a lack of information and clarity necessary to have a smooth, successful transition to the HOPE tool and to the new platform, iQIES, required for submission of HOPE records.

Technology Vendor Preparation for HOPE: Technology vendors are not sufficiently prepared for the implementation of the HOPE tool because of delays outside of their control in necessary specifications and content. Hospice providers must utilize a third-

party vendor to code the HOPE instrument responses. The vendors coding the HOPE responses are usually a hospice's Electronic Medical Record (EMR) vendor. These vendors are reporting that necessary details for some of the data specifications were only recently made available (April 22, 2025) while other key pieces will not be available until September, which will be less than 30 days from HOPE implementation and will provide little time for essential programmatic testing.

Vendor Calls: There have also not been additional forums for vendors to have questions answered by the correct staff at CMS. CMS held a vendor call in January 2025 about HOPE implementation and indicated on this call that specification corrections need to be made. On the call, the team in charge of this transition area was not available to address associated questions or the necessary corrections. Also, during this call, CMS indicated a second vendor call would be scheduled soon. Despite the recent release of the final data specifications and persistent errors within these specifications, no follow up call or other information has been provided. Our organizations understand from the vendor community, based on what they have learned through the QIES Technical Support Office (QTSO) helpdesk, that CMS has not yet determined whether an additional vendor call will be scheduled. This is of great concern as there are outstanding questions about HOPE implementation and more information is needed before provider education can take place which is essential for the successful launch of the HOPE tool.

Validation Utility Tool: Of particular concern is the fact that the Validation Utility Tool (VUT), an essential tool used by vendors to ensure their software can successfully submit data, is not yet available. We understand vendors have been told the VUT and other reference materials for the QTSO website may not be available until September. Providers and vendors cannot be reasonably expected to prepare for this workflow change with only one month of lead time. Without sufficient time for testing to occur, we do not believe this will lead to a successful launch. On top of these missing technical pieces of information, technology transitions are scheduled to occur at the same time as the transition to the new HOPE tool.

Transition to iQIES: While hospices are transitioning to a new data collection tool, they will also have a transition in data submission platform, from QIES to iQIES. This is necessary for hospices to submit their HOPE records. Our associations support this transition intended to strengthen the protection of data. However, we have significant concerns about the timing and how this transition would occur. CMS has indicated that additional information will be available in summer 2025 yet has not provided a specific month for publication nor communicated a firm date by which hospices must be transitioned.

Delay in iQIES Transition for Other Providers: Historically, CMS has experienced delays in transitioning other provider types to the iQIES platform. Most recently, on March 25, 2025, CMS announced another delay in moving skilled nursing facility (SNF) surveys to the

iQIES platform, with a previously scheduled February 2025 date delayed by an additional four months. The delay seems to be due to CMS moving the SNF surveys to the cloud-based version of iQIES. It is unclear whether hospices will also transition to this cloud-based version, and how the ongoing delays experienced by SNFs will affect the timeline for hospices.

iQIES Enrollment: There are numerous steps a hospice provider must take to enroll in iQIES. These include, among other things, having a privacy security official and other staff apply for iQIES access and undergo required background checks, a process that typically takes a minimum of 3-5 business days. A date has not yet been published for when hospices will have the ability to begin this process. This needs to be done well in advance of the HOPE implementation date. Sufficient lead time for iQIES access is necessary to transition to HOPE. It is assumed that hospices will have at least two individuals needing to enroll in iQIES with a large portion of hospices needing to enroll three or more individuals. This is estimated to result in 14,000+ individuals applying for enrollment at one time. Additionally, as with many software transitions, there are bound to be disruptions to the daily operations workflow due to technical issues. This is fully expected in the hospice iQIES transition, as this occurred with the home health transition in 2021. Due to the time it takes to process iQIES enrollment applications and the anticipated operational workflow and technical disruptions that are nearly impossible to plan for, a simultaneous transition from HIS to HOPE and QIES to iQIES could be disastrous for hospices as well as for CMS in terms of the amount and quality of data.

Hospice Financial Impact of Transition: In addition to the ordinary financial burdens of a software transition and transition to a new data collection tool, hospices are especially vulnerable to an adverse financial impact of this transition, as hospices are held accountable to the data submission timeliness thresholds immediately upon transition to iQIES and implementation of the HOPE. Each of our organizations previously independently requested CMS finalize a policy to establish an incremental threshold for HOPE compliance over a three-year period. This was consistent with the implementation of the HIS, and while many of the items are the same between the tools, the HOPE includes two additional time points and a potential of three symptom reassessment visits. This is a considerable change from the original two time points in the HIS and could lead many agencies to have issues in timely reporting of data. Unfortunately, CMS did not agree with this request and moved forward with requiring full 90% compliance on October 1, 2025. Given the issues we have outlined regarding information and training barriers and delays, we feel hospices will struggle to meet these expectations, putting agencies at risk for a 4% annual payment reduction despite their best efforts. **The consequence of adverse outcomes cannot be understated. The risk of negative financial consequences for hospice providers is largely dependent this year on the success of two transitions—iQIES and HOPE—that are not within their control.**

Recommendation
Considering the volatility inherent in a reporting transition of this magnitude and the lack of clear information provided to date, we respectfully request CMS waive the HOPE timeliness submission requirement for two calendar quarters post implementation. We further respectfully request that CMS delay the HOPE implementation date until at least six months after CMS education, training, and final validation specifications are available and the application for iQIES access has been opened for hospices.

We do not make this recommendation lightly, as our associations remain fully committed to the Hospice Quality Reporting Program and recognize the critical importance of accurate, timely data submission to inform the delivery of high-quality hospice care. Our recommendation reflects our shared goal to ensure hospices are appropriately prepared to meet this important requirement and facilitate a successful transition without jeopardizing the timely delivery and accurate documentation of patient care.

We appreciate the opportunity to share these concerns and thank you, in advance, for your consideration. Please let us know if you have any questions. Additionally, we are glad to schedule time for a discussion if that is preferred.

Sincerely,

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