

Alliance Urges CMS to Delay HOPE Implementation

Source: Alliance Daily, 06.06.2025

- **Implementation of HOPE could be burdensome, disruptive to providers**
- **Alliance has contacted CMS to delay implementation, more info to come**

The Alliance supports expansion of the Hospice Quality Reporting Program (HQRP) to include Hospice Outcomes & Patient Evaluation (HOPE), which was outlined by the Centers for Medicare & Medicaid's (CMS) in the FY 2026 Hospice Wage Index Proposed Rule. However, the Alliance is now concerned that, as the expansion is currently constructed, implementation of it will be overly burdensome and disruptive to providers, potentially impacting care delivery and penalizing well-intended providers committed to quality care.

In April 2025, the Alliance sent a letter to the Director of the Office of Management and Budget (OMB) expressing these concerns. The letter covered: the technically complex and financially significant nature of the change, the lack of clarity provided on the use of HOPE vendors and to the vendors themselves, the potential for delays in the transition to the iQIES data submission platform, and the lack of a clear timeline for key guidance around these issues from CMS to both vendors and providers.

Without a clear response from the OMB and given the concerns previously expressed, the Alliance then joined together with other national organizations – LeadingAge and the National Partnership for Healthcare and Hospice Innovation (NPHI) – on a letter to CMS, urging Administrator Mehmet Oz to waive the HOPE timeliness requirement for two calendar quarters post implementation. We also urged CMS to delay HOPE implementation until at least six months after CMS has provided education, training, and final validation specifications, and iQIES access has been granted.

The Alliance will continue to advocate on behalf of our members to ensure the HOPE tool is implemented in a manner that achieves the shared goal of timely delivery and accurate documentation of high-quality patient care with minimal disruption to the provider community.