



Centers for Medicare & Medicaid Services

Internet Quality Improvement Evaluation System (iQIES)

iQIES Reports Guide: Hospice

Version 1.0

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Introduction

This Reports Guide provides detailed information on user-requested Hospice Provider reports available in iQIES. The reports are organized in alphabetical order by report name. Each report is set up as follows:

- Report Name and Purpose
- Run Report Criteria
- Sample Report
- Report Details
- Report Notes (if necessary)

Refer to the [iQIES Reports User Manual](#) for the following information:

- How to manage reports, including how to find, save, run, and download reports
- Notes on **Report Categories** and **Report Types**
- Alphabetical list of reports
- General notes on how to use iQIES, including roles and permissions
- iQIES Service Center information

General Notes:

- **State** is a required report criteria when presented. The user's state is the default.
- **Date Range** defines the range of submission dates included in each report; this includes the following options:
 - Fiscal Year to Date
 - Month to Date
 - Prior Business Day
 - Prior Business Week
 - Prior Calendar Week
 - Prior Fiscal Year
 - Prior Month (the default)
 - Prior Quarter
 - Prior Year
 - Quarter to Date
 - Today
 - Week to Date
 - Year to Date
 - Yesterday

- Alternate **Begin Date** and **End Date** can be selected. Be sure that the begin dates are earlier than the end dates.
- **Provider Keyword(s)** can be utilized to search for providers, keyword options include Facility ID, CCN, or a provider's name. There is a four-character minimum.
- Reports may contain protected privacy information that should not be released to the public. Any alteration to the report is strictly prohibited.
- Not all pages of every report are shown in report samples. The pages shown are a sample selection only.
- Reports can contain data from Hospice Item Set (HIS) and/or Hospice Outcome & Patient Evaluation (HOPE) records.

Hospice Activity Report

Purpose	Displays a list of accepted records and inactivation requests that were submitted by or on behalf of select providers during a specified period.
Report Category	Provider
Report Type	Submission

Run Report Criteria

Home / Find a Report / Run Report

Run Report

Hospice Activity Report

Displays a list of accepted records and inactivation requests that were submitted by or on behalf of select providers during a specified period.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one ▼

Providers

Search for providers and "Add" providers for each report run.

State * **Provider Keyword**

All x Select... x ▼

Enter at least 4 characters to search by Provider Name, CCN, or Facility ID.

No providers added.

Dates

Date Range

Select one ▼

Begin Date * **End Date ***

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run

Figure 1: Hospice Activity Report Criteria

Sample Report*

Home / Reports Main / Report Filter / Hospice Activity Report

Hospice Activity Report

Expand All | Collapse All Save to My Reports Download

Note: * indicates an empty value.

▼ [Redacted]

Provider Name: [Redacted]
CCN: [Redacted]
City/State: [Redacted]

Report Period: 10/01/2025 - 10/31/2025
Report Run Date: 11/03/2025

Patient ID :	Patient Name :	SSN :	Medicare Num :	DOB :	Sex :	Reason for Record :	Target Date :	Submission Date :	Record Type :	Correction Number :
<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>
[Redacted]					F	ADM	09/29/2025	10/03/2025	Add	00
					F	ADM	09/29/2025	10/03/2025	Add	00
					M	DC	09/30/2025	10/03/2025	Add	00
					M	ADM	09/30/2025	10/03/2025	Add	00
					M	DC	09/30/2025	10/08/2025	Add	00
					F	ADM	09/30/2025	10/03/2025	Add	00

Figure 2: Hospice Activity Sample Report

* Fictitious, sample data are depicted.

Report Details

The Hospice Activity Report is sorted by State Code, CCN, Last Name, First Name, Patient ID, Reason for Record, Submission Date, and Target Date.

The report details the following:

Report Field	Report Field Description
CCN	CMS Certification Number (Medicare provider number) of the provider that created the assessment record
Provider Name	Name of provider
City/State	Provider's city and state
Report Period	Date range of assessment submissions
Report Run Date	Date the report was run
Patient ID	Patient's IQIES assigned identifier
Patient Name	Patient's first and last name
SSN	Patient's Social Security Number
Medicare Num	Patient's Medicare Beneficiary ID (MBI)
DOB	Patient's date of birth
Sex	Patient's sex (F= Female, M=Male)
Reason for Record	Reason for assessment values of the submitted assessment ADM = Admission, DC = Discharge, HUV1 = HOPE Update Visit 1, HUV2 = HOPE Update Visit 2, XX = Inactivate
Target Date	This is the date that the event occurred: <ul style="list-style-type: none"> • For Admission records, the Target Date is equal to A0220 (Admission Date). • For HUV records, the Target Date is equal to Z0350 (Date Assessment was Completed). • For Discharge records, the Target Date is equal to A0270 (Discharge Date).

Report Field	Report Field Description
Submission Date	Date when the assessment/record was submitted to iQIES
Record Type	Record type of the submitted assessment (New, Modification, Inactivation) as identified in A0050 Type of Record.
Correction Number	This is the version number of the record. New records have a correction number of '00' indicating that it is an original record. This number will be sequentially incremented to be one greater than the original or previously corrected assessment for modification and inactivation records.

Hospice Admissions /HUVs /Discharges Report

Purpose	Provides information about the patients who were admitted to, had HUVs submitted and/or were discharged from the selected provider during the specified period.
Report Category	Provider
Report Type	Admission/Discharge

Run Report Criteria

Run Report
Hospice Admissions/HUVs/Discharges Report

Provides information about the patients who were admitted to, had HUVs submitted and/or were discharged from the selected provider during the specified period.
Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria
Select one

Providers
Search for providers and "Add" providers for each report run.

State * All X Select... **Provider Keyword** Enter at least 4 characters to search by Provider Name, CCN, or Facility ID. Search

No providers added.

Dates
Date Range Select one

Begin Date * **End Date ***

Record Type * All X Select...

Save Criteria Reset Criteria

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run

Run Report Cancel

Figure 3: Hospice Admissions/ HUVs/ Discharges Report Criteria

The Hospice/ HUVs/ Discharges report criteria requires **Record Type**, which allows the user selection of Admission, HUV, and/or Discharge records.

Sample Report*

Home / Reports Main / Report Filter / Hospice Admissions/HUVs/Discharges Report

Hospice Admissions/HUVs/Discharges Report

Expand All | Collapse All

Note: * indicates an empty value

Provider Name: [REDACTED]
 CCN: [REDACTED]
 City/State: [REDACTED]

Report Period: 01/01/2025 - 08/26/2025
 Report Run Date: 08/25/2025
 Record Type: Admission, Discharge, HUV

Patient ID :	Patient Name :	SSN :	DOB :	Sex :	Reason for Record :	Admission Date :	Update Visit Date :	Discharge Date :	Submission Date :
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter
[REDACTED]				F	ADM	08/02/2025	*	*	08/13/2025
[REDACTED]				F	DC	08/02/2025	*	08/06/2025	08/13/2025
[REDACTED]				M	ADM	07/28/2025	*	*	08/13/2025
[REDACTED]				F	ADM	06/17/2025	*	*	06/19/2025
[REDACTED]				M	ADM	07/02/2025	*	*	07/07/2025
[REDACTED]				M	DC	07/02/2025	*	07/13/2025	07/16/2025
[REDACTED]				M	ADM	01/31/2025	*	*	02/12/2025
[REDACTED]				M	DC	01/31/2025	*	02/05/2025	02/12/2025
[REDACTED]				M	DC	10/25/2024	*	03/13/2025	03/12/2025
[REDACTED]				F	DC	06/01/2024	*	01/24/2025	01/29/2025
[REDACTED]				F	ADM	07/01/2025	*	*	07/07/2025
[REDACTED]				F	DC	07/01/2025	*	07/04/2025	07/07/2025
[REDACTED]				F	ADM	02/26/2025	*	*	03/05/2025
[REDACTED]				F	DC	02/26/2025	*	03/15/2025	03/18/2025
[REDACTED]				M	ADM	01/08/2025	*	*	01/15/2025
[REDACTED]				M	DC	01/08/2025	*	02/01/2025	02/04/2025
[REDACTED]				F	DC	07/17/2024	*	04/11/2025	04/17/2025
[REDACTED]				M	DC	11/07/2024	*	03/01/2025	03/02/2025
[REDACTED]				F	ADM	07/07/2025	*	*	07/31/2025
[REDACTED]				F	DC	07/07/2025	*	07/18/2025	07/31/2025

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Total Number of Admissions (ADM): 297
 Total Number of HUVs (HUV1, HUV2): 0
 Total Number of Discharges (DC): 309

Figure 4: Hospice Admissions/ HUVs/ Discharges Sample Report

* Fictitious, sample data are depicted.

Report Details

The Hospice Admissions/ HUVs/ Discharges Report is sorted by State Code, CCN, Last Name, First Name, Patient ID, and Target Date.

The report details the following:

Report Field	Report Field Description
Provider Name	Name of provider
CCN	CMS Certification Number (Medicare provider number) of the provider that created the assessment record
City/ State	Provider's city and state
Report Period	Date range requested by provider
Report Run Date	Date the report was run
Patient ID	Patient's IQIES assigned identifier
Patient Name	Patient's first and last name
SSN	Patient's Social Security Number
DOB	Patient's date of birth
Sex	Patient's sex (Female (F), Male (M))
Reason for Record	Admission (ADM), Hospice Update Visit (HUV1, HUV2) or Discharge (DC) record
Admission Date	Date patient was admitted as identified in A0220 Admission Date
Update Visit Date	Date of patient's update visits as identified in Z0350 Date Assessment was Completed
Discharge Date	Date of patient's discharge as identified in A0270 Discharge Date
Submission Date	Date when the assessment/record was submitted to iQIES
Total Number of Admissions	The total number of admission records accepted into iQIES for the provider within the report period requested

Report Field	Report Field Description
Total Number of HUVs	The total number of Hospice Update Visits (HUV1 and HUV2) records accepted into iQIES for the provider within the report period requested
Total Number of Discharges	The total number of discharge records accepted into iQIES for the provider within the report period requested

Hospice Error Detail Report

Purpose	Displays assessment information and error details for user selected error numbers and submission date within the requested date range where selected errors were encountered in successful submissions made by or on behalf of the selected provider. Included in the report are the assessment items and submitted data that caused the selected error to occur.
Report Category	Provider
Report Type	Error

Run Report Criteria

Home / Find a Report / Run Report

Run Report

Hospice Error Detail Report

Displays assessment information and error details for user selected error numbers and submission date within the requested date range where selected errors were encountered in successful submissions made by or on behalf of the selected provider. Included in the report are the assessment items and submitted data that caused the selected error to occur.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Providers

Search for providers and "Add" providers for each report run.

State *

All X Select...

Provider Keyword

Enter at least 4 characters to search by Provider Name, CCN, or Facility ID.

Search

No providers added.

Add Providers (up to 25)

Dates

Date Range

Select one

Begin Date *

End Date *

Error Numbers *

Select...

Up to 5 errors may be selected

Save Criteria Reset Criteria

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

Run Report Cancel

Figure 5: Hospice Error Detail Report Criteria

The Hospice Error Detail report criteria require user selection of up to five **Error Numbers** for inclusion.

Sample Report*

Home / Reports Main / Report Filter / Hospice Error Detail Report

Hospice Error Detail Report

Expand All | Collapse All Save to My Reports Download

Note: * indicates an empty value

Provider Name: [REDACTED]
 CCN: [REDACTED]
 City/State: [REDACTED]

Report Period: 01/01/2025 - 10/10/2025
 Report Run Date: 10/10/2025
 Error Numbers Selected: -3001, -905, -907

Error Number	Error Type	Error Message
-3001	Fatal	Incorrect Format: If the submitted value is not equal to an allowable special character, then the length must match exactly the maximum length specified for the item.
-905	Fatal	Invalid Target Date: Unable to calculate the target date due to missing or invalid required field.
-907	Fatal	Duplicate Record: The submitted record is a duplicate of a previously accepted record.

Submission Date	Last Name	First Name	Assessment ID	Hospice Item(s)	Data Submitted
01/21/2025	[REDACTED]	[REDACTED]	35954678	A0050, Existing record HOSPC_ASMT_ID, HOSPC_SUBMSN_ID	1, 35813378, 4830775
04/01/2025	[REDACTED]	[REDACTED]	36743043	A0050, Existing record HOSPC_ASMT_ID, HOSPC_SUBMSN_ID	1, 36743042, 4941738
04/17/2025	[REDACTED]	[REDACTED]	36930720	A0050, Existing record HOSPC_ASMT_ID, HOSPC_SUBMSN_ID	1, 36902299, 4961205

Figure 6: Hospice Error Detail Sample Report

* Fictitious, sample data are depicted.

Report Details

The Hospice Error Detail Report is sorted by State Code, CCN, Error Number, Submission Date, Patient Name, Assessment ID, Hospice Items, and Data Submitted.

The report details the following:

Report Field	Report Field Description
Provider Name	Name of provider
CCN	CMS Certification Number (Medicare provider number) of the provider that created the assessment record
City/ State	Provider's city and state
Report Period	Date range requested by provider
Report Run Date	Date the report was run
Error Number	Includes of all error message numbers selected
Error Type	The error type; Fatal, Warning
Error Message	Description of the error
Submission Date	Date when the assessment/record was submitted to iQIES
Last Name	Patient's last name
First Name	Patient's first name
Assessment ID	Unique ID assigned to the assessment
Hospice Item(s)	Hospice item identifier(s) from the item set associated with the error (both fatal and warning) message listed
Data Submitted	Submitted data value(s) and/or the recalculated data value(s) from the record which caused the error to occur, separated by commas, based on the message

Hospice Error Number Summary by Provider Report

Purpose	Summarizes the errors encountered in Hospice records submitted by or on behalf of select providers during a specified period.
Report Category	Provider
Report Type	Error

Run Report Criteria

Run Report

Hospice Error Number Summary by Provider Report

Summarizes the errors encountered in Hospice records submitted by or on behalf of select providers during a specified period.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Providers

Search for providers and "Add" providers for each report run.

State *

All X Select...

Provider Keyword

Enter at least 4 characters to search by Provider Name, CCN, or Facility ID.

Search

No providers added.

Dates

Date Range

Select one

Begin Date *

End Date *

Save Criteria Reset Criteria

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

Run Report Cancel

Figure 7: Hospice Error Number Summary by Provider Report Criteria

Sample Report*

Home / Reports Main / Report Filter / Hospice Error Number Summary by...

Hospice Error Number Summary by Provider Report

Expand All | Collapse All

Save to My Reports | Download

Note:* Indicates an empty value

▼

Provider Name:
CCN:
City/State:

Report Period:
Report Run Date:

04/01/2025 - 06/30/2025
09/11/2025

Error #	Error Message	# of Submitted Assessments	# of Errors	% of Assessments with the Error
-915	Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the iQIES database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.	22	19	86.36%

Provider Total Errors: 19

Figure 8: Hospice Error Number Summary by Provider Sample Report

* Fictitious, sample data are depicted.

Report Details

The Hospice Error Number Summary by Provider Report is sorted by state, CCN, and number of errors.

The report details by provider the following:

Report Field	Report Field Description
Provider Name	Name of provider
CCN	CMS Certification Number (Medicare provider number) of the provider that created the assessment record
City/ State	Provider's city and state
Report Period	Date range of assessment submissions
Report Run Date	Date the report was run
Error #	Error message number
Error Message	Description of the error
# of Submitted Assessments	Total number of assessments submitted within the selected report period
# of Errors	Number of assessments containing the error within the selected report period
% of Assessments with the Error	Percent of assessments with the error within the selected report period
Provider Total Errors	Total number of errors for named provider within the selected report period

Hospice Final Validation Report

Purpose	Displays detailed information about the status of select submission files for the provider. The report indicates whether the records submitted in each were accepted or rejected and details the warning and fatal errors encountered.
Report Category	Provider
Report Type	Validation

Run Report Criteria

Run Report

Hospice Final Validation Report

Displays detailed information about the status of select submission files for the provider. The report indicates whether the records submitted in each were accepted or rejected and details the warning and fatal errors encountered.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Providers

Search for providers and "Add" providers for each report run.

State *

All X Select...

Provider Keyword

Enter at least 4 characters to search by Provider Name, CCN, or Facility ID.

Search

No providers added.

*** Either Date Range or Submission ID is required for this report.**

Date Range

Select one

Begin Date

End Date

or

Submission ID

Save Criteria **Reset Criteria**

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

Run Report Cancel

Figure 9: Hospice Final Validation Report Criteria

The Hospice Final Validation report criteria allow for filtering by **Submission ID** or **Date Range**.

Sample Report*

Home / Reports Main / Report Filter / Hospice Final Validation Report

Hospice Final Validation Report

Expand All | Collapse All Save to My Reports Download -

Note:* Indicates an empty value

07/08/2025 16:03:47

Submission Date/Time: 07/08/2025 16:03:47 Submission ID: [REDACTED] Submitter User ID: [REDACTED] Submission File Name: [REDACTED] Submission File Status: Completed Completion Date/Time: 07/08/2025 16:09:00	Provider Name: [REDACTED] Provider CCN: [REDACTED] Facility ID (FAC_ID): [REDACTED] State: MI Report Period: 07/01/2025 - 08/12/2025 Report Run Date: 08/12/2025
---	---

19 Total Records Processed

19 Accepted Records	0 Rejected Records	0 Duplicate Records
---------------------	--------------------	---------------------

Records Submitted without Provider Authority: 0 Total # of Messages: 16

Record	Status	Name	XML File Name
1	Accepted	[REDACTED]	[REDACTED]
Name (A0500C, A): [REDACTED] SSN (A0600A): [REDACTED] Medicare Num (A0600B): [REDACTED] Birth Date (A0900): [REDACTED] Sex: [REDACTED] Patient ID: [REDACTED]		Target Date: 07/02/2025 ASMT ID: [REDACTED] Reason for Record (A0250): ADM Type of Record (A0050): Add	
2	Accepted	[REDACTED]	[REDACTED]
Name (A0500C, A): [REDACTED] SSN (A0600A): [REDACTED] Medicare Num (A0600B): [REDACTED] Birth Date (A0900): [REDACTED]		Target Date: 07/01/2025 ASMT ID: [REDACTED] Reason for Record (A0250): ADM Type of Record (A0050): Add	

Figure 10: Hospice Final Validation Sample Report

* Fictitious, sample data are depicted.

Report Details

The Hospice Final Validation Report is sorted by State Code, Facility ID, Submission ID, Last Name, First Name, Record Number, Assessment ID, Error Type, Description, Item in Error Text, and Value in Error Text

The report details the following:

Report Field	Report Field Description
Submission Date/Time	Date and time the submission file was submitted
Submission ID	Unique identification number assigned to the zip file
Submitter User ID	The user ID of the submitter of the zip file
Submission File Name	The name of the zip file submitted
Submission File Status	Status of the submitted file, Completed or Error
Completion Date/Time	Date and time the processing of the submission file was completed
State Code	Provider's two-character state abbreviation code
Facility ID	Unique identifier assigned to the provider for identifying submissions from their facility
Provider Name	Name of provider
Provider CCN	CMS Certification Number (Medicare provider number) of the provider that created the assessment record
Report Period	Date range requested by provider
Report Run Date	Date the report was run
# Total Records Processed	Number of records in the submission file that were processed
# Accepted Records	Number of records from the submission file that were accepted and saved into the database
# Rejected Records	Number of records from the submission file that received fatal errors in the record and were not saved into the database
# Duplicate Records	Number of records from the submission file that were not saved into the database because they were duplicate records

Report Field	Report Field Description
# Records Submitted Without Facility Authority	Number of records from the submission file where the user submitting the record(s) did not have authority to submit for this provider
Total # of Messages	Number of errors (fatal errors and warnings) for all processed records in the submission file
Record #	Unique identifier for each record on this report
Status	Processing status of the individual record; Accepted or Rejected
Name (A0500C, A)	This field contains the last name (A0500C) and first name (A0500A) of the patient.
XML File Name	Name of the XML file
SSN (A0600A)	Social Security Number of the patient
Medicare Num (A0600B)	Patient's Medicare Number
Birth Date (A0900)	Patient's date of birth
Sex	Patient's sex
Patient ID	Patient's IQIES assigned identifier
Target Date	<p>This is the date that the event occurred:</p> <ul style="list-style-type: none"> For Admission records, the Target Date is equal to A0220 (Admission Date). For HUV records, the Target Date is equal to Z0350 (Date Assessment was Completed). For Discharge records, the Target Date is equal to A0270 (Discharge Date).
ASMT ID	Unique ID assigned to the assessment by IQIES at the time the record is processed
Reason for Record (A0250)	Reason for the assessment; Admission (ADM), Hospice Update Visit (HUV1, HUV2) or Discharge (DC) record
Type of Record (A0050)	Type of record transaction; New Record, Modification or Inactivation

Report Field	Report Field Description
Hospice Item(s)	Hospice item identifier(s) from the item set for the error (both fatal and warning) message listed
Data Submitted	Submitted data value(s) and/or the recalculated data value(s) from the record which caused the error to occur, separated by commas, based on the message
Message Number/ Severity	Error number and the severity of the error that was encountered; Fatal, Warning
Message	Description of the error

Report Notes

The report can be system generated and upon user request (on demand). The report is system generated whenever assessments in the zip file could be successfully processed. The content on the user-requested and system-generated reports is identical. System generated reports can be found in the iQIES My Reports section within the Hospice Final Validation Report folder.

Hospice Record Errors by Field by Provider Report

Purpose	Summarizes by provider and Error Numbers the errors encountered in submitted hospice records during a specified period by select hospices.
Report Category	Provider
Report Type	Error

Run Report Criteria

Run Report
Hospice Record Errors by Field by Provider Report
Summarizes by provider and Error Numbers the errors encountered in submitted hospice records during a specified period by select hospices.
Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria
Select one ▼

Providers
Search for providers and "Add" providers for each report run.

State * All X Select... **Provider Keyword**
Enter at least 4 characters to search by Provider Name, CCN, or Facility ID.

No providers added.
Add Providers (up to 25)

Dates
Date Range Select one ▼
Begin Date * **End Date ***
Message Type * Select...

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run [?](#)

Figure 11: Hospice Record Errors by Field by Provider Report Criteria

The Hospice Record Errors by Field by Provider report criteria require selection of error **Message Type**, Fatal and/or Warning.

Sample Report *

Home / Reports Main / Report Filter / Hospice Record Errors by Field by Provider

Hospice Record Errors by Field by Provider Report

Expand All | Collapse All Save to My Reports Download -

Note:* indicates an empty value

Provider Name: [REDACTED]
 CCN: [REDACTED]
 City/State: [REDACTED]

Report Period: 04/01/2025 - 06/30/2025
 Report Run Date: 09/12/2025
 Message Type: Fatal and Warning

Message Type: Fatal Total Hospice Records Submitted: 71

Error #	Error Message	Hospice Item(s)	# of Hospice Records	% of Hospice Records
-3041a	Inconsistent None of the Above Value: If J0910C9 is equal to 0, then at least one item from J0910C1 through J0910C7 must equal 1.	J0910C9, J0910C1 through J0910C7	1	1.41%
-3067	Invalid Skip Pattern: If J0905 is equal to 0, then all active items from J0910A through J0915 must be skipped (*).	J0905, J0910A through J0910C9	1	1.41%
-907	Duplicate Record: The submitted record is a duplicate of a previously accepted record.	A0050, Existing record HOSPC_ASMT_ID, HOSPC_SUBMSN_ID	1	1.41%

Message Type: Warning Total Hospice Records Submitted: 71

Error #	Error Message	Hospice Item(s)	# of Hospice Records	% of Hospice Records
-3055	Warning: Failure to provide information by submitting a dash (-) indicates incomplete record keeping and could impact measure calculation.	J0910B	1	1.41%
-3077	Inconsistent N0500A/N0510A/J0905 Values: If N0500A is equal to 1 or N0510A is equal to 1, and J0905 is equal to 0, then J0905 should be equal to 1 if opioids were used to treat pain.	N0500A, N0510A, J0905	8	11.27%
-909	Inconsistent Record Sequence: Under CMS sequencing guidelines, this type of record does not logically follow the type of record received prior to this one.	Current Record, Prior Record: HOSPC_ASMT_ID	1	1.41%
-915	Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the iQIES database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.	Death Date	24	33.8%
-915	Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the iQIES database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.	Facility ID (FAC_ID), A0700	10	14.08%

Figure 12: Hospice Record Errors by Field by Provider Sample Report

* Fictitious, sample data are depicted.

Report Details

The Hospice Record Errors by Field by Provider Report is sorted by state, CCN, Message Type, Error #, and Number of Hospice Records.

The report details the following:

Report Field	Report Field Description
Provider Name	Name of provider
CCN	CMS Certification Number (Medicare provider number) of the provider that created the assessment record
City/ State	Provider's city and state[R
Report Period	Date range requested by provider
Report Run Date	Date the report was run
Message Type	Error message type; Fatal, Warning
Total Hospice Records Submitted	Total number of Hospice assessments submitted within the selected report period
Error #	Error number
Error Message	Description of the error
Hospice Item(s)	Hospice item identifier(s) of the items in error
# of Hospice Records	Number of assessments submitted that contain one or more errors with the same set of Hospice Items
% of Hospice Records	Percent of assessments submitted that contain one or more errors with the same set of Hospice Items

Hospice Roster Report

Purpose	Displays a list of patients for the selected providers, for whom the most recent accepted Hospice record is not a discharge record, and the target date is less than 36 months prior to the report run date.
Report Category	Provider
Report Type	Roster

Run Report Criteria

Home / Find a Report / Run Report

Run Report

Hospice Roster Report

Displays a list of patients for the selected providers, for whom the most recent accepted Hospice record is not a discharge record (A0250 = 09) and the target date is less than 36 months prior to the report run date.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one ▼

Providers

Search for providers and "Add" providers for each report run.

State * **Provider Keyword**

All X Select... x ▼ Search

Enter at least 4 characters to search by Provider Name, CCN, or Facility ID.

No providers added.

Add Providers (up to 25)

Save Criteria [Reset Criteria](#)

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

[Run Report](#) [Cancel](#)

Figure 13: Hospice Roster Report Criteria

Sample Report*

Home / Reports Main / Report Filter / Hospice Roster Report

Hospice Roster Report

Expand All | Collapse All

Note:* indicates an empty value

Save to My Reports Download

▼ [Redacted]

Provider Name: [Redacted]
CCN: [Redacted]
City/State: [Redacted]

Report Run Date: 08/15/2025

Patient ID	Patient Name	SSN	Date of Birth	Sex	Admission Date	Submission Date
Filter	Filter	Filter	Filter	Filter	Filter	Filter
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F	07/08/2025	07/23/2025
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F	06/22/2025	07/23/2025
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F	08/31/2024	10/14/2024
[Redacted]	[Redacted]	[Redacted]	[Redacted]	M	04/26/2023	05/04/2023
[Redacted]	[Redacted]	[Redacted]	[Redacted]	M	05/20/2025	06/12/2025
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F	07/03/2025	07/23/2025
[Redacted]	[Redacted]	[Redacted]	[Redacted]	M	01/03/2025	01/24/2025
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F	06/25/2024	07/12/2024
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F	11/21/2024	12/18/2024
[Redacted]	[Redacted]	[Redacted]	[Redacted]	M	10/31/2024	11/20/2024
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F	09/12/2023	09/21/2023
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F	05/25/2025	06/12/2025
[Redacted]	[Redacted]	[Redacted]	[Redacted]	M	07/02/2025	07/23/2025
[Redacted]	[Redacted]	[Redacted]	[Redacted]	M	04/28/2025	05/29/2025

Figure 14: Hospice Roster Sample Report

* Fictitious, sample data are depicted.

Report Details

The Hospice Roster report is sorted by State Code, CCN, Patient Name, and Admission Date.

The report details the following:

Report Field	Report Field Description
Provider Name	Name of provider
CCN	CMS Certification Number (Medicare provider number) of the provider that created the assessment record
City/ State	Provider's city and state
Report Run Date	Date the report was run
Patient ID	Patient's IQIES assigned identifier
Patient Name	Patient's name
SSN	Patient's Social Security number
Date of Birth	Patient's date of birth
Sex	Patient's sex (F = Female, M = Male)
Admission Date	Date patient was admitted as identified in A0220 Admission Date
Submission Date	Date when the assessment/record was submitted to iQIES
Total Number of Patients	Number of active (non-discharged) patients for the provider

Hospice Submission Statistics by Provider Report

Purpose	Summarizes the submissions made by or on behalf of select providers during a specified period.
Report Category	Provider
Report Type	Submission

Run Report Criteria

Run Report

Hospice Submission Statistics by Provider Report

Summarizes the submissions made by or on behalf of select providers during a specified period.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one

Providers

Search for providers and "Add" providers for each report run.

State *
All X Select...

Provider Keyword

Enter at least 4 characters to search by Provider Name, CCN, or Facility ID.

No providers added.

Dates

Date Range

Select one

Begin Date *

End Date *

Save Criteria [Reset Criteria](#)

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

Figure 15: Hospice Submission Statistics by Provider Report Criteria

Sample Report*

Home / Reports Main / Report Filter / Hospice Submission Statistics by Provider

Hospice Submission Statistics by Provider Report

Expand All | Collapse All Save to My Reports Download

Note: * indicates an empty value

▼ [Redacted]

Provider Name: [Redacted]
 CCN: [Redacted]
 City/State: [Redacted]

Report Run Date: 09/03/2025
 Report Period: 08/01/2025 - 08/31/2025

Submission Date/Time	Submission ID	Records Processed	Records Rejected	Records Accepted	% Rejected
Filter	Filter	Filter	Filter	Filter	Filter
08/29/2025 19:08:59	[Redacted]	3	0	3	0
08/21/2025 18:54:00	[Redacted]	2	0	2	0
08/20/2025 19:18:59	[Redacted]	2	0	2	0
08/18/2025 18:34:00	[Redacted]	2	0	2	0
08/12/2025 19:23:59	[Redacted]	2	0	2	0
08/11/2025 18:13:59	[Redacted]	3	0	3	0
08/05/2025 19:29:01	[Redacted]	2	0	2	0
08/04/2025 18:48:59	[Redacted]	2	0	2	0
Total	-	18	0	18	0

Figure 16: Hospice Submission Statistics by Provider Sample Report

* Fictitious, sample data are depicted.

Report Details

The Hospice Submission Statistics by Provider Report is sorted by state code, CNN, and Submission Date.

The report details the following:

Report Field	Report Field Description
Provider Name	Name of provider
CCN	CMS Certification Number (Medicare provider number) of the provider that created the assessment record
City/State	Provider's city and state
Report Period	Date range requested by provider
Report Run Date	Date the report was run
Submission Date	Date when the assessment/record was submitted to iQIES
Submission ID	Unique identification number assigned to the zip file
Records Processed	Number of records processed in the submission file
Records Rejected	Number of records rejected in the submission file
Records Accepted	Number of records accepted in the submission file
% Rejected	Percentage of records rejected in the submission file
Total Records Processed	Total records processed in the submission file
Total Records Rejected	Total records rejected in the submission file
Total Records Accepted	Total records accepted in the submission file
Total % Rejected	Percentage of all records rejected in the submission file

Report Notes

Providers can view the total number of records processed, rejected, accepted, and the percent rejected of their submissions. This allows electronic compilation of information that would otherwise have to be manually retrieved from individual final validation reports.

Hospice Submitter Final Validation Report

Purpose	Displays detailed information about the status of a select submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors encountered. This report can only be requested by the submitter of the assessments.
Report Category	Provider
Report Type	Validation

Run Report Criteria

Run Report

Hospice Submitter Final Validation Report

Displays detailed information about the status of a select submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors encountered.

Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria

Select one ▼

Submission ID *

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run ⓘ

Figure 17: Hospice Submitter Final Validation Report Criteria

The Hospice Submitter Final Validation report criteria requires a valid **Submission ID**.

Sample Report*

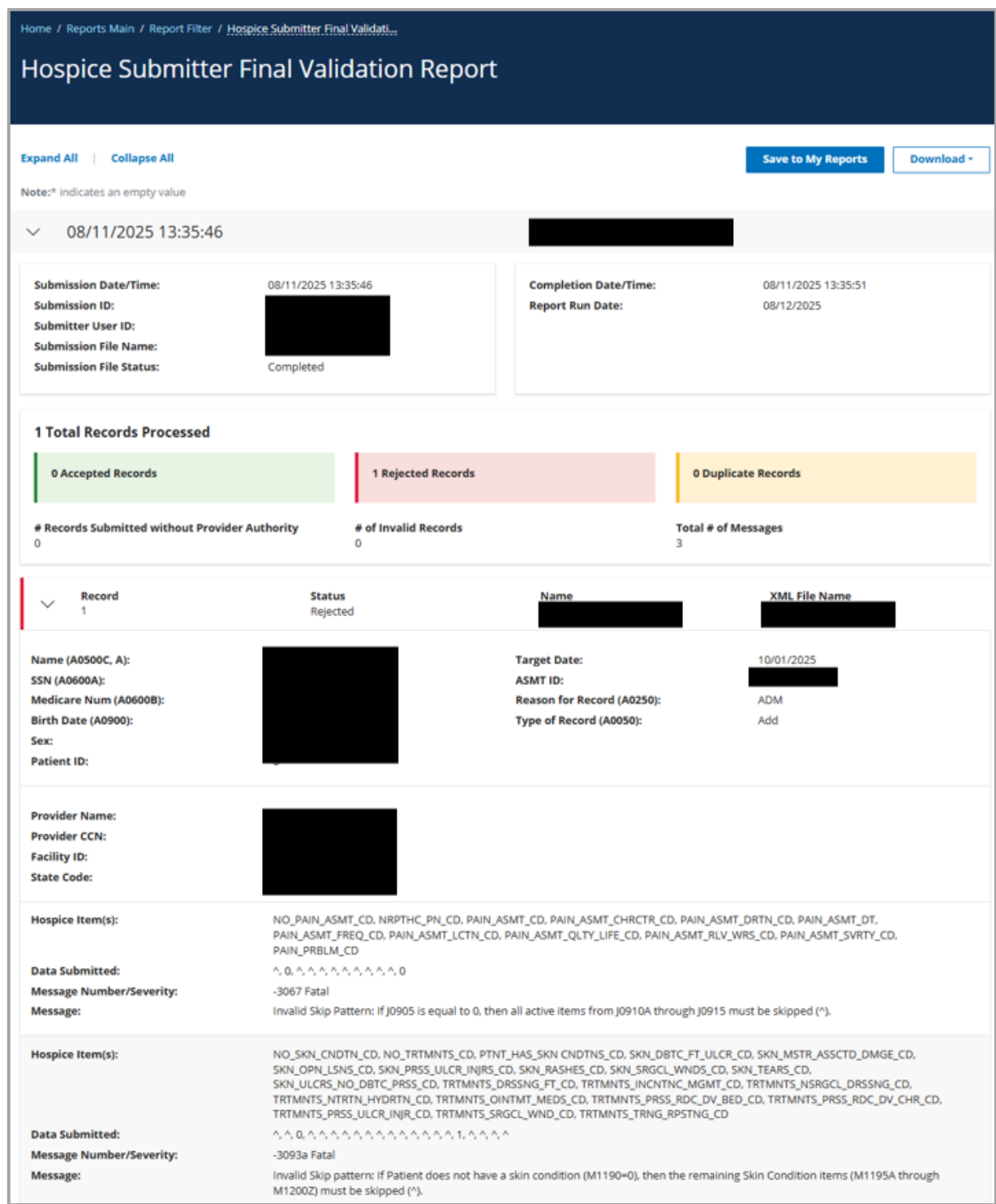


Figure 18: Hospice Submitter Final Validation Sample Report

* Fictitious, sample data are depicted.

Report Details

The Hospice Submitter Final Validation Report is sorted by State Code, Facility ID, Name, Record #, Message Number/ Severity, and Hospice Item(s).

The report details the following:

Report Field	Report Field Description
Submission Date/Time	Date and time the report was submitted
Submission ID	Unique identification number assigned to the zip file
Submitter User ID	The user ID of the submitter of the zip file
Submission File Name	The name of the zip file submitted
Submission File Status	Status of the submitted file, Completed or Error
Completion Date/Time	Date and time the processing of the submission file
Report Run Date	Date the report was run
# Records Processed	Number of records in the submission file
# Records Accepted	Number of records from the submission file that were accepted and saved into the database
# Rejected Records	Number of records from the submission file that received fatal errors in the record and were not saved into the database
# Duplicate Records	Number of records from the submission file that were not saved into the database because they were duplicate records
# Records Submitted Without Provider Authority	Number of records from the submission file where the user submitting the record(s) did not have authority to submit for this provider
# Invalid Records	Number of files from the submission file that could not be processed due to a file defect
Total # of Messages	Number of errors (fatal errors and warnings) for all processed records in the submission file

Report Field	Report Field Description
Record #	Unique identifier for each record on this report
Status	Status of the individual record. Accepted, Invalid or Rejected displays.
Name	This field contains the last name (A0500C) and first name (A0500A) of the patient.
XML File Name	Name of the XML file
Name (A0500C, A)	Last name (A0500C) and first name (A0500A)
SSN (A0600A)	Social Security Number (A0600A) of the patient
Medicare Number (A0600B)	Patient's Medicare Number (A0600B)
Birth Date (A0900)	Patient's date of birth
Sex	Patient's sex (F = Female, M = Male)
Patient ID	Patient's IQIES assigned identifier
Target Date	<p>This is the date that the event occurred:</p> <ul style="list-style-type: none"> For Admission records, the Target Date is equal to A0220 (Admission Date). For HUV records, the Target Date is equal to Z0350 (Date Assessment was Completed). For Discharge records, the Target Date is equal to A0270 (Discharge Date).
ASMT ID	Unique ID assigned by IQIES at the time the record is processed
Reason for Record (A0250)	Reason for the assessment; Admission (ADM), Hospice Update Visit (HUV1, HUV2) or Discharge (DC) record
Type of Record (A0050)	Type of record transaction
Provider Name	Name of the provider that created the assessment record
Provider CCN	CMS Certification Number (Medicare provider number) of the provider that created the assessment record

Report Field	Report Field Description
Facility ID	Unique identifier assigned to the provider for identifying submissions from their facility
State Code	Facility two-character state code
Hospice Item(s)	Hospice item identifier(s) from the item set for the error (both fatal and warning) message listed
Data Submitted	Submitted data value(s) and/or the recalculated data value(s) from the record which caused the error to occur, separated by commas, based on the message
Message Number/Severity	Error number and the severity of the error that was encountered
Message	Description of the error

Report Notes

This report differs from the Hospice Final Validation Report in that it returns information about all records in the submission file, those that could be successfully processed and those that could not. Successful processing indicates that the provider associated with the record could be identified. The Hospice Final Validation Report only includes information about records that could be successfully processed.

Only HOPE records will be available in the Hospice Submitter Final Validation Report. For more information on HIS and HOPE records, view [What to Expect with the HOPE Assessment Submission and Reporting Launch in iQIES](#).

Hospice Timeliness Compliance Threshold Report

Purpose	Displays the number and percentage of Hospice records submitted within the 30-day submission deadline for the Annual Payment Update (APU) determination for select providers.
Report Category	Provider
Report Type	Submission

Run Report Criteria

Run Report
Hospice Timeliness Compliance Threshold Report

Displays the number and percentage of Hospice records submitted within the 30-day submission deadline for the Annual Payment Update (APU) determination for select providers.
Enter the report criteria to run the report or save the criteria for a later time.

All required fields are marked with an asterisk (*)

Select Saved Criteria
Select one

Providers
Search for providers and "Add" providers for each report run.

State *
All X Select...

Provider Keyword
Enter at least 4 characters to search by Provider Name, CCN, or Facility ID. [Search](#)

No providers added.

APU Fiscal Year *
2027

[Save Criteria](#) [Reset Criteria](#)

Note: Certain reports e.g., Final Validation Report(s), will not display any data for selected providers if there are no data available for the selected reporting period.

☐ Schedule Report Run [?](#)

[Run Report](#) [Cancel](#)

Figure 19: Hospice Timeliness Compliance Threshold Report Criteria

The Hospice Timeliness Compliance Threshold report criteria require user selection of the **APU Fiscal Year**.

Sample Report*

Home / Reports Main / Report Filter / Hospice Timeliness Compliance Th...

Hospice Timeliness Compliance Threshold Report

Expand All | Collapse All

Save to My ReportsDownload

CCN:

Provider Name:

City/State:

Date of Collection Start Date:01/01/2024

Date of Collection End Date:12/31/2024

Report Run Date:08/04/2025

of Hospice Records Submitted:0

of Hospice Records Submitted and Accepted within 30 days:0

% of Hospice Records Submitted and Accepted within 30 days:0%

Did Provider Meet the 90% Compliance Threshold:No*

*Per requirements set forth by CMS, 90% of all required HOPE records (Admission, HOPE Update Visits (HUV), and Discharge) with target dates during the reporting period (January 1st – December 31st) must be submitted and accepted within the 30-day submission deadlines to avoid the 4-percentage point reduction for the FY2027 APU and beyond. Note that hospices must meet all Hospice Quality Reporting Program (HQRP) requirements to receive their full APU. More information can be found on the HQRP Requirements and Best Practices webpage.

Figure 20: Hospice Timeliness Compliance Threshold Sample Report

* Fictitious, sample data are depicted.

Report Details

The Hospice Timeliness Compliance Threshold Report is sorted by State Code then CCN.

The report details the following:

Report Field	Report Field Description, if necessary
Provider Name	Name of provider
CCN	CMS Certification Number (Medicare provider number) of the provider that created the assessment record
City/State	Provider's city and state
Date of Collection Start Date	Date of the start of the reporting period
Date of Collection End Date	Date of the end of the reporting period
Report Run Date	Date the report was run
# of Hospice Records Submitted	Number of assessments submitted and accepted into iQIES during the data collection period
# of Hospice Records Submitted and Accepted within 30 Days	Number of assessments submitted and accepted within the 30-day submission deadline
% of Hospice Records Submitted and Accepted within 30 Days	Percent of assessments submitted and accepted within the 30-day submission deadline
Did Provider Meet the 90% Compliance Threshold	Response to whether provider met threshold; Yes, No