

## Data Submission Specifications for HOPE (V1.00.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3001	Format	Fatal	If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then the length of the submitted value must match exactly the maximum length that is listed for the item.
		Items:	A0100A Facility National Provider Identifier (NPI) A0600A Social Security Number
-3002	Format	Fatal	If the value is not equal to [^], the first three characters must not be equal to [000].
		Items:	A0600A Social Security Number
-3003	Format	Fatal	The value must not be equal to any of the following: [111111111, 333333333, 123456789, 999999999].
		Items:	A0600A Social Security Number
-3008	Consistency	Fatal	A0900 (birthdate) cannot be more than 140 years earlier than the submission date.
		Items:	A0900 Birthdate
-3009	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
		Items:	ASMT_SYS_CD Assessment system code ITM_SBST_CD Item subset code STATE_CD Provider's state postal code A0050 Type of record A0215 Site of service at admission A0250 Reason for record A0810 Sex A1005A Ethnicity: No, not Hispanic, Latino/a, Spanish A1005B Ethnicity: Yes, Mex, Mex Amer, Chicano/a A1005C Ethnicity: Yes, Puerto Rican A1005D Ethnicity: Yes, Cuban A1005E Ethnicity: Yes, another Hispanic/Latino/Spanish A1005X Ethnicity: Patient unable to respond A1005Y Ethnicity: Patient declines to respond A1010A Race: White A1010B Race: Black or African American A1010C Race: American Indian or Alaska Native A1010D Race: Asian Indian A1010E Race: Chinese A1010F Race: Filipino A1010G Race: Japanese

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ID	Type	Severity	Text/Items
		Items:	A1010H Race: Korean A1010I Race: Vietnamese A1010J Race: Other Asian A1010K Race: Native Hawaiian A1010L Race: Guamanian or Chamorro A1010M Race: Samoan A1010N Race: Other Pacific Islander A1010X Race: Patient unable to respond A1010Y Race: Patient declines to respond A1010Z Race: None of the above A1110B Does the patient need or want an interpreter A1400A Payer: Medicare (FFS) A1400B Payer: Medicare (managed care/Part C/Mcr Advant.) A1400C Payer: Medicaid (FFS) A1400D Payer: Medicaid (managed care) A1400G Payer: Other Government A1400H Payer: Private insurance/Medigap A1400I Payer: Private managed care A1400J Payer: Self-pay A1400K Payer: No payor source A1400X Payer: Unknown A1400Y Payer: Other A1805 Admitted from A1905 Living Arrangements A1910 Availability of Assistance A2115 Reason for discharge F2000A Was ptnt/rsp prty asked about CPR F2100A Was ptnt/rsp prty asked treatments oth than CPR F2200A Was ptnt/rsp prty asked hospitalization F3000A Was ptnt/crgvr asked sptual/exstntial cnrcns I0010 Principal diagnosis I0100 Cancer I0600 Heart Failure I0900 Peripheral Disease (PVD or PAD) I0950 Cardiovascular (excluding heart failure) I1101 Liver disease (e.g., cirrhosis) I6202 Chronic Obstructive Pulmonary Disease (COPD) I2102 Sepsis I2900 Diabetes Mellitus (DM) I2910 Neuropathy I4501 Stroke I4801 Dementia (including Alzheimer's disease)

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ID	Type	Severity	Text/Items
		Items:	
		I5150	Neurological Conditions
		I5401	Seizure Disorder
		I1510	Renal disease
		I8005	Other Medical Condition
		J0050	Death is Imminent
		J0900A	Was patient screened for pain
		J0900C	Patient's pain severity was
		J0900D	Type of standardized pain tool used
		J0905	Is pain an active problem for the patient?
		J0910A	Was comprehensive pain assessment done
		J0910C1	Pain asmt included: location
		J0910C2	Pain asmt included: severity
		J0910C3	Pain asmt included: character
		J0910C4	Pain asmt included: duration
		J0910C5	Pain asmt included: frequency
		J0910C6	Pain asmt included: what relieves/worsens
		J0910C7	Pain asmt included: effect function/quality life
		J0910C9	Pain asmt included: none of the above
		J0915	Neuropathic Pain
		J2030A	Was patient screened for shortness of breath
		J2030C	Did screening indicate pt had shortness of breath
		J2040A	Was treatment for shortness of breath initiated
		J2050A	Was symptom impact screening completed
		J2051A	Symptom Impact - Pain
		J2051B	Symptom Impact - Shortness of breath
		J2051C	Symptom Impact - Anxiety
		J2051D	Symptom Impact - Nausea
		J2051E	Symptom Impact - Vomiting
		J2051F	Symptom Impact - Diarrhea
		J2051G	Symptom Impact - Constipation
		J2051H	Symptom Impact - Agitation
		J2052A	Was in-person SFV completed
		J2052C	Reason SFV Not Completed
		J2053A	SFV Symptom Impact Since Screen - Pain
		J2053B	SFV Symptom Impact Since Screen - Shortness breath
		J2053C	SFV Symptom Impact Since Screen - Anxiety
		J2053D	SFV Symptom Impact Since Screen - Nausea
		J2053E	SFV Symptom Impact Since Screen - Vomiting
		J2053F	SFV Symptom Impact Since Screen - Diarrhea
		J2053G	SFV Symptom Impact Since Screen - Constipation
		J2053H	SFV Symptom Impact Since Screen - Agitation
		M1190	Patient has one or more skin conditions

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ID	Type	Severity	Text/Items
		Items:	M1195A Skin Condition - Diabetic foot ulcer(s)
			M1195B Skin Condition - Open lesion(s)
			M1195C Skin Condition - Pressure Ulcer(s)/Injuries
			M1195D Skin Condition - Rash(es)
			M1195E Skin Condition - Skin tear(s)
			M1195F Skin Condition - Surgical wound(s)
			M1195G Skin Condition - Ulcers (not diabetic or pressure)
			M1195H Skin Condition - Moisture Associated Skin Damage
			M1195Z Skin Condition - None of the above
			M1200A Treatments - Pressure reducing device for chair
			M1200B Treatments - Pressure reducing device for bed
			M1200C Treatments - Turning/repositioning program
			M1200D Treatments - Nutrition or hydration intervention
			M1200E Treatments - Pressure ulcer/injury care
			M1200F Treatments - Surgical wound care
			M1200G Treatments - Apply nonsurgical dressings-not feet
			M1200H Treatments - Apply ointments/meds (not feet)
			M1200I Treatments - Application of dressings to feet
			M1200J Treatments - Incontinence Management
			M1200Z Treatments - None of the above
			N0500A Was scheduled opioid initiated or continued
			N0510A Was PRN opioid initiated or continued
			N0520A Was bowel regimen initiated or continued
-3010	Format	Fatal	<p>Values of Date Items:</p> <p>This item must contain either (a) a valid date in YYYYMMDD format, or (b) one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report.</p> <p>Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 2026 must be submitted as "20260101".</p>
		Items:	A0220 Admission date
			A0270 Discharge date
			F2000B Date ptnt/rsp prty asked about CPR
			F2100B Date ptnt/rsp prty asked treatments oth than CPR
			F2200B Date ptnt/rsp prty asked hospitalization
			F3000B Date ptnt/crgvr asked sptual/exstntial cnrcns
			J0900B Date of first screening for pain
			J0910B Date of comprehensive pain assessment
			J2030B Date of first screening for shortness of breath
			J2040B Date treatment for shortness of breath initiated
			J2050B Date of symptom impact screening

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ID	Type	Severity	Text/Items
			<b>Items:</b> J2052B Date of in-person SFV N0500B Date scheduled opioid initiated or continued N0510B Date PRN opioid initiated or continued N0520B Date bowel regimen initiated or continued Z0350 Date Assessment Was Completed Z0500B Date of signature verifying record completion
-3011	Format	Fatal	<p>Formatting of Birthdate:  This item must contain either (a) a valid date in YYYYMMDD, YYYYMM, or YYYY format, or (b) one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report.</p> <p>Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 1949 must be submitted as "19490101".</p> <p>If a date is submitted in YYYYMM format, it must be 6 characters in length and each of the 6 characters must contain the digits 0 (zero) through 9. YYYY and MM must be zero filled, where necessary. For example, January, 1949 must be submitted as "194901".</p> <p>If a date is submitted in YYYY format, it must be 4 characters in length and each of the 4 characters must contain the digits 0 (zero) through 9. YYYY must be zero filled, where necessary. For example, 1949 must be submitted as</p>
-3012	Format	Fatal	<b>Items:</b> A0900 Birthdate Values of Numeric Items: Only the values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item. The submitted value must be greater than or equal to the minimum value listed in the table and less than or equal to the maximum value listed in the table, or it must match one of the remaining special values (if any) that are listed in the table. The length of the submitted value must not exceed the allowed maximum length for the item. Signed numbers (with a leading plus or minus sign) will not be
-3013	Format	Fatal	<b>Items:</b> CRCTN_NUM Correction number Formatting of Positive Integer Numeric Items: Only positive integer values and the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report will be accepted for this item. Leading zeroes may be included or omitted from the submitted value as long as the resulting length of the string does not exceed the allowed maximum length for the item. A decimal point and decimal values are not allowed. A sign will not be accepted.
			<p>The following examples are allowable if the value to be submitted is equal to [1] and the maximum length is equal to 2: [1], [01]. The following values are NOT allowed and will lead to a fatal error: [1.], [1.0], [01.], [01.0], [1.1], [01.1], [1.01], [+1], [-2], [+1.3], [-4.5].</p>
			<b>Items:</b> CRCTN_NUM Correction number

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ID	Type	Severity	Text/Items										
-3015	Format	Fatal	<p>Formatting of Numeric Text Items:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the characters [0]</p> <p><b>Items:</b></p> <table><tr><td>SFTWR_VNDR_ID</td><td>Software vendor federal employer tax ID</td></tr><tr><td>A0100A</td><td>Facility National Provider Identifier (NPI)</td></tr><tr><td>A0550</td><td>Patient zip code</td></tr><tr><td>A0600A</td><td>Social Security Number</td></tr></table>	SFTWR_VNDR_ID	Software vendor federal employer tax ID	A0100A	Facility National Provider Identifier (NPI)	A0550	Patient zip code	A0600A	Social Security Number		
SFTWR_VNDR_ID	Software vendor federal employer tax ID												
A0100A	Facility National Provider Identifier (NPI)												
A0550	Patient zip code												
A0600A	Social Security Number												
-3016	Format	Fatal	<p>Formatting of Alphanumeric Text Items:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].</p> <p><b>Items:</b></p> <table><tr><td>A0100B</td><td>Facility CMS Certification Number (CCN)</td></tr><tr><td>A0600B</td><td>Patient Medicare number</td></tr><tr><td>A0700</td><td>Patient Medicaid number</td></tr></table>	A0100B	Facility CMS Certification Number (CCN)	A0600B	Patient Medicare number	A0700	Patient Medicaid number				
A0100B	Facility CMS Certification Number (CCN)												
A0600B	Patient Medicare number												
A0700	Patient Medicaid number												
-3017	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, and Special Characters:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].</p> <p>b) The letters [A] through [Z] and [a] through [z].</p> <p>c) The character [-], as long as the dash is not the only character in the text string.</p> <p>d) The following special characters:</p> <p>[@] (at sign)</p> <p>['] (single quote)</p> <p>[/] (forward slash)</p> <p>[+] (plus sign)</p> <p>[,] (comma)</p> <p>[.] (period)</p> <p>[_] (underscore)</p> <p><b>Items:</b></p> <table><tr><td>SFTWR_PROD_VRSN_CD</td><td>Software product version code</td></tr><tr><td>A0500A</td><td>Patient first name</td></tr><tr><td>A0500C</td><td>Patient last name</td></tr><tr><td>A0500D</td><td>Patient name suffix</td></tr><tr><td>A1110A</td><td>Preferred language</td></tr></table>	SFTWR_PROD_VRSN_CD	Software product version code	A0500A	Patient first name	A0500C	Patient last name	A0500D	Patient name suffix	A1110A	Preferred language
SFTWR_PROD_VRSN_CD	Software product version code												
A0500A	Patient first name												
A0500C	Patient last name												
A0500D	Patient name suffix												
A1110A	Preferred language												

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ID	Type	Severity	Text/Items
-3018	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Special Characters: If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9]. b) The letters [A] through [Z] and [a] through [z]. c) The following special characters:            [@] (at sign)            ['] (single quote)            [/] (forward slash)            [+] (plus sign)            [,] (comma)            [.] (period)</p>
		<b>Items:</b>	<p>A0500B                      Patient middle initial</p>
-3019	Format	Fatal	<p>Formatting of email address. Any valid email address will be accepted. The text string may contain any printable characters except the following:  ' single quote  " double quote  , comma  ; semi-colon  : colon  \ back slash  ( ) right and left parentheses  [ ] right and left brackets  { } right and left braces  &lt; less than  &gt; greater than  space (embedded space)</p>
		<b>Items:</b>	<p>SFTWR_VNDR_EMAIL_ADR Software vendor email address</p>
-3020	Consistency	Fatal	<p>FAC_ID is the facility/provider ID. a) This must be the FAC_ID assigned to the provider upon registration. The submitted value must match the FAC_ID in iQIES for the facility or provider. b) A user submitting a file for a provider must be authorized to submit for the provider identified by the FAC_ID item in the file.</p>
		<b>Items:</b>	<p>FAC_ID                      Assigned provider submission ID</p>
-3021	Consistency	Warning	<p>The value submitted for A0100B (provider's CMS Certification Number -- CCN) will be compared with the value that is currently in the iQIES database. If the values do not match, a warning will be issued.</p>
		<b>Items:</b>	<p>A0100B                      Facility CMS Certification Number (CCN)</p>
-3022	Format	Fatal	<p>This is a required text item. A valid non-blank value must be submitted.</p>
		<b>Items:</b>	<p>FAC_ID                      Assigned provider submission ID  SFTWR_VNDR_ID              Software vendor federal employer tax ID  SFTWR_VNDR_NAME          Software vendor company name</p>

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ID	Type	Severity	Text/Items
		<b>Items:</b>	SFTWR_VNDR_EMAIL_ADR Software vendor email address A0500A Patient first name A1110A Preferred language
-3023	Consistency	Fatal	<p>In order to modify or inactivate a record that has previously been accepted by the submission system, the system must be able to locate the previous record. Appropriate values from the record to be corrected must therefore be submitted for the following locator items:</p> <p>a) A0250 (reason for record)            b) A0500A (patient first name)            c) A0500C (patient last name)            d) A0810 (sex)            e) A0600A (social security number)            f) A0900 (birth date)            g) A0220 (admission date)            h) A0270 (discharge date)            i) Z0350 (date assessment was completed)</p> <p>If a matching previously accepted record cannot be located, a fatal error will result and the submitted record will be rejected.</p>
		<b>Items:</b>	A0220 Admission date A0250 Reason for record A0270 Discharge date A0500A Patient first name A0500C Patient last name A0600A Social Security Number A0810 Sex A0900 Birthdate Z0350 Date Assessment Was Completed
-3025	Consistency	Fatal	<p>The first record that is submitted to correct or inactivate an existing record must have a value of "01" in CRCTN_NUM (correction number). If that correction/inactivation is accepted and if a subsequent correction/inactivation is required, it must have a value of "02", and so on. In other words, the correction number in CRCTN_NUM on the first correction/inactivation must be "01", and the value on each subsequent correction/inactivation must be incremented by 1. If the value submitted in CRCTN_NUM is incorrect, a fatal error will result and the submitted record will be rejected.</p>
		<b>Items:</b>	CRCTN_NUM Correction number
-3026	Format	Fatal	<p>The length of the text submitted for a free-form text item must not exceed the maximum length specified for that item.</p>
		<b>Items:</b>	SFTWR_VNDR_ID Software vendor federal employer tax ID SFTWR_VNDR_NAME Software vendor company name SFTWR_VNDR_EMAIL_ADR Software vendor email address SFTWR_PROD_NAME Software product name SFTWR_PROD_VRSN_CD Software product version code



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ID	Type	Severity	Text/Items						
			<b>Items:</b> A0100A Facility National Provider Identifier (NPI) A0100B Facility CMS Certification Number (CCN) A0500A Patient first name A0500B Patient middle initial A0500C Patient last name A0500D Patient name suffix A0600A Social Security Number A0600B Patient Medicare number A0700 Patient Medicaid number A1110A Preferred language						
			-3027	Consistency	Fatal	a) If SFTWR_PROD_NAME is equal to [^], then SFTWR_PROD_VRSN_CD must be equal to [^].  b) If SFTWR_PROD_NAME is not equal to [^], then SFTWR_PROD_VRSN_CD must not be equal to [^].			
						<b>Items:</b> SFTWR_PROD_NAME Software product name SFTWR_PROD_VRSN_CD Software product version code			
			-3028	Consistency	Fatal	The Item Subset Code (ISC) is a two- or three-character code that indicates the type of record that is being submitted. The set of active items is controlled by the ISC.  The submission system will recalculate the ISC and compare the recalculated value with the value that is submitted in ITM_SBST_CD. If the recalculated value does not match the value submitted in ITM_SBST_CD, a fatal error will result.  The ISC is defined as follows:  If A0050 = [1,2] and A0250 = [1] then ITM_SBST_CD = [HA] If A0050 = [1,2] and A0250 = [2,3] then ITM_SBST_CD = [HUV] If A0050 = [1,2] and A0250 = [9] then ITM_SBST_CD = [HD] If A0050 = [3] and A0250 = [1,2,3,9] then ITM_SBST_CD = [XX]  For a more complete explanation of the meaning and use of the ISC codes,			
						<b>Items:</b> ITM_SBST_CD Item subset code A0050 Type of record A0250 Reason for record			

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ID	Type	Severity	Text/Items
-3029	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, Ampersands, and Other Special Characters:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <ul style="list-style-type: none"> <li>a) The numeric characters: [0] through [9].</li> <li>b) The letters [A] through [Z] and [a] through [z].</li> <li>c) The character [-], as long as the dash is not the only character in the text string.</li> <li>d) The following special characters: <ul style="list-style-type: none"> <li>[&amp;] (ampersand)</li> <li>[@] (at sign)</li> <li>['] (single quote)</li> <li>[/] (forward slash)</li> <li>[+] (plus sign)</li> <li>[,] (comma)</li> <li>[.] (period)</li> <li>[_] (underscore)</li> </ul> </li> </ul>
		<b>Items:</b>	<div>SFTWR_VNDR_NAME      Software vendor company name</div> <div>SFTWR_PROD_NAME      Software product name</div>

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-3032	Consistency	Fatal	<p>DATE ITEM CONSISTENCY RULES</p> <p>Date items fall into three groups - designated Group A, Group B and Group C - see below. Each group has its own consistency rules.</p> <p>-----</p> <p>GROUP A RULES (Edit -3032a)</p> <p>Group A items are listed below. Each active item in this list that contains a valid date (not blank) must be in the specified order:</p> <p>A0900 (birth date) &lt;=</p> <p>A0220 (admission date) &lt;=Z0350 (date assessment was completed) &lt;=</p> <p>A0270 (discharge date) &lt;=</p> <p>Z0500B (date of signature of person verifying record completion) &lt;=</p> <p>submission date</p> <p>-----</p> <p>GROUP B RULES (Edit -3032b)</p> <p>Group B items are listed below. Each active item in this list that contains a valid date (not blank) must obey all of the following rules:</p> <ol style="list-style-type: none"> <li>1. Each Group B date must be greater than or equal to A0220 (admission date).</li> <li>2. Each Group B date must be less than or equal to Z0500B (date of signature of person verifying record completion).</li> <li>3. For date pairs shown below, the first date listed must be less than or equal to the second date listed.</li> <li>4. Otherwise, the Group B dates may be in any order.</li> </ol> <p>The following is a list of Group B dates:</p> <p>a) J0900B (date of first screening for pain) &lt;= J0910B (date of comprehensive pain assessment)</p> <p>b) J2030B (date of first screening for shortness of breath)</p> <p>c) J2040B (date treatment for shortness of breath initiated)</p> <p>d) J2050B (date of symptom impact screening)</p> <p>e) J2052B (date of in-person SFV)</p> <p>f) N0500B (date scheduled opioid initiated or continued)</p> <p>g) N0510B (date PRN opioid initiated or continued)</p> <p>h) N0520B (date bowel regimen initiated or continued)</p> <p>-----</p> <p>GROUP C RULES (Edit -3032c)</p> <p>Group C items are listed below. Each Group C date must be less than or equal to Z0500B (date record completion was verified).</p> <p>The following is a list of Group C dates:</p> <p>a) F2000B (date asked about CPR)</p> <p>b) F2100B (date asked about treatment other than CPR)</p> <p>c) F2200B (date asked about hospitalization)</p> <p>Items:   A0220                      Admission date</p> <p>          A0270                      Discharge date</p> <p>          A0900                      Birthdate</p> <p>          F2000B                     Date ptnt/rsp prty asked about CPR</p> <p>          F2100B                     Date ptnt/rsp prty asked treatments oth than CPR</p>

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ID	Type	Severity	Text/Items
		<b>Items:</b>	F2200B Date ptnt/rsp prty asked hospitalization F3000B Date ptnt/crgvr asked sprtual/exstntial cnrns J0900B Date of first screening for pain J0910B Date of comprehensive pain assessment J2030B Date of first screening for shortness of breath J2040B Date treatment for shortness of breath initiated J2050B Date of symptom impact screening J2052B Date of in-person SFV N0500B Date scheduled opioid initiated or continued N0510B Date PRN opioid initiated or continued N0520B Date bowel regimen initiated or continued Z0350 Date Assessment Was Completed Z0500B Date of signature verifying record completion
-3034	Consistency	Warning	<b>RECORD SUBMISSION TIMING RULES</b> The following rules specify the maximum number of days which should elapse between each date listed and the submission date. Violation of these rules will result in warnings. These rules apply only to new records (where A0050=[1]). They do not apply to modification or inactivation records (where A0050=[2,3]).  a) If A0250=[1] (admission record), then submission date minus A0220 (admission date) should be less than or equal to 30 days.  b) If A0250=[2] (HUV 1 record), then submission date minus Z0350 (date assessment was completed) should be less than or equal to 30 days.  c) If A0250=[3] (HUV 2 record), then submission date minus Z0350 (date assessment was completed) should be less than or equal to 30 days.  d) If A0250=[9] (discharge record), then submission date minus A0270  <b>Items:</b> A0050 Type of record A0220 Admission date A0250 Reason for record A0270 Discharge date Z0350 Date Assessment Was Completed
-3035	Skip pattern	Fatal	a) If F2000A=[0], then if F2000B is active it must equal [^]. b) If F2000A=[1,2], then if F2000B is active it must not equal [^].  <b>Items:</b> F2000A Was ptnt/rsp prty asked about CPR F2000B Date ptnt/rsp prty asked about CPR
-3036	Skip pattern	Fatal	a) If F2100A=[0], then if F2100B is active it must equal [^]. b) If F2100A=[1,2], then if F2100B is active it must not equal [^].  <b>Items:</b> F2100A Was ptnt/rsp prty asked treatments oth than CPR F2100B Date ptnt/rsp prty asked treatments oth than CPR

**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
-3037	Skip pattern	Fatal	<p>a) If F2200A=[0], then if F2200B is active it must equal [^].</p> <p>b) If F2200A=[1,2], then if F2200B is active it must not equal [^].</p> <p><b>Items:</b> F2200A Was ptnt/rsp prty asked hospitalization</p> <p>F2200B Date ptnt/rsp prty asked hospitalization</p>
-3038	Skip pattern	Fatal	<p>a) If F3000A=[0], then if F3000B is active it must equal [^].</p> <p>b) If F3000A=[1,2], then if F3000B is active it must not equal [^].</p> <p><b>Items:</b> F3000A Was ptnt/crgvr asked sprtual/exstntial cncrns</p> <p>F3000B Date ptnt/crgvr asked sprtual/exstntial cncrns</p>
-3040	Skip pattern	Fatal	<p>a) If J0910A=[0], then all active items from J0910B through J0910C9 must equal [^].</p> <p>b) If J0910A=[1], then all active items from J0910B through J0910C9 must not equal [^].</p> <p><b>Items:</b> J0910A Was comprehensive pain assessment done</p> <p>J0910B Date of comprehensive pain assessment</p> <p>J0910C1 Pain asmt included: location</p> <p>J0910C2 Pain asmt included: severity</p> <p>J0910C3 Pain asmt included: character</p> <p>J0910C4 Pain asmt included: duration</p> <p>J0910C5 Pain asmt included: frequency</p> <p>J0910C6 Pain asmt included: what relieves/worsens</p> <p>J0910C7 Pain asmt included: effect function/quality life</p> <p>J0910C9 Pain asmt included: none of the above</p>
-3041	None of above	Fatal	<p>If J0910C1 through J0910C7 and J0910C9 are all active, then the following rules apply:</p> <p>(a) If J0910C9=[0], then at least one item from J0910C1 through J0910C7 must equal [1].</p> <p>(b) If J0910C9=[1], then all items from J0910C1 through J0910C7 must equal [0].</p> <p><b>Items:</b> J0910C1 Pain asmt included: location</p> <p>J0910C2 Pain asmt included: severity</p> <p>J0910C3 Pain asmt included: character</p> <p>J0910C4 Pain asmt included: duration</p> <p>J0910C5 Pain asmt included: frequency</p> <p>J0910C6 Pain asmt included: what relieves/worsens</p> <p>J0910C7 Pain asmt included: effect function/quality life</p> <p>J0910C9 Pain asmt included: none of the above</p>
-3043	Skip pattern	Fatal	<p>If J2030A=[0], then all active items from J2030B through J2040B must equal [^].</p> <p><b>Items:</b> J2030A Was patient screened for shortness of breath</p> <p>J2030B Date of first screening for shortness of breath</p> <p>J2030C Did screening indicate pt had shortness of breath</p>

**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
			<b>Items:</b> J2040A Was treatment for shortness of breath initiated
			J2040B Date treatment for shortness of breath initiated
-3044	Skip pattern	Fatal	If J2030A=[1], then all active items from J2030B through J2030C must not equal [^].
			<b>Items:</b> J2030A Was patient screened for shortness of breath
			J2030B Date of first screening for shortness of breath
			J2030C Did screening indicate pt had shortness of breath
-3045	Skip pattern	Fatal	If J2030C=[0], then all active items from J2040A through J2040B must equal [^].
			<b>Items:</b> J2030C Did screening indicate pt had shortness of breath
			J2040A Was treatment for shortness of breath initiated
			J2040B Date treatment for shortness of breath initiated
-3046	Skip pattern	Fatal	If J2030C=[1], then if J2040A is active it must not equal [^].
			<b>Items:</b> J2030C Did screening indicate pt had shortness of breath
			J2040A Was treatment for shortness of breath initiated
			a) If J2040A=[0,1], then J2040B must equal [^].
			b) If J2040A=[2], then J2040B must not equal [^].
			<b>Items:</b> J2040A Was treatment for shortness of breath initiated
			J2040B Date treatment for shortness of breath initiated
-3048	Consistency	Fatal	***THIS EDIT WAS DELETED IN V1.00.1***
			<b>Items:</b> J2040A Was treatment for shortness of breath initiated
			a) If N0500A=[0], then if N0500B is active it must equal [^].
			b) If N0500A=[1], then if N0500B is active it must not equal [^].
			<b>Items:</b> N0500A Was scheduled opioid initiated or continued
			N0500B Date scheduled opioid initiated or continued
			a) If N0510A=[0], then if N0510B is active it must equal [^].
			b) If N0510A=[1], then if N0510B is active it must not equal [^].
			<b>Items:</b> N0510A Was PRN opioid initiated or continued
			N0510B Date PRN opioid initiated or continued
			a) If N0520A=[0,1], then if N0520B is active it must equal [^].
			b) If N0520A=[2], then if N0520B is active it must not equal [^].
			<b>Items:</b> N0520A Was bowel regimen initiated or continued
			N0520B Date bowel regimen initiated or continued
-3052	Consistency	Fatal	If A0050=[1], then CRCTN_NUM must equal [00].
			<b>Items:</b> CRCTN_NUM Correction number
			A0050 Type of record

**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

<b>ID</b>	<b>Type</b>	<b>Severity</b>	<b>Text/Items</b>
-3054	Format	Fatal	SFTWR_VNDR_ID must contain an Employer ID Number which is 9 digits long.
		<b>Items:</b>	SFTWR_VNDR_ID                      Software vendor federal employer tax ID
-3059	Consistency	Fatal	If N0500A=[1] or N0510A=[1], then if N0520A is active it must not equal [^].
		<b>Items:</b>	N0500A                      Was scheduled opioid initiated or continued N0510A                      Was PRN opioid initiated or continued N0520A                      Was bowel regimen initiated or continued
-3060	Consistency	Fatal	If N0500A=[0] and N0510A=[0], then all active items from N0520A through N0520B must equal [^].
		<b>Items:</b>	N0500A                      Was scheduled opioid initiated or continued N0510A                      Was PRN opioid initiated or continued N0520A                      Was bowel regimen initiated or continued N0520B                      Date bowel regimen initiated or continued
-3063	Consistency	Warning	Section F Date Rules:
			(a) If F2000B is active and not equal to [^], then A0220 - F2000B <= 7. (b) If F2100B is active and not equal to [^], then A0220 - F2100B <= 7. (c) If F2200B is active and not equal to [^], then A0220 - F2200B <= 7. (d) If F3000B is active and not equal to [^], then A0220 - F3000B <= 7.
		<b>Items:</b>	A0220                      Admission date F2000B                      Date ptnt/rsp prty asked about CPR F2100B                      Date ptnt/rsp prty asked treatments oth than CPR F2200B                      Date ptnt/rsp prty asked hospitalization F3000B                      Date ptnt/crgvr asked sptual/exstntial cnrns
-3065	Format	Warning	Version Code Values: The version code submitted should match one of the values listed in the Item Values table of the Detailed Data Specifications
		<b>Items:</b>	ITM_SET_VRSN_CD                      Item set version code SPEC_VRSN_CD                      Specifications version code
-3066	Skip pattern	Fatal	a) If J0900A=[0], then all active items from J0900B through J0900D must equal [^]. b) If J0900A=[1], then all active items from J0900B through J0900D must not
		<b>Items:</b>	J0900A                      Was patient screened for pain J0900B                      Date of first screening for pain J0900C                      Patient's pain severity was J0900D                      Type of standardized pain tool used
-3067	Skip pattern	Fatal	If J0905=[0], then all active items J0910A through J0910C9 must equal [^].
		<b>Items:</b>	J0905                      Is pain an active problem for the patient? J0910A                      Was comprehensive pain assessment done

**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
			<b>Items:</b> J0910B Date of comprehensive pain assessment J0910C1 Pain asmt included: location J0910C2 Pain asmt included: severity J0910C3 Pain asmt included: character J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above
-3068	Format	Fatal	The patient ZIP code must be either 5 or 9 bytes in length. Do not include a dash if a ZIP+4 code is submitted.
			<b>Items:</b> A0550 Patient zip code
-3069	Consistency	Warning	If A1400K=[1], then A1400A through A1400D, A1400G through A1400J, A1400X and A1400Y must equal [0].
			<b>Items:</b> A1400A Payer: Medicare (FFS) A1400B Payer: Medicare (managed care/Part C/Mcr Advant.) A1400C Payer: Medicaid (FFS) A1400D Payer: Medicaid (managed care) A1400G Payer: Other Government A1400H Payer: Private insurance/Medigap A1400I Payer: Private managed care A1400J Payer: Self-pay A1400K Payer: No payor source A1400X Payer: Unknown A1400Y Payer: Other
-3076	Consistency	Fatal	If J0900C=[1,2,3], then J0905 must be equal to [1].
			<b>Items:</b> J0900C Patient's pain severity was J0905 Is pain an active problem for the patient?
-3077	Consistency	Warning	If N0500A=[1] or N0510A=[1], indicating a scheduled or PRN opioid was initiated or continued, and J0905 = [0], then: (a) If the opioid was used to treat pain, J0905 should be equal to [1]. (b) If the opioid was used to treat another symptom (e.g., shortness of breath) AND there is no further evidence that pain is an active problem for the patient, leave J0905 equal to [0] and disregard this warning message.
			<b>Items:</b> J0905 Is pain an active problem for the patient? N0500A Was scheduled opioid initiated or continued N0510A Was PRN opioid initiated or continued



## Data Submission Specifications for HOPE (V1.00.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3079	Format	Fatal	<p>Incorrect Medicare Beneficiary Identifier (MBI): This item must conform to the following format:</p> <p>The MBI shall be eleven characters in length. The first character must be numeric, excluding zero (0). The second, fifth, eighth and ninth characters must be alphabetic, excluding the following letters: S, L, O, I, B, and Z. The fourth, seventh, tenth and eleventh characters must be numeric. The third and sixth characters must be alphabetic (excluding S, L, O, I, B, and Z) or</p>
-3080	Consistency	Fatal	<p><b>Items:</b> A0600B Patient Medicare number</p> <p>(a) At least one active item from A1005A to A1005Y must equal [1].  (b) If A1005A=[1], then all active items from A1005B through A1005E must equal [0], and A1005Y must equal [0].  (c) If A1005B=[1] or A1005C=[1] or A1005D=[1] or A1005E=[1], then A1005A must equal [0] and A1005Y must equal [0].  (d) If A1005X=[1], then A1005Y must equal [0].  (e) If A1005Y=[1], then all active items from A1005A to A1005X must equal [0].</p> <p><b>Items:</b> A1005A Ethnicity: No, not Hispanic, Latino/a, Spanish  A1005B Ethnicity: Yes, Mex, Mex Amer, Chicano/a  A1005C Ethnicity: Yes, Puerto Rican  A1005D Ethnicity: Yes, Cuban  A1005E Ethnicity: Yes, another Hispanic/Latino/Spanish  A1005X Ethnicity: Patient unable to respond  A1005Y Ethnicity: Patient declines to respond</p>
-3081	Consistency	Fatal	<p>At least one active item from A1400A through A1400Y must equal [1].</p> <p><b>Items:</b> A1400A Payer: Medicare (FFS)  A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)  A1400C Payer: Medicaid (FFS)  A1400D Payer: Medicaid (managed care)  A1400G Payer: Other Government  A1400H Payer: Private insurance/Medigap  A1400I Payer: Private managed care  A1400J Payer: Self-pay  A1400K Payer: No payor source  A1400X Payer: Unknown  A1400Y Payer: Other</p>
-3082	Consistency	Fatal	<p>(a) If A1400X=[1], then A1400A through A1400K should equal [0].  (b) If A1400X=[1], then A1400Y should equal [0].</p> <p><b>Items:</b> A1400A Payer: Medicare (FFS)  A1400B Payer: Medicare (managed care/Part C/Mcr Advant.)  A1400C Payer: Medicaid (FFS)  A1400D Payer: Medicaid (managed care)</p>

**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
		<b>Items:</b>	A1400G                      Payer: Other Government A1400H                      Payer: Private insurance/Medigap A1400I                      Payer: Private managed care A1400J                      Payer: Self-pay A1400K                      Payer: No payor source A1400X                      Payer: Unknown A1400Y                      Payer: Other
-3083	Consistency	Fatal	If A1400A=[1], then A1400B must equal [0].
		<b>Items:</b>	A1400A                      Payer: Medicare (FFS) A1400B                      Payer: Medicare (managed care/Part C/Mcr Advant.)
-3084	Consistency	Fatal	If A1400C=[1], then A1400D must equal [0].
		<b>Items:</b>	A1400C                      Payer: Medicaid (FFS) A1400D                      Payer: Medicaid (managed care)
-3085	Consistency	Warning	If A1400C=[1], then A1400H should equal [0].
		<b>Items:</b>	A1400C                      Payer: Medicaid (FFS) A1400H                      Payer: Private insurance/Medigap
-3086	Consistency	Warning	If A1400C=[1], then A1400I should equal [0].
		<b>Items:</b>	A1400C                      Payer: Medicaid (FFS) A1400I                      Payer: Private managed care
-3087	Consistency	Warning	If A1400D=[1], then A1400H should equal [0].
		<b>Items:</b>	A1400D                      Payer: Medicaid (managed care) A1400H                      Payer: Private insurance/Medigap
-3088	Consistency	Warning	If A1400D=[1], then A1400I should equal [0].
		<b>Items:</b>	A1400D                      Payer: Medicaid (managed care) A1400I                      Payer: Private managed care
-3089	Consistency	Warning	If A1400J=[1], then A1400Y should equal [0].
		<b>Items:</b>	A1400J                      Payer: Self-pay A1400Y                      Payer: Other
-3090	Consistency	Fatal	(a) At least one active item from A1010A through A1010Z must equal [1]. (b) If any item from A1010A through A1010N=[1], then A1010Y must equal [0] and A1010Z must equal [0]. (c) If A1010X=[1], then A1010Y must equal [0]. (d) If A1010Y=[1], then all active items from A1010A to A1010X must equal [0], and A1010Z must equal [0]. (e) If A1010Z=[1], then all active items from A1010A to A1010N must equal [0], and A1010Y must equal [0].

**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
		<b>Items:</b>	A1010A Race: White
			A1010B Race: Black or African American
			A1010C Race: American Indian or Alaska Native
			A1010D Race: Asian Indian
			A1010E Race: Chinese
			A1010F Race: Filipino
			A1010G Race: Japanese
			A1010H Race: Korean
			A1010I Race: Vietnamese
			A1010J Race: Other Asian
			A1010K Race: Native Hawaiian
			A1010L Race: Guamanian or Chamorro
			A1010M Race: Samoan
			A1010N Race: Other Pacific Islander
			A1010X Race: Patient unable to respond
			A1010Y Race: Patient declines to respond
			A1010Z Race: None of the above
-3091	Skip pattern	Fatal	(a) If J2050A=[0], then J2050B through J2053H must be equal to [^]. (b) If J2050A=[1], then J2050B through J2051H must not be equal to [^].
		<b>Items:</b>	J2050A Was symptom impact screening completed
			J2050B Date of symptom impact screening
			J2051A Symptom Impact - Pain
			J2051B Symptom Impact - Shortness of breath
			J2051C Symptom Impact - Anxiety
			J2051D Symptom Impact - Nausea
			J2051E Symptom Impact - Vomiting
			J2051F Symptom Impact - Diarrhea
			J2051G Symptom Impact - Constipation
			J2051H Symptom Impact - Agitation
			J2052A Was in-person SFV completed
			J2052B Date of in-person SFV
			J2052C Reason SFV Not Completed
			J2053A SFV Symptom Impact Since Screen - Pain
			J2053B SFV Symptom Impact Since Screen - Shortness breath
			J2053C SFV Symptom Impact Since Screen - Anxiety
			J2053D SFV Symptom Impact Since Screen - Nausea
			J2053E SFV Symptom Impact Since Screen - Vomiting
			J2053F SFV Symptom Impact Since Screen - Diarrhea
			J2053G SFV Symptom Impact Since Screen - Constipation
			J2053H SFV Symptom Impact Since Screen - Agitation

**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
-3092	Skip pattern	Fatal	(a) If J2052A=[0], then J2052B (Date of In-person SFV) must equal [^]. (b) If J2052A=[1], then J2052B (Date of In-person SFV) must not equal [^].
		<b>Items:</b>	J2052A                      Was in-person SFV completed J2052B                      Date of in-person SFV
-3093	Skip pattern	Fatal	(a) If M1190=[0], then M1195A through M1200Z must equal [^]. (b) If M1190=[1], then M1195A through M1200Z must not equal [^].
		<b>Items:</b>	M1190                      Patient has one or more skin conditions M1195A                      Skin Condition - Diabetic foot ulcer(s) M1195B                      Skin Condition - Open lesion(s) M1195C                      Skin Condition - Pressure Ulcer(s)/Injuries M1195D                      Skin Condition - Rash(es) M1195E                      Skin Condition - Skin tear(s) M1195F                      Skin Condition - Surgical wound(s) M1195G                      Skin Condition - Ulcers (not diabetic or pressure) M1195H                      Skin Condition - Moisture Associated Skin Damage M1195Z                      Skin Condition - None of the above M1200A                      Treatments - Pressure reducing device for chair M1200B                      Treatments - Pressure reducing device for bed M1200C                      Treatments - Turning/repositioning program M1200D                      Treatments - Nutrition or hydration intervention M1200E                      Treatments - Pressure ulcer/injury care M1200F                      Treatments - Surgical wound care M1200G                      Treatments - Apply nonsurgical dressings-not feet M1200H                      Treatments - Apply ointments/meds (not feet) M1200I                      Treatments - Application of dressings to feet M1200J                      Treatments - Incontinence Management M1200Z                      Treatments - None of the above
-3094	None of above	Fatal	(a) If M1195Z=[0], then at least one item from M1195A through M1195H must equal [1]. (b) If M1195Z=[1], then all items from M1195A through M1195H must equal [0].
		<b>Items:</b>	M1195A                      Skin Condition - Diabetic foot ulcer(s) M1195B                      Skin Condition - Open lesion(s) M1195C                      Skin Condition - Pressure Ulcer(s)/Injuries M1195D                      Skin Condition - Rash(es) M1195E                      Skin Condition - Skin tear(s) M1195F                      Skin Condition - Surgical wound(s) M1195G                      Skin Condition - Ulcers (not diabetic or pressure) M1195H                      Skin Condition - Moisture Associated Skin Damage M1195Z                      Skin Condition - None of the above

**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

<b>ID</b>	<b>Type</b>	<b>Severity</b>	<b>Text/Items</b>
-3095	None of above	Fatal	(a) If M1200Z=[0], then at least one item from M1200A through M1200J must equal [1]. (b) If M1200Z=[1], then all items from M1200A through M1200J must equal [0].
		<b>Items:</b>	M1200A                      Treatments - Pressure reducing device for chair M1200B                      Treatments - Pressure reducing device for bed M1200C                      Treatments - Turning/repositioning program M1200D                      Treatments - Nutrition or hydration intervention M1200E                      Treatments - Pressure ulcer/injury care M1200F                      Treatments - Surgical wound care M1200G                      Treatments - Apply nonsurgical dressings-not feet M1200H                      Treatments - Apply ointments/meds (not feet) M1200I                      Treatments - Application of dressings to feet M1200J                      Treatments - Incontinence Management M1200Z                      Treatments - None of the above
-3097	Consistency	Fatal	If I0010=[02] then I4801 must equal [0].
		<b>Items:</b>	I0010                      Principal diagnosis I4801                      Dementia (including Alzheimer's disease)
-3098	Consistency	Fatal	If I0010=[03], then I5150 must equal [0].
		<b>Items:</b>	I0010                      Principal diagnosis I5150                      Neurological Conditions
-3099	Consistency	Fatal	If I0010=[04], then I4501 must equal [0].
		<b>Items:</b>	I0010                      Principal diagnosis I4501                      Stroke
-3100	Consistency	Fatal	If I0010=[05], then I6202 must equal [0].
		<b>Items:</b>	I0010                      Principal diagnosis I6202                      Chronic Obstructive Pulmonary Disease (COPD)
-3101	Consistency	Fatal	If I0010=[06], then I0950 must equal [0].
		<b>Items:</b>	I0010                      Principal diagnosis I0950                      Cardiovascular (excluding heart failure)
-3102	Consistency	Fatal	If I0010=[07], then I0600 must equal [0].
		<b>Items:</b>	I0010                      Principal diagnosis I0600                      Heart Failure
-3103	Consistency	Fatal	If I0010=[08], then I1101 must equal [0].
		<b>Items:</b>	I0010                      Principal diagnosis I1101                      Liver disease (e.g., cirrhosis)

**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
-3104	Consistency	Fatal	If I0010=[09], then I1510 must equal [0].  <b>Items:</b> I0010 Principal diagnosis I1510 Renal disease
-3105	Consistency	Warning	IF A0250=[1,2,3] AND (J2051A=[2,3] OR J2051B=[2,3] OR J2051C=[2,3] OR J2051D=[2,3] OR J2051E=[2,3] OR J2051F=[2,3] OR J2051G=[2,3] OR J2051H=[2,3]) THEN J2052B (Date of in-person SFV) minus J2050B (Date of symptom impact screening) should be less than or equal to 2 calendar days.  <b>Items:</b> A0250 Reason for record J2050B Date of symptom impact screening J2051A Symptom Impact - Pain J2051B Symptom Impact - Shortness of breath J2051C Symptom Impact - Anxiety J2051D Symptom Impact - Nausea J2051E Symptom Impact - Vomiting J2051F Symptom Impact - Diarrhea J2051G Symptom Impact - Constipation J2051H Symptom Impact - Agitation J2052B Date of in-person SFV
-3106	Skip pattern	Fatal	(a) If J2052A=[0], then J2052C (Reason SFV Not Completed) must not equal [^]. (b) If J2052A=[1], then J2052C (Reason SFV Not Completed) must equal [^].  <b>Items:</b> J2052A Was in-person SFV completed J2052C Reason SFV Not Completed
-3107	Consistency	Fatal	(a) If A0050=[3] (inactivation record) and A0250=[1,2,3] (admission or HUV record), then A0270 (discharge date) must equal [^]. (b) If A0250=[9] (discharge record), then A0270 (discharge date) must not equal [^].  <b>Items:</b> A0050 Type of record A0250 Reason for record A0270 Discharge date
-3108	Skip pattern	Fatal	(a) IF (J2051A=[2,3] OR J2051B=[2,3] OR J2051C=[2,3] OR J2051D=[2,3] OR J2051E=[2,3] OR J2051F=[2,3] OR J2051G=[2,3] OR J2051H=[2,3]) THEN J2052A must not equal [^]. (b) IF (J2051A=[0,1,9] AND J2051B=[0,1,9] AND J2051C=[0,1,9] AND J2051D=[0,1,9] AND J2051E=[0,1,9] AND J2051F=[0,1,9] AND J2051G=[0,1,9] AND J2051H=[0,1,9]) THEN J2052A through J2053H must equal [^].  <b>Items:</b> J2051A Symptom Impact - Pain J2051B Symptom Impact - Shortness of breath J2051C Symptom Impact - Anxiety J2051D Symptom Impact - Nausea

**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
-3109	Skip pattern	Fatal	<b>Items:</b> J2051E Symptom Impact - Vomiting J2051F Symptom Impact - Diarrhea J2051G Symptom Impact - Constipation J2051H Symptom Impact - Agitation J2052A Was in-person SFV completed J2052B Date of in-person SFV J2052C Reason SFV Not Completed J2053A SFV Symptom Impact Since Screen - Pain J2053B SFV Symptom Impact Since Screen - Shortness breath J2053C SFV Symptom Impact Since Screen - Anxiety J2053D SFV Symptom Impact Since Screen - Nausea J2053E SFV Symptom Impact Since Screen - Vomiting J2053F SFV Symptom Impact Since Screen - Diarrhea J2053G SFV Symptom Impact Since Screen - Constipation J2053H SFV Symptom Impact Since Screen - Agitation
			(a) If J2052A=[0], then J2053A through J2053H must equal [^].
			(b) If J2052A=[1], then J2053A through J2053H must not equal [^].
			<b>Items:</b> J2052A Was in-person SFV completed
			J2053A SFV Symptom Impact Since Screen - Pain
			J2053B SFV Symptom Impact Since Screen - Shortness breath
			J2053C SFV Symptom Impact Since Screen - Anxiety
			J2053D SFV Symptom Impact Since Screen - Nausea
			J2053E SFV Symptom Impact Since Screen - Vomiting
			J2053F SFV Symptom Impact Since Screen - Diarrhea
			J2053G SFV Symptom Impact Since Screen - Constipation
			J2053H SFV Symptom Impact Since Screen - Agitation
-3110	Consistency	Warning	HUV Timing Rules
			(a) If A0250 = [2], then A0220 + 6 should be <= Z0350.
			(b) If A0250 = [2], then A0220 + 15 should be >= Z0350.
			(c) If A0250 = [3], then A0220 + 16 should be <= Z0350.
			(d) If A0250 = [3], then A0220 + 30 should be >= Z0350.
			<b>Items:</b> A0220 Admission date
			A0250 Reason for record
			Z0350 Date Assessment Was Completed
			(a) IF A0050=[3] AND A0250=[2,3] THEN Z0350 must not equal [^].
			(b) IF A0050=[3] AND A0250=[1,9] THEN Z0350 must equal [^].
			<b>Items:</b> A0050 Type of record
			A0250 Reason for record
			Z0350 Date Assessment Was Completed
-3111	Consistency	Fatal	

## Data Submission Specifications for HOPE (V1.00.1)

### Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-9001	Information	None	Vendor's version number for the software that was used to create the hospice data submission file.
		<b>Items:</b>	SFTWR_PROD_VRSN_CD      Software product version code
-9003	Information	None	Valid federal tax ID (EIN) for the company that developed the software used to create the hospice data submission file.
		<b>Items:</b>	SFTWR_VNDR_ID              Software vendor federal employer tax ID
-9004	Information	None	Name of the software that was used to create the hospice data submission file.
		<b>Items:</b>	SFTWR_PROD_NAME          Software product name
-9005	Information	None	Email address of the vendor who created the software that was used to produce the hospice submission file.
		<b>Items:</b>	SFTWR_VNDR_EMAIL_ADR   Software vendor email address
-9006	Information	None	Any letters that are contained in this item may be submitted as lower case or upper case, but will be converted and stored as upper case in iQIES. System reports will therefore display upper case values.
		<b>Items:</b>	SFTWR_VNDR_NAME          Software vendor company name SFTWR_PROD_NAME          Software product name SFTWR_PROD_VRSN_CD      Software product version code A0100B                      Facility CMS Certification Number (CCN) A0500A                      Patient first name A0500B                      Patient middle initial A0500C                      Patient last name A0500D                      Patient name suffix A0600B                      Patient Medicare number A0700                        Patient Medicaid number
-9007	Information	None	Submit [+] (the plus sign) to indicate that Medicaid number is pending.
		<b>Items:</b>	A0700                        Patient Medicaid number
-9008	Information	None	Submit [N] to indicate that the resident is non-Medicaid.
		<b>Items:</b>	A0700                        Patient Medicaid number
-9009	Information	None	a) If A0250=[1] (admission record), then TARGET_DATE is equal to A0220 (admission date). b) If A0250=[2,3] (HUV record), then TARGET_DATE is equal to Z0350 (date assessment was completed). c) If A0250=[9] (discharge record), then TARGET_DATE is equal to A0270 (discharge date).
		<b>Items:</b>	A0250                        Reason for record A0270                        Discharge date Z0350                        Date Assessment Was Completed



**Data Submission Specifications for HOPE (V1.00.1)**  
**Unduplicated Edits Report by Edit ID**

ID	Type	Severity	Text/Items
		Items:	Target date
-9011	Information	None	The CMS Certification Number (CCN) for hospices is currently 6 digits in length and only contains numbers. However, the specs for this item allow letters and a maximum length of 12 to accommodate changes to the CCN that might occur in the future.
		Items:	A0100B Facility CMS Certification Number (CCN)