

Endorsement & Maintenance Intent to Submit

Instructions: This form can be used as a worksheet to assist you in developing your **Intent to Submit (ITS)** for a new or maintenance measure. When you are ready to submit, navigate to <https://p4qm.org/> and log into your PQM account (request a PQM account [here](#)). Once logged in, click “My Account” to go to your dashboard, then scroll to the bottom of the page and click on “Submit a Measure” to begin a new ITS. To return to a draft ITS, from your dashboard select *Intent to Submit Draft* from the “Endorsement Cycle Status” drop-down list and click “Apply” to see your measures. Click [here](#) for more information on the Endorsement & Maintenance measure submission process. The ITS online submission tool is open annually, at least 2 months prior to the respective cycle’s ITS submission deadline.

- You must complete all required fields (denoted by *****) to submit the final ITS
- You may save a draft of the ITS form before completing all required fields

Substantive updates to the ITS form for the Fall 2024 cycle:

- New fields: Age Group (1.15d and 1.15e)
- Fields moved from the Full Measure Submission (FMS) form to ITS: Section 6.1, Use (6.1.1 Current Status; 6.1.2–6.1.3 Current/Planned Use; 6.1.4 Program Details)
- There is no longer the option to submit the Quality Measure Developer and Steward Agreement (QMDSA) form later (A.9)

Endorsement and Maintenance (E&M) Cycle *****

Select the intended measure review cycle for endorsement consideration.

Fall 2025

ITS deadline: Wednesday,
October 1st, 2025

Full Submission deadline:
Monday, November 3rd, 2025

☐ Fall 2025

Spring 2025

ITS deadline: Tuesday, April
1st, 2025

Full Submission deadline:
Thursday, May 1st, 2025

☐ Spring 2025

Fall 2024

ITS deadline: Tuesday,
October 1st, 2024

Full Submission deadline:
Friday, November 1st, 2024

☒ Fall 2024

1. Measure Information

Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data measures facility-level risk-standardized rate of readmission (RSRR) within 30 days of discharge from an inpatient admission, among Medicare Fee-For-Service (FFS) and Medicare Advantage (MA) patients aged 65 years and older.

Index admissions are divided into five groups based on their reason for hospitalization (e.g., surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology); the final measure score (a single risk-standardized readmission rate) is calculated from the results of these five different groups, modeled separately.

1.1 New or Maintenance *

Select whether this is a new measure or maintenance measure. If this is a maintenance measure, provide the consensus-based entity (CBE) ID number as "0123", or "0123e" for an eCQM. Measures seeking initial endorsement will be assigned a CBE ID after ITS.

☐ New

☒ Maintenance

[If a maintenance measure] **1.1a Provide CBE ID ***

Start by typing CBE ID or measure title and select an autocomplete option

2879

1.2 Measure Title *

The measure title should include the type of score (e.g., rate, count, composite), the measure focus, and the target population. Title example: The rate [type of score] of 30-day all-cause mortality [measure focus] among patients discharged from an acute inpatient facility with a diagnosis of acute myocardial infarction [target population].

Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data

1.3 Measure Description *

*Briefly describe the type of score, measure focus, target population, and timeframe. **Note:** there are separate fields below for the numerator and denominator.*

The measure estimates a hospital-level risk-standardized readmission rate (RSRR) of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge for patients who are 65 years or older and enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals.

The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts based on groups of discharge condition categories or procedure categories: surgery/gynecology; general medicine; cardiorespiratory; cardiovascular; and neurology, described in greater detail below. The measure also calculates the hospital-level standardized risk ratios (SRR) for each of these five specialty cohorts.

The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission (the admission included in the measure cohort). Readmission is defined as

unplanned readmission for any cause within 30 days of the discharge date for the index admission. Readmissions are classified as planned and unplanned by applying the Planned Readmission Algorithm (PRA). The Centers for Medicare & Medicaid Services (CMS) annually reports the measure to the public on Medicare Care Compare and to hospitals through hospital-specific and claims-detail reports, described in more detail below.

This Hybrid Hospital-Wide Readmission (HWR) measure is a re-engineered version of National Quality Forum (NQF) measure 1789, the Hospital-Wide All-Cause Unplanned Readmission (HWR) measure which was developed for patients 65 years and older using Medicare claims and is currently publicly reported in the Hospital Inpatient Quality Reporting Program. This re-engineered measure uses clinical data elements from patients' electronic health records (EHRs) in addition to claims data for risk adjustment. The measure specifications are identical with the exception of the core clinical data elements (CCDE) which are added to the claims-based risk adjustment variables to augment risk adjustment. Both the "claims-only" HWR measure (NQF 1789) and this measure are under review for endorsement maintenance with the spring 2021 cycle.

Note that the hybrid measure, as currently implemented, does not include data from Veterans Health Administration (VHA) hospitals; the claims-only version does include VHA data.

1.4 Project *

*Choose the project that you expect to review the measure. To see the project descriptions and examples of project-related measures, please refer to the [E&M projects page](#) on the PQM website. **Note:** Battelle may reassign the measure to a different project following internal review. Choose one.*

- ☐ Advanced Illness and Post-Acute Care
- ☐ Cost and Efficiency
- ☐ Initial Recognition and Management
- ☒ Management of Acute Events, Chronic Disease, Surgery, and Behavioral Health
- ☐ Primary Prevention

1.5 Measure Type *

Choose one. If "Other", please specify.

- ☐ Cost/resource use
- ☐ Efficiency
- ☐ Intermediate Outcome
- ☒ Outcome
- ☐ Population Health
- ☐ Process
- ☐ Patient-reported Outcome Performance Measure (PRO-PM)
- ☐ Structure
- ☐ Other (1.5a Please specify *)

1.6 Composite Measure **Is this a composite measure?*☒ No☐ Yes**1.7 Electronic Clinical Quality Measure (eCQM) ****Is this measure an eCQM (i.e., based on the Quality Improvement Core [QI-Core], the Quality Data Model [QDM], Clinical Quality Language [CQL], and specified using value sets)? Includes hybrid measures.*

Title

☐ No☒ Yes**1.8 Level of Analysis ****Select the level(s) of analysis for which the measure is specified and tested. Choose all that apply. If "Population of Geographic Area" or "Other", please specify.*☐ Accountable Care Organization☐ Clinician: Group/Practice☐ Clinician: Individual☒ Facility☐ Health Plan☐ Population or Geographic Area **(1.8a Specify Population or Geographic Area Level of Analysis *)**☐ Other **(1.8b Specify Other Level of Analysis *)****1.9 Care Setting ****Select the care setting(s) for which the measure is specified and tested. Choose all that apply. If "No Applicable Care Setting" or "Other Care Setting", please explain.*☐ Ambulatory Care: Clinic☐ Ambulatory Care: Clinician Office☐ Ambulatory Care: Office☐ Ambulatory Surgery Center☐ Behavioral Health: Inpatient (e.g., Inpatient Psychiatric Facility)☐ Behavioral Health: Outpatient☐ Birthing Center☐ Clinician Office/Clinic

- ☐ Emergency Department
- ☐ Emergency Medical Services/Ambulance
- ☐ Home Health
- ☐ Hospice
- ☐ Hospital: Acute Care Facility
- ☐ Hospital: Critical Access
- ☒ Hospital: Inpatient
- ☐ Hospital: Outpatient
- ☐ Imaging Facility
- ☐ Inpatient Rehabilitation Facility
- ☐ Long-Term Acute Care Facility
- ☐ Nursing Home/Skilled Nursing Facility
- ☐ Outpatient Rehabilitation
- ☐ Pharmacy
- ☐ Urgent Care: Ambulatory
- ☐ No Applicable Care Setting **(1.9a Please explain *)**

- ☐ Other Care Setting **(1.9b Please specify *)**

[Note: Responses to items 1.10 – 1.13 and other measure specification details are to be provided in the Full Measure Submission]

1.14 Numerator *

Provide the numerator, i.e., the measure focus. Do not include the measure rationale.

The measure counts readmissions to non-federal acute care hospital for any cause within 30 days of the date of discharge of the index admission, excluding planned readmissions as defined below.

Planned Readmission Algorithm (Version 4.0)

The planned readmission algorithm is a set of criteria for classifying readmissions as planned using Medicare claims (Triche et al., 2021). The algorithm identifies admissions that are typically planned and may occur within 30 days of discharge from the hospital.

The planned readmission algorithm has three fundamental principles:

1. A few specific, limited types of care are always considered planned (transplant surgery, maintenance chemotherapy/immunotherapy, rehabilitation);
2. Otherwise, a planned readmission is defined as a non-acute readmission for a scheduled procedure; and,
3. Admissions for acute illness or for complications of care are never planned.

The algorithm was developed in 2011 during the development of this measure. The measure uses version 4.0 of the algorithm (released in 2015 and updated annually); the algorithm is reviewed yearly to address coding changes.

The planned readmission algorithm and associated code tables are attached in Data Dictionary.

Reference

Triche EW, Xin X, Stackland S, et al. Incorporating Present-on-Admission Indicators in Medicare Claims to Inform Hospital Quality Measure Risk Adjustment Models. JAMA Network Open. 2021;4(5):e218512-e218512. doi:10.1001/jamanetworkopen.2021.8512

1.15 Denominator *

Provide the denominator, i.e., the target population.

Admissions are included if all of the following criteria are met:

1. Enrolled in Medicare fee-for-service (FFS) Part A or Medicare Advantage for the 12 months prior to the date of admission and during the index admission.

Rationale: The 12-month prior enrollment criterion ensures that the comorbidity data used in risk adjustment can be captured from inpatient claims data in the 12 months prior to the index admission. Enrollment during the index admission is needed to qualify for the cohort and to ensure availability of data from the index admission for risk adjustment.

2. Aged 65 or over.

Rationale: Medicare beneficiaries younger than 65 are not included in the measure because they are considered to be too clinically distinct from Medicare beneficiaries who are 65 or older.

3. Discharged alive from a non-federal short-term acute care hospital.

Rationale: It is only possible for patients to be readmitted if discharged alive.

4. Not transferred to another acute care facility.

Rationale: Hospitalizations that result in a transfer to another acute care facility are not included in the measure because the measure's focus is on admissions that result in discharge to a non-acute care setting (for example, to home or a skilled nursing facility).

The measure aggregates the ICD-10 principal diagnosis and all procedure codes of the index admission into clinically coherent groups of conditions and procedures (condition categories or procedure categories) based on the v2019.1 Agency for Healthcare Research and Quality (AHRQ) Clinical Classification Software (CCS) beta maps. There are 285 mutually exclusive AHRQ condition categories, most of which are single, homogenous diseases such as pneumonia or acute myocardial infarction. Some are aggregates of conditions, such as "other bacterial infections." There are also 231 mutually exclusive procedure categories.

Using the AHRQ CCS procedure and condition categories, the measure assigns each index hospitalization to one of five mutually exclusive specialty cohorts: surgery/gynecology, cardiorespiratory, cardiovascular, neurology, and medicine. The rationale behind this organization is that conditions typically cared for by the same team of clinicians are expected to experience similar levels of readmission risk. Please see attached figure HWR Flow Diagram of Inclusion and Exclusion Criteria and Specialty Cohort Assignment for the Index Admission.

1.15d Age Group *

Select the age group(s) that are reflected in your measure's target population (choose all that apply). Choose an age group only if the entire range is included in your measure's target population. If only part of one or more listed age ranges applies, select "Other" and enter the correct age range (e.g., 14 - 50).

- ☐ Children (0-17 years)
- ☐ Adults (18-64 years)
- ☒ Older Adults (65 years and older)
- ☐ Other (1.15e Provide age range in years *)



6.1 Use

6.1.1. Current Status *

Is this new or maintenance measure currently in use?

☐ No ☒ Yes

6.1.2 [If initial endorsement] Current or Planned Use(s) *

Choose all that apply

- ☐ Public Reporting
- ☐ Public Health/Disease Surveillance
- ☐ Payment Program
- ☐ Regulatory and Accreditation Programs
- ☐ Professional Certification or Recognition Program
- ☐ Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
- ☐ Quality Improvement (Internal to the specific organization)
- ☐ Other

6.1.2a Please specify other current or planned use

6.1.3 [If maintenance review] Current Use(s) *

Choose all that apply

- ☒ Public Reporting
- ☐ Public Health/Disease Surveillance
- ☐ Payment Program
- ☐ Regulatory and Accreditation Programs
- ☐ Professional Certification or Recognition Program
- ☒ Quality Improvement with Benchmarking (external benchmarking to multiple organizations)
- ☒ Quality Improvement (Internal to the specific organization)
- ☐ Other

6.1.3a Please specify other use *

☐ Not in use

6.1.3b Provide more information as to why the measure is not in use and whether there is a near-term (within one year) plan for its use within an accountability application¹ *

¹ Accountability applications are uses of measure performance results about identifiable, accountable entities to make judgments and decisions because of performance. This can be as confidential reporting, reward, recognition, punishment, payment, or selection (e.g., public reporting, accreditation, performance-based payment, network inclusion/exclusion).

6.1.4 [If Current Status = Yes (6.1.1)] Program Details *

Please provide the following information describing the program(s) in which the measure is currently used:

Name of the program and sponsor

Hospital inpatient quality reporting program (IQR), CMS

URL of the program

<https://qualitynet.cms.gov/inpatient>

Purpose of the program

Implemented by CMS for inpatient services, the Hospital IQR is a national pay-for-quality-data-reporting program mandated by the Medicare Modernization Act of 2003. This act requires hospitals to submit data on measures on the quality of care furnished by hospitals in inpatient settings. The Hospital IQR program provides hospitals with a financial incentive to report their quality-of-care measure data and CMS with data to help Medicare beneficiaries make more informed decisions about their health care.

Geographic area and percentage of accountable entities and patients included

The Hospital IQR program includes acute care hospitals across the nation with nearly 4,500 hospitals and 70 million Medicare Beneficiaries

Applicable level of analysis and care setting

The level of measurement is the facility; the setting is the Hospital Inpatient.

[To add details for another program, click “Add Measure Submission Program” button; To remove a program record entered in error, click “Remove Program” at the top right of the appropriate program details section]

Attestations: Preparing for Full Measure Submission for Endorsement Consideration

Check the boxes to attest this information will be available and submitted to Battelle by the Full Measure Submission (FMS) deadline of the intended review cycle. The measure may be insufficient for endorsement review if this information is not available by the FMS deadline. Please review the PQM E&M Rubric [\[Endorsement and Maintenance \(E&M\) Guidebook\]](#) for full measure submission evaluation criteria.

☒ **A.1 Detailed Measure Specifications ***

I will provide detailed measure specifications, including how to calculate the measure, data dictionaries, and code sets.

☒ **A.2 Logic Model ***

I will provide a logic model and evidence that support the link between structures / processes / intermediate outcomes and the desired outcome.

☒ **A.3 Impact and Gap ***

- For initial endorsement, I will provide a description of the measure's anticipated impact on important outcomes supported by the scientific literature and other sources (e.g., functional improvement, disease prevented, adverse events or costs avoided).
- For maintenance endorsement, I will supply evidence of a continued performance or measurement gap by providing performance scores on the measure as specified (current and over time) at the specified level of analysis.

☒ **A.4 Feasibility assessment methodology and results ***

I will provide feasibility assessment methodology and results. I will show how the assessment considered the people, tools, tasks, and technologies necessary to implement the measure, and if an eCQM, I will provide the completed feasibility scorecard.

A.5 Measure Testing (reliability and validity)

*Check the boxes to attest to which testing (person/encounter-level or accountable entity-level) for reliability and validity will be available and submitted for each level of analysis by the FMS deadline of the intended review cycle. **Note:** For initial endorsement, you must provide a rationale if empirical person or encounter-level will not be presented in the FMS. For maintenance endorsement, you must provide a rationale if measured/accountable entity testing will not be presented in the FMS.*

A.5a Empirical person- or encounter-level² *

Will empirical person- or encounter-level evidence, testing, methodology, and results be presented for this endorsement?

☐ No ☒ Yes

*[If A5a = No and this is an initial endorsement] A.5a1 Why not presented **

Provide a rationale for why empirical person- or encounter-level testing for reliability and validity will not be presented for this initial endorsement.

A.5b Empirical accountable entity-level *

Will empirical accountable entity-level evidence, testing, methodology, and results be presented for this endorsement?

☐ No ☒ Yes

*[If A5a = No and this is a maintenance endorsement] A.5b1 Why not presented **

Provide a rationale for why empirical accountable entity-level testing will not be presented for this maintenance endorsement.

[If an initial endorsement] A.5c Systematic assessment of face validity of performance measure score *

Will systematic assessment of face validity of performance measure score (i.e., accountable entity-level) as an indicator of quality or cost/resource use (i.e., the score is an accurate reflection of performance on quality or resource use and can distinguish good from poor performance) be presented for this initial endorsement?

☐ No ☐ Yes

☒ A.6 Address health equity (optional)

I will describe how this measure contributes to efforts to address inequities in health care. This is an optional criterion for FMS.

☒ A.7 Measure's use or intended use *

I will provide the measure's use or intended use and actions measured entities must take to improve performance on this measure. For a maintenance measure, I will provide a summary of any progress improvement.

² For patient- or encounter-level testing, prior evidence of reliability and validity of data elements for the data type specified in the measure (e.g., hospital claims) can be used as evidence for those data elements. Prior evidence could include published or unpublished testing that: includes the same data elements, uses the same data type (e.g., claims, chart abstraction), and is conducted on a sample as described above (i.e., representative, adequate numbers, and randomly selected, if possible).

A.8 Risk-adjustment or stratification *

Choose the correct option to attest to whether the measure is risk-adjusted and/or stratified, and to attest that each component of the respective information will be available and submitted by the FMS deadline of the intended review cycle, as applicable.

☐ No, neither risk-adjusted nor stratified

☒ Yes, risk-adjusted only

☒ **Conceptual model for risk adjustment**

I will present the conceptual model for risk adjustment, including supporting evidence from literature, internal analyses, and/or expert panels, AND

☒ **Risk adjustment approach**

I will present the risk adjustment approach, including the methodology, specifications, results, and interpretation of results

☐ Yes, stratified only

☐ **All information required to stratify the measure results**

I will present all information required to stratify the measure results, including the stratification variables, definitions, specific data collection items/responses, and code/value sets

☐ Yes, both risk-adjusted and stratified

☐ **Conceptual model for risk adjustment**

I will present the conceptual model for risk adjustment, including supporting evidence from literature, internal analyses, and/or expert panels, AND

☐ **Risk adjustment approach**

I will present the risk adjustment approach, including the methodology, specifications, results and interpretation of results, AND

☐ **All information required to stratify the measure results**

I will present all information required to stratify the measure results, including the stratification variables, definitions, specific data collection items/responses, and code/value sets, and the risk-model covariates and coefficients for the adjusted version of the measure

A.9 Quality Measure Developer and Steward Agreement (QMDSA) Form *

The QMDSA and Additional and Maintenance Measures Forms are contractual agreements that must be signed by Battelle Memorial Institute (Battelle) and any measure steward that is submitting one or more measures to be evaluated for endorsement via the consensus endorsement process. If the measure is not owned by a government entity, the measure steward will also complete and submit a QMDSA Form. For more information about QMDSA requirements, please see the [QMDSA Submission Instructions](#). Choose one.

☐ I already submitted a [QMDSA Form](#) to Battelle

Provide the date submitted

☐ I would like to submit the QMDSA form now

Attach form; One file only; 256 MB limit; Allowed types: pdf.

☒ The measure is owned by a government entity; therefore, the QMDSA Form is not applicable at this time.

A.10 Additional and Maintenance Measures Form *

Choose one. Note: Measure stewards with current measures endorsed by Battelle, who wish to add additional measures to their current QMDSA, will need to complete this form.

☐ I have submitted or will submit an [Additional and Maintenance Measures Form](#)

☐ The Additional and Maintenance Measures Form is not applicable at this time.

☒ **A.11 508 Compliance ***

I will ensure that the measure information that will be submitted at FMS, including all attachments, will be prepared in accordance with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended by the Workforce Investment Act of 1998 and the Architectural and Transportation Barriers Compliance Board Electronic and Information (EIT) Accessibility Standards (36 CFR part 1194).

Measure Points of Contact (POC) Information

Steward Organization:

Choose from the drop-down menu. If your organization does not appear on the list, select "Other" and enter the name of the organization in the box provided.

Steward organization URL: <https://www.cms.gov/medicare/quality/initiatives/hospital-quality-initiative/inpatient-reporting-program>

Steward POC email: CORECBE@yale.edu

Steward POC phone number: (203) 497-1239

Country: United States

First Name: Amy

Last Name: Moyer

Street Address: 195 Church St.

City, State, Zip: New Haven, Connecticut, 06510

Steward Organization Copyright: Yale New Haven Health Services Corporation — Center for Outcomes Research and Evaluation (YNHHSC/CORE)

☐ The measure developer is different from the measure steward

☒ Do you have a secondary **measure developer** point of contact?

The user account completing this form is the primary Measure Developer Point of Contact

[If there is a secondary measure developer POC]

Secondary POC email: raquel.myers@cms.hhs.gov

Secondary POC phone number: 214-767-6450

Country: United States

First Name: Raquel

Last Name: Myers

Organization: Centers for Medicare & Medicaid Services (CMS)

Street Address: 7500 Security Blvd.

City, State, Zip: Windsor Mill, Maryland, 21244