

Questions and Answers – Expert to Expert Webinar Annual Updates for Malnutrition Care Score eCQM for 2026 Reporting Year

Broadcast April 9, 2026

Question	Answer
<p>Will this measure be required for reporting in 2026 or beyond?</p>	<p>This measure is one of the eCQMs that hospitals can self-select to meet eCQM requirements for CY 2026 and subsequent years. Under the CMS Hospital Inpatient Quality Reporting Program and the Promoting Interoperability Program, for hospitals there are a number of CMS selected and organization self-selected eCQMs to be reported each year. The Malnutrition Care Score is on the list of available eCQMs for self-selection in 2026. The FY 2027 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System proposed rule includes a proposal to make the Malnutrition Care Score one of the CMS-selected eCQMs for hospitals to report.</p>
<p>Is there a national benchmark?</p>	<p>At this time, we do not have a nationally established benchmark, as the measure's first reporting year was 2024. Once data is available, the benchmark will be established. However, during the measure development process in the years 2017-2019, we observed facilities that had a total malnutrition care score as percentage of 60-75%.</p>
<p>All of these questions are great. Will we get access to these questions to review again?</p>	<p>For all questions submitted during the webinar broadcast, we will compile and release a written Q&A document. You can find this document at this link within several weeks (after CMS approval): https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos and on the eCQI Resource Center https://ecqi.healthit.gov/ecqms/education</p>
<p>Do observation patients count towards this measure?</p>	<p>Patients admitted solely under observation status are not included. However, patients who begin their admission in observation status or the emergency department and transition to inpatient are included. Additionally, any activities completed during the emergency department and/or observation status visits are counted toward the completion of the measure observations. The measure includes patients with an inpatient admission of at least 24 hours. This measure assesses the percentage of eligible encounters of adults aged 18 years and older at the start of the eligible encounter during the measurement period, with a length of stay equal to or greater than 24 hours.</p>

Question	Answer
How does Malnutrition affect facilities that participate in 1115 waiver program?	The Malnutrition Care Score (MCS) eCQM impacts facilities participating in 1115 waiver programs by providing a standardized, evidence-based framework to improve care quality, reduce costs, and support Medicaid-funded "Food is Medicine" initiatives. MCS helps hospitals track and improve performance on malnutrition care pathways, including screening, assessment, and intervention, which is essential for states leveraging 1115 waivers to address health-related social needs (HRSNs). HIQR, PI and CAH reporting requirements are separate from the Section 1115 waiver.
What does reporting this score to CMS actually "do" for the hospital?	CMS quality reporting and value-based purchasing are statutorily mandated programs intended to equip consumers with quality of care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients. The hospital quality of care information gathered through the program is available to consumers on the Care Compare website. Reporting the self-selected eCQM provides hospitals the opportunity to evaluate patient outcomes and safety improvement opportunities as well as preparing for potential future mandatory reporting requirements. Please see the eCQI website for more information regarding quality measure reporting: https://ecqi.healthit.gov/ecqms/about-ecqms
Do you know what Epic and Cerner release versions will include this updated logic and value sets?	We are unaware of specific vendor version releases. We recommend that you check directly with your EHR vendor regarding their updates related to this and other electronic clinical quality measures.
To confirm - only updates are age, MD dx codes and removal of hospice patients?	There were several logic updates for 2026. Please review this measure on the eCQI Resource Center (https://ecqi.healthit.gov/ecqm/hosp-inpt/2026/cms0986v5). You can compare measure specifications by year under the Measure Information tab, and review measure changes under the Release Notes tab.
What if we use the MST and it does not trigger a consult to the RD in EHR, because the RDNs get a list of the MST score and see any patient that meets MST score of 2 or more. So, an official consult is not ordered, it is part of the RDN workflow. Will that count as a RDN referral?	The Malnutrition Screening Tool completion counts toward completion of measure observation #1. A Dietitian referral does not need to be performed. Current measure logic allows one or the other to be completed: "Measure Observation 1"(Encounter "Encounter, Performed"): if ("Encounter with Malnutrition Risk Screening and Identified Result" contains Encounter or ("Encounter with Dietitian Referral" contains Encounter) We suggest working with your EHR vendor to ensure your workflow is appropriately captured to meet specific measure criteria.

Question	Answer
So, if the MST is completed and the RDN has a note in the chart with an assessment and care plan that counts as meeting the requirements?	In the presented case, measure observations #1 (screen or RD referral), #2 (RD assessment) and #4 (Plan of Care) could be counted as completed. We suggest working with your EHR vendor to ensure your workflow is appropriately captured to meet specific measure criteria using the defined value sets for this measure.
if using MST/PNST as the screening process for measure 1 what score classifies as an at risk result?	The measure does not establish a score that classifies as at risk. Facilities define thresholds (e.g., MST ≥ 2) depending on facility protocols and policies but must work with your EHR vendor to ensure your workflow is being appropriately captured to meet specific measure criteria using the defined value sets for this measure.
Thank you. May I clarify further: If a patient has been screened by MST, without findings of risk, then was seen by a dietitian and both dietitian and physician document malnutrition, will components 2 through 4 be calculated?	If the patient was screened as not at risk, and there is no dietitian referral, then the measure logic will stop there, and the eligible denominator will be 1. The numerator will be 1 for a total malnutrition care score as a percentage of 100%. Components (measure observations #2 through #4) will not be calculated in this case IF there is no dietitian referral. It is recommended the MST process, tool, and/or screener education be reviewed in this scenario to ensure proper implementation.
If OB patients receive a different nutrition screen than other adult patients, can multiple nutrition screens be mapped for Measure 1? (e.g., MST screen OR OB Nutrition Screen to satisfy the measure)	The measure does not specify a specific screening tool; however, the tool should be validated for the population it is being used on. The measure development team wanted to allow facilities to define their own processes that best fit their population, staff, and other resources. The facility will need to work with your EHR vendor to ensure the nutrition risk screening tools chosen are appropriately captured to meet the measure logic using the defined value sets for this measure.
Are there recommendations for screening tools for OB patients?	We recommend each facility studies the validated tools for their patient population and selects the tool that best fits their needs, resources, and population.
So, for OB patients they must be screened for malnutrition?	Any patient aged 18 years or older at the beginning of an inpatient visit that is 24 hours or more, will count towards the eligible encounters in the measure.
Question regarding OB patients - has consideration been given to the appropriateness of nutrition screen in this population and the timing of the screen? If screening is done in the prenatal period, could that count for the brief hospital stay?	The measure developer team is continuously looking at ways to ensure the Malnutrition Care Score is appropriate for the populations measured. We have consulted with a Technical Expert Panel (TEP) and the prevailing thought is that malnutrition can be a diagnosis present during pregnancy and at the time of delivery. The TEP and measure developer team decided to include screenings that are done at any time during the eligible encounter. The screening only counts as completed if done during the eligible encounter being measured, with adult admissions of 24 hours or longer.

Question	Answer
<p>So, can we define our own malnutrition screening for OB patients? With a busy OB department, it seems like not the best use of nursing time to screen all patients for malnutrition, using the traditional MST.</p>	<p>The measure specification does not specify a tool but recommends using any valid and reliable screening tool for the intended population. We also recommend following your facilities policies and procedures and working with your EHR vendor to ensure the nutrition risk screening tools chosen are appropriately captured to meet the measure logic using the defined value sets for this measure.</p>
<p>If a patient is initially admitted as an outpatient extension but then is transitioned to inpatient care, why are the MST scores done during the op extension not counted like they are for observations that are converted to inpatient?</p>	<p>We appreciate your question and suggestion. Currently, the measure does not count an outpatient encounter screen and outpatient extensions are out of scope for this measure. Please provide additional information or suggestions about this eCQM in the ONC JIRA issue tracker.</p>
<p>If a patient is discharged within 48h i.e., admitted Day 1 and leaves early in the morning, day 2 before the RD sees the patient, will this count against the metric?</p>	<p>The response to this question will depend on whether the malnutrition risk screening was done or a dietitian referral order was entered. The 2026 measure flow at the following link may help to support the question: https://ecqi.healthit.gov/sites/default/files/ecqm/measure/CMS986-v5.4.000-eCQM-Flow.pdf</p>
<p>Will confirmation of malnutrition in a documentation clarification satisfy measure observation #3?</p>	<p>For measure observation #3 to be counted towards completion, a medical diagnosis by a clinician represented by ["Diagnosis": "Malnutrition Diagnosis"] utilizing any of the diagnosis codes in the value set "Malnutrition Diagnosis" (OID 2.16.840.1.113762.1.4.1095.55) must be documented. Please reference the Value Set Authority Center (VSAC) for the specific diagnosis codes.</p>
<p>We have a separate inpatient psych unit, is this population age 18 and up inclusive as well?</p>	<p>Only patients aged 18 years or older, at the beginning of the inpatient encounter and admitted as inpatient for 24 hours or more, will count towards an eligible encounter in the measure. Psychiatric unit patient status may be classified differently. We recommend discussing this issue with your facility administrators to distinguish how they manage inpatient psychiatric units for CMS quality reporting programs based on unit designation such as PPS Excluded Unit status.</p>
<p>Measure observation #2 nutrition assessment performed Why do we retain the need for nutrition status finding of well nourished. Patients without malnutrition but have other nutritional issues will not be documented as well nourished. Can a time stamp of a nutrition assessment be counted here instead?</p>	<p>Measure observation #1 is satisfied by (1) a validated nutrition risk screening tool or (2) dietitian referral. Measure observation #2 requires a documented nutrition assessment with a defined nutrition status (e.g., not malnourished, mild, moderate, severe). The measure development team had to include the "Well Nourished" finding to address patients that had a nutrition risk screening result as at risk but then were not found with malnutrition during the assessment.</p>

Question	Answer
<p>What if the term "at risk" is listed. meaning the pt is not malnourished but at risk. Is that recognized or do we need to use not malnourished?</p>	<p>If referring to measure observation #1, malnutrition risk screening, the result at risk is recognized by the measure logic:</p> <p>(MalnutritionRiskScreening.result in 'Malnutrition Screening Finding of At Risk Result') or (MalnutritionRiskScreening.result in "Malnutrition Screening Finding of Not At Risk Result")).</p> <p>If referring to measure observation #2, the result needs to identify a nutrition assessment finding or result of "Well Nourished or Not Malnourished", "Mildly Malnourished", "Moderately Malnourished", or "Severely Malnourished". This is represented by the following measure logic; (NutritionAssessment.result "Nutrition Assessment Status Finding of Well Nourished or Not Malnourished or Mildly Malnourished" or (NutritionAssessment.result in "Nutrition Assessment Status Finding of Moderately Malnourished") or (NutritionAssessment.result in "Nutrition Assessment Status Finding of Severely Malnourished")</p> <p>Please review the corresponding value sets on VSAC.</p>
<p>How are patients included or excluded if their stay crosses over reporting years?</p>	<p>Inpatient encounters are included based on having a duration in hours of >= 24 and must end during day of the measurement period. For example: If a patient is admitted and screened on December 31 of Year 1 but is not discharged until January of Year 2, both the encounter and the screening of the encounter are attributed to Year 2. The measure logic for this is as described:</p> <p>"Initial Population": ["Encounter, Performed": "Encounter Inpatient"] EncounterInpatient where AgeInYearsAt(date from start of EncounterInpatient.relevantPeriod) >= 18 and duration in hours of (EncounterInpatient.relevantPeriod) >= 24 and EncounterInpatient.relevantPeriod ends during day of "Measurement"</p>
<p>Is this measure only for acute inpatient or do swing bed (skilled) inpatient count also?</p>	<p>Inpatient encounters with a length of stay of at least 24 hours for patients at least 18 years of age, are included in the hospital's inpatient reporting programs initial population, regardless of the patient's physical location. A swing bed admission is not classified as a hospital inpatient and therefore should not be included in the measure's initial population.</p>

Question	Answer
I just want to understand correctly the only exclusion to this measure would be hospice?	Yes, any patient encounters with a discharge disposition for hospice care or an inpatient encounter with an order for hospice care during the inpatient qualifying encounter, will be excluded from the measure.
Hospice is an exclusion but what about the consideration of Comfort Measures ? Not all patients whom are made comfort measures during the hospitalization have a hospice service consult.	Comfort measures status is not currently an exclusion under hospice status value set for the measure. The patient on comfort care would be included in the measure calculation.
What if a nutrition consult is specifically for diet education? Will this still be included in the MCS?	A dietitian referral which triggers a nutrition assessment will be included in the measure. The measure does not require the reason for dietitian referral to be included.
We self-consult (and complete consult) when we identify risk.	As long as a dietitian referral is captured and performed in the system that may count towards measure observation #1 and a RD assessment would count towards observation #2.
If a patient is not identified in measure observation 1, but is identified as malnourished during a length of stay assessment, will the additional measure components apply?	Measure scoring does not move from measure observation 1 to measure observation 2 if: <ol style="list-style-type: none"> 1) A nutrition risk screening is not performed -OR- 2) The nutrition risk screening results in not at risk - AND- 3) There is no dietitian referral performed during the measurement period.
What if the MD documents severe malnutrition but the RD assessment reflects no malnutrition? Will the measured observations need to be present based on the MD documentation over the RD perspective?	If the most recent Registered Dietitian (RD) assessment is documented as not malnourished or well nourished, the measure scoring would stop at measure observation #2. The MD diagnosis would only be included in measure observation #3 if the RD confirmed findings of malnutrition risk, and if identified with a "moderate" or "severe" malnutrition status, under measure observation #2.
Our hospital dietitian requested us to remove Mildly malnourished from the documentation they said the tool they use does not use that one now. Is this ok to leave out?	We suggest working with your EHR vendor to ensure your workflow is being appropriately captured to meet specific measure criteria using the defined value sets for this measure. The data element ["Assessment, Performed": "Nutrition Assessment"] does need to include a result from the appropriate value sets in the measure logic for example, "Nutrition Assessment Status Finding of Well Nourished or Not Malnourished or Mildly Malnourished" (OID 2.16.840.1.113762.1.4.1095.96).
Would documentation of a confirmed malnutrition diagnosis, following a clarification query, be considered adequate to satisfy the criteria for Measure Observation #3?	Measure observation #3 requires a coded malnutrition diagnosis using the value set "Malnutrition Diagnosis" (OID 2.16.840.1.113762.1.4.1095.55). Query agreement alone is insufficient. Please collaborate with your EHR vendor to ensure measure specifications are met.

Question	Answer
If an eligible patient does not initially meet the criteria for nutrition support base on RD assessment within 24 hours, but then meets criteria 5 days after admission, can a lapse in response of greater than 24 hours still trigger a fallout by these measure specifications?	Eligible encounters during the measurement period with length of stay of 24 hours or more are included in the initial population, however the measure observation criteria do not define specific timeframes (e.g., 24 or 48 hours, 5 days). All measure components must be completed during the eligible inpatient encounter.
What are the possible totals available for observation #6?	Possible totals for measure observation #6 are 0, 50, 75, 100%.
This is a very confusing measure for myself; I am unsure of others; but is there any other information I can read more thorough to understand this better?	Measure specifications and flow diagrams that may add clarity can be found here: https://ecqi.healthit.gov/ecqm/hosp-inpt/2026/cms0986v5?qt-tabs_measure=specifications-and-data-elements
Does the nutrition care plan have to be authored or created by an RD or RDN to meet the qualification?	The nutrition care plan is part of the nutrition care process within the scope of practice of the RD. As such, it is the expectation that the RD or Registered Dietitian Nutritionist (RDN) will be performing this step (measure observation #4). The measure logic does not limit who must perform the nutrition care plan, but measure observation #4 should be performed by a professional designated in facility policies and procedures, and in accordance with all local, state, and federal regulations to create and author a nutrition care plan.
Does the nutrition assessment need to be completed within 24 hours of the malnutrition screen?	Eligible encounters during the measurement period with length of stay of 24 hours or more are included in the initial population, however there is no timing element for any of the measure observations. They can be completed in any order at any time during the eligible encounter.
Do specific tools need to be used for completing the malnutrition risk screening and nutrition assessment?	No, the malnutrition care score does not require the use of specific malnutrition risk screening or nutrition assessment tools. However, clinicians should use valid and reliable tools intended for use in the population being measured for accurate and reproducible results.
What is the role of a Dietitian Referral in calculating performance for the episode?	A Dietitian Referral has two roles in calculating performance for the episode as described below: <ul style="list-style-type: none"> • Counts as completion of Measure Observation 1, Malnutrition Risk Screening • Queues the RD/RDN to conduct a nutrition assessment, even in the setting of a Not At Risk Result from the Malnutrition Risk Screening
Are patients admitted under observation status included?	Patients admitted solely under observation status are not included. However, patients who begin their admission in observation status or the emergency department and transition to inpatient status are included, provided that the observation period ends no more than one hour on or before the start of the visit/status/encounter period and the emergency department period ends no more than one hour on or before the inpatient encounter.

Question	Answer
For clarification, is MST (Malnutrition Screen Tool) required within 24 hours, but nutrition consult (i.e., if ordered or if MST >2 score) be completed within 48-72 hours? (Often Dietitians do not work weekends and will meet with patients on Monday).	There are no timing requirements for measure observations. They can be completed in any order at any time during the eligible encounter but should meet patient needs.
I understand that no specific tools are required, but what tools are validated for the OB population?	The measure does not require any specific tool. Facilities should select a tool that is appropriate for use in the population being measured and align with their policies and applicable local, state, and federal regulations. Tools should be valid and reliable for accurate and reproducible results.
What about "unspecified malnutrition"?	"Unspecified malnutrition" is sufficient to satisfy measure observation #3, the malnutrition diagnosis, but not for measure observation #2, nutrition assessment. Measure observation #2 requires that the assessment distinguishes severity, with a result of well/not/mildly malnourished, moderately malnourished, or severely malnourished.
What about a patient that is admitted at the age of 17, and then they turn 18 years old during their inpatient hospital stay? We use a different screening tool for those under 18 (STRONGkids) compared to those who are above 18 (Malnutrition Screening Tool - MST). Every 7 days our nurses are to rescreen our patients. Thanks.	This measure assesses the percentage of hospitalizations for adults aged 18 years and older at the start of the measurement period, therefore a patient that is 17 years old at the time of admission would not be included in the measure. There are no specific requirements for nutrition screening tools to meet measure specifications, however we do recommend using a valid and reliable screening tool.
Why were pediatric malnutrition codes included ?	Many facilities extend pediatric services to patients >18 years. A patient who is >18 years and admitted to a pediatric unit may receive a pediatric malnutrition or failure to thrive diagnosis code. Including pediatric codes ensures the measure captures these diagnoses.
Why were the pediatric malnutrition codes added?	Many facilities extend pediatric services to patients ≥18 years. A patient who is ≥18 years and admitted to a pediatric unit may receive a pediatric malnutrition or failure to thrive diagnosis code. Including pediatric codes ensures the measure captures these diagnoses.
Secondary question related to queries, to confirm, a confirmed dx within the medical record documentation (H&P, PN, DS, Consult, etc.) or a confirmed dx of malnutrition in a provider query will satisfy measure observation 3#? Example: RD confirms dx, provider does not document. Query is issued and provider agrees with dx but does not document beyond the query.	The measure requires a coded malnutrition diagnosis, documented by an eligible clinician, in the medical record utilizing any of the codes in the assigned value set. We suggest working with your EHR vendor to ensure your workflow is being appropriately captured to meet specific measure criteria using the defined value sets for this measure.

Question	Answer
How do organizations ensure that nutrition interventions are actually effective in improving patient or community outcome?	Each organization can establish data elements to collect that are relevant to the population they serve and the mission, vision, or goals. Organizations can measure and evaluate outcomes associated with nutrition interventions, such as length of stay and 30-day readmission rates.
In regard to Observation #2. My question is- a nutrition assessment if performed but it is not captured unless there is documentation of NOT malnourished, Mild , Moderate, or severe. However, if a patient is positive for MST risk, assessed and found to have other nutritional issues but not malnutrition then a RD would not document Normal Nutritional Status.	In this case, to meet measure specifications, the RDN could select "Not Malnourished" to indicate completion. The specific workflow may vary from organization to organization. We suggest working with your EHR vendor to ensure your workflow is appropriately captured to meet specific measure criteria using the defined value sets for this measure.
What if the RDN sees the pt and finds the MST was not correct, such as they have had weight loss, but the screen doesn't capture it? Should the RDN change the MST answers?	We recommend following your facility's policy regarding amending a screen. Within the scope of the measure, the documented screening result drives the logic; the measure only continues if the screening result was documented as "at risk" or a dietitian referral was placed. If the documented result was "not at risk" and no referral was made, the measure progression stops.