



Transcript – Expert to Expert Webinar: Annual Updates for the Malnutrition Care Score eCQM for 2026 Reporting Year

Broadcast April 9, 2026

Slide 1 [00:00:01]

[Susan Funk] We are ready to get started with today's broadcast. Thanks for your patience while we all assembled on the bridge. Welcome and thank you for joining us for this Joint Commission Expert to Expert Webinar addressing the 2026 annual updates for the Malnutrition Care Score eCQM. The Expert to Expert Webinar Series is offered in partnership with the Centers for Medicare and Medicaid Services and eCQM Stewards. CE credit is available for this webinar for the live broadcast attendance only. I'm Susan Funk, Associate Project Director for Engagement and Quality Improvement Programs at the Joint Commission, and today I'll be serving as this webinar's moderator. Next slide, please.

Slide 2 [00:00:40]

Before we begin with the webinar content, we would like to offer just a few tips about webinar platform functionality. Audio is by voice over internet protocol only. Use your computer speakers or headphones to listen. There are no dial in lines. Participants are connected in listen only mode. Feedback or dropped audio are common for live streaming events. If you experience such audio or streaming issues, refresh your screen or leave, and rejoin the session. We will not be recognizing the raise a hand or the chat features. To ask a question, click on the question mark icon in the audience toolbar. A panel will open for you to type your question and submit. The slides are designed to follow Americans with Disability Act rules. Next slide, please.

Slide 3 [00:01:36]

Speaking of the slides, they're available now. There are many links provided throughout this webinar, but they are not clickable on screen. By downloading the slides, you'll be able to access links and also take notes. To access the slides now, within the participant navigation pane, select the icon that represents a document. A new popup window will open, and you can select the name of the file. A new browser window will open, and from it, you can download or print the PDF of the slides. Slides will also be available within two to three weeks of the webinar on Joint Commission's website at the link included at the bottom of this slide. And they will also be available on the eCQI Resource Center. Next slide, please.

Slide 4 [00:02:29]

I'm sure that many of you attending today's webinar will wish to receive Continuing Education credit or Qualifying Education Hours. All relevant information about Continuing Education credit is available within a handout we've included within the webinar resources and has also been communicated on the webinar registration page. The attachment includes the list of entities that will provide credit, the requirements for participants to earn credit, and information about how to complete the survey and obtain a certificate. So, be sure to download that attachment to learn more. Credit is available for attendance during this live broadcast only. For information on the Joint Commission's Continuing Education policies, visit the link provided at the bottom of this slide. Next slide, please.

Slide 5 [00:03:22]

The participant learning objectives are, locate eCQM resources on the eCQI Resource Center, facilitate your organization's implementation of the Malnutrition Care Score eCQM annual updates for the 2026 reporting year, and utilize answers to common issues and questions regarding the Malnutrition Care Score eCQM to inform 2026 use and implementation. Next slide.

Slide 6 [00:03:59]

This webinar does not cover these topics. Basic eCQM topics or concepts, topics related to chart abstracted measures, and process improvement efforts related to these measures. While we will not address how to validate eCQM [data] during this webinar, before submitting eCQM data to CMS, please ensure your data is validated. Specifically, please ensure that extreme outlier results are validated. For example, extreme outliers may include reporting 0% or 100%. Please note that Joint Commission is not accepting data for this eCQM for the 2026 reporting year. Next slide.

Slide 7 [00:04:48]

All staff and subject matter experts have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content. Next slide, please.

Slide 8 [00:05:15]

During this 75-minute webinar, we will review the annual updates and changes for the Malnutrition Care Score eCQM for the 2026 reporting year. We'll then provide an overview of the measure flow and algorithm, and then we'll address some frequently asked questions. Finally, we'll have a live Q&A segment that addresses questions regarding this eCQM. Next slide, please.

Slide 9 [00:05:44]

Before we transition to the discussion about the changes for the 2026 reporting year, we wanted to point you to a PDF handout that includes the directions to access eCQM specifications, value sets, measure flow diagrams, and technical release notes. The link to the eCQI Resource Center landing page is provided on this slide. However, be sure to download the PDF handout that has additional links and navigation guidance. You can locate that PDF within the resource section of the audience navigation pane. We explained how to access documents within the resource pane earlier in the presentation. Next slide, please.

Slide 10 [00:06:33]

All right, I will now turn the webinar over to our speaker for today, Angela Lago from the Academy of Nutrition and Dietetics team. Angela, please introduce yourself, and when you're ready, start with your part of the presentation. Thanks.

[Angela Lago] Thank you, Susan. My name is Angela Lago, and I am the Senior Director of Quality Management and Practice Competence at the Academy of Nutrition and Dietetics. I'm happy to be here with you all today sharing annual updates for the Malnutrition Care Score for the 2026 reporting year. Next slide.

Slide 11 [00:07:10]

Malnutrition has been documented in approximately one third of patients in developed countries upon admission to the hospital, and if left untreated, can significantly impact important clinical outcomes, including longer lengths of stay, higher incidents of 30 day readmission, and an increased likelihood of death within 90 days of discharge.

The Malnutrition Care Score is the first nutrition focused eCQM addressing the quality of malnutrition care in acute care settings by focusing on identifying, diagnosing, and treating malnutrition, and creating a malnutrition care framework to support patient outcomes. It also highlights the importance of interdisciplinary care by including a variety of healthcare professionals in the provision of high quality malnutrition care, which includes physicians or eligible providers, registered nurses, and registered dietitians.

The MCS is a continuous variable intermediate clinical outcome measure composed of six measure observations. A continuous variable is a type of measure score in which each individual value for the measure can fall anywhere along a continuous scale. These measures can be used to calculate an aggregate score, such as an average which allows you to quantify the effectiveness of different interventions. Eligible encounters for the MCS include adults ages 18 years of age and older on admission with an inpatient admission of at least 24 hours. Next slide.

Slide 12 [00:09:03]

This workflow shows how clinical care directly powers the quality measure score. The measure tracks six measure observations, the first of which are the four colored boxes in this workflow, which represent the first four key major observations that are then calculated in the latter two measure observations. The final measure observation, Measure observation 6, gives us our overall score as a percentage of the quality of malnutrition care provided.

Measure observation 1 confirms that a malnutrition screening was completed upon admission. Measure observation 2 is for assessment, which verifies that a dietician documented a full assessment and diagnosis. Measure observation 3, physician diagnosis, looks for the physician's formal malnutrition diagnosis in the medical record. And measure observation 4, care plan, checks that a nutrition care plan was implemented to treat the diagnosis. Not all measure observations need to be calculated for every patient, as you will see as we walk through the upcoming slides. Next slide, please.

Slide 13 [00:10:30]

Measure observations provide the description of how to evaluate performance.

Measure observation 1 is Encounters with Malnutrition Risk Screening and Identified Result or with a Hospital Dietician Referral ordered. This measure observation identifies hospital encounters where a Malnutrition Risk Screening was performed with a result of Malnutrition Screening Finding of Not At Risk Result, or Malnutrition Screening Finding of At Risk Result documented. It also identifies a hospital encounter where a Hospital Dietician Referral is ordered, regardless of the presence of the malnutrition screening.

Measure observation 2 is Encounters with Nutrition Assessment and Identified Status. Measure observation 2 identifies hospital encounters where a Nutrition Assessment was performed with a current identified status of Nutrition Assessment Status Finding of Well Nourished or Not Malnourished or Mildly Malnourished, Nutrition Assessment Status Finding of Moderately Malnourished, or Nutrition Assessment Status Finding of Severely Malnourished documented. Next slide, please.

Slide 14 [00:12:06]

For Measure observations 3 and 4 it's important to know that this will only be included in the calculation if the patient is found to have a Moderate or Severe Malnutrition diagnosis when documenting the Nutrition Assessment. Measure observation 3, which is Encounters with Malnutrition Diagnosis, identifies hospital encounters where a current Malnutrition Diagnosis was documented. And Measure observation 4 encounters with Nutrition Care Plan, identifies hospital encounters where a current Nutrition Care Plan was documented. Next slide.

Slide 15 [00:12:54]

The last two measure observations include the calculation of the final score.

Measure observation 5, total malnutrition component score, equals Measure observation 1 plus Measure observations 2, 3, and 4. Possible values may be 0, 1, 2, 3, or 4.

Additionally, Measure observation 6, total Malnutrition Composite Score as a percentage, equals Measure observation 5 divided by the measure observation total Malnutrition Composite Score Eligible Occurrences

multiplied by 100. Possible values of Measure observation 6 are 0%, 50%, 75% or 100%. Measure observation 6 is calculated per qualifying encounter or patient occurrence.

There is no longer the possibility of this result being 25% due to updates to the calculation that align better with the measure intent and malnutrition care practices. For each hospitalization, Measure observation 6 represents the percentage of malnutrition-related care that the patient received based on evidence-based guidelines. Next slide.

Slide 16 [00:14:35]

Total Malnutrition Composite Score Eligible Occurrences is an additional element to the calculation. It functions like a mathematical Denominator and always equals 4, except in the following instances. 1, when Malnutrition Risk Screening has a Not At Risk result and there is no Dietician referral, then the Eligible Occurrence is 1. Number 2, when Malnutrition Risk Screening has an At Risk result and/or there is a Dietician Referral but there is no Nutrition Assessment completed, then the Eligible Occurrence is 2. This was previously an Eligible Occurrence of 4, but it was updated to align better with the work that's actually being done. And finally, when Nutrition Assessment has a Not or Mildly Malnourished result, the Eligible Occurrence is 2. Next slide.

Slide 17 [00:15:45]

This table describes the changes that impact the MCS for 2026 reporting year. For the 2026 reporting period, the Measure Title has been updated from the Global Malnutrition Composite Score to the Malnutrition Care Score. This change aims to improve clarity and ensure the title more accurately reflects the measure's intent. For the Initial Population, the population criteria expanded to include all adults 18 years of age and older, and eligible encounters that end during the measurement period but may have started in another measurement period. This change will allow the measure to better align with general measure standards and more broadly capture malnutrition care. For the population Exclusion, hospice patients are no longer included in the calculation to better align with treatment goals and plans for hospice patients. Logic changes include the prioritization of the most recent Nutrition Assessment to best capture the fluctuations in nutrition status throughout an admission. Next slide.

Slide 18 [00:17:13]

This table summarizes value set changes. In general, these changes focused on reflecting the expanded age range for the MCS. While pediatric patients under 18 are not included in the measure, adults 18 and older may be admitted to pediatric units, so codes were added to capture those scenarios. For the Dietitian referral value set, two new codes were added—one for referrals to pediatric dietitian and one broader referral code to cover all inpatient units. For the Malnutrition Diagnosis value set, 11 new ICD-10-CM codes were added for pediatric malnutrition and malnutrition during pregnancy. In addition, one SNOMED CT code was added to capture pediatric failure to thrive. Finally, a new hospice exclusion value set was created to avoid conflating hospice and palliative care. This ensures patients in hospice—where aggressive nutrition interventions are not appropriate—are excluded, while patients in palliative care continue to be included.

Slide 19 [00:18:45]

As previously mentioned, for the 2026 reporting period, the Measure Title has been updated from the Global Malnutrition Composite Score to the Malnutrition Care Score. This change aims to improve clarity and ensure the title more accurately reflects the measure's intent. Next slide.

Slide 20 [00:19:08]

Now we will begin to walk through the Measure Flow Diagram, pointing out major changes from reporting year 2025 to 2026. Next slide.

Slide 21 [00:19:23]

Before we begin, I want to note that for the slides in this presentation that address the measure flow, we realize that the images are very small on the screen and encourage you to download the slides so that you can enlarge and zoom in within the PDF. When looking at the Initial Population, which is the first red circle, the measure now applies to all adults ages 18 years and older with an inpatient admission of at least 24 hours. This allows a more inclusive evaluation of malnutrition care across the adult lifespan. And the second red circle, eligible encounters that end during the Measurement Period, but may start in another, are now included to align with general measure standards and more broadly capture malnutrition care. If the criteria is not met, the measure ends. Next slide.

Slide 22 [00:20:27]

As we start reviewing logic changes, please note that the use of green strikethroughs throughout this presentation are intentional and used to convey changes. As seen here, you can see we added 18 years old and greater, and we added ends to capture the relevant period. Next slide.

Slide 23 [00:20:55]

Updated timing clauses affect which patient encounters are counted in your hospital's reporting. Previously, only encounters that both started and ended within the Measurement Period were counted. Now, encounters that end during the Measurement Period are included, even if they started in a prior period. For example, if a patient is admitted to the hospital on December 30th, but discharged on January 2nd, with this change, that encounter will now count in your January's reporting period, because it ended within the current Measurement Period, even though the admission occurred earlier in the prior month. This change allows for enhanced timing, flexibility, and captures the reality of how care is delivered across reporting periods, rather than missing patients who fall into that crossover window. Next slide.

Slide 24 00:22:02]

And next slide, please. Thank you.

Slide 25 [00:22:12]

In this measure, the Measure Population is equal to the Initial Population. If the Measure Population is met, the individual continues in the measure and moves to the next phase, Measure Population Exclusions. Next slide.

Slide 26 [00:22:29]

Next slide, please.

Slide 27 [00:22:37]

Malnutrition Care Score now has a hospice exclusion. The first definition, circled in red, is Encounter with Discharge for Hospice Care, which looks at the Measure Population for any patient with a qualifying discharge disposition and hospice care referral or admission. The second definition, also circled in red, is Encounter with Hospice during Eligible Encounter, which looks at the Measure Population for any patient in hospice care with an intervention order of hospice status during hospitalization with observation. If any of these criteria are met, the patient is excluded from the population and measure processing ends. Otherwise, the patient continues to Measure observation 1. This change better aligns with the philosophy and treatment goals of hospice care, which focuses on comfort and quality of life. Aggressive nutrition interventions may not be appropriate for this population. Next slide.

Slide 28 [01:02:39]

Taking a closer look at the logic, we've underlined the content within the 2026 Reporting Year column to denote what is new for 2026. The following new definitions were added to capture the Measure's Population Exclusion. Measure Population Exclusion, Hospice Care, Encounter with Discharge for Hospice Care, and Encounter with Hospice during Eligible Encounter. Next slide...

Slide 29 [00:24:24]

Next slide.

Slide 30 [00:24:31]

Measure observation 1 is Malnutrition Risk Screening, in which patients are identified as either Not At Risk or At Risk, or the patient has a referral to a Registered Dietician. If the patient does not meet criteria, the performance calculation ends. Oops, I think you need to go one slide back. There you go. However, if the patient does meet criteria, the flow moves to Measure observation 2. Circled in red on this slide is the inclusion of a new definition, which we will talk about in the next slide. Next slide, please.

Slide 31 [00:25:19]

Taking a closer look at the logic, we've adjusted the name of the definition for Hospital Dietician Referral to just Dietician Referral to decrease redundancy. We've also adjusted the definition to capture not only the data type Intervention Order, but also Intervention Performed by Dietician Referrals to allow greater flexibility in how data can be captured. Next slide.

Slide 32 [00:25:53]

This is a continuation of the previous slide to show where we have included the relevant date, time, and the relevant period of that... the relevant period of that referral period. Next slide.

Slide 33 [00:26:09]

Continuing to look at the same logic update for Measure observation 1, we modified the function to ensure that if a screening is present or a referral is present, the component score will be calculated correctly. Next slide.

Slide 34 [00:26:33]

Now moving on to Measure observation 2, we are looking at Nutrition Assessment for patients with an At Risk result from the Malnutrition Screening and/or patients with a Dietician Referral order. For reporting year 26, the encounter with the most recent Nutrition Assessment and identified status is prioritized to better account for changes in patient condition and improve accuracy in documenting malnutrition status that aligns with clinical practice. Next slide.

Slide 35 [00:27:16]

Looking at the logic, the following definition was added to prioritize the most recent Nutrition Assessment by date within the Eligible Encounter, most recent Encounter with Nutrition Assessment and identified status. Next slide.

Slide 36 [00:27:35]

And looking at a continuation of the logic from the previous slide, you can see the removal of hospital before Dietician Referral. Next slide, please.

Slide 37 [00:27:53]

And continuing with Measure observation 2, the following definitions were added to prioritize the most recent Nutrition Assessment by date within the eligible encounter in addition to most recent encounter with Nutrition Assessment and identified status, most recent nutrition assessment day, nutrition assessment date, and Nutrition Assessment Performed, which you will see in the next couple of slides. The definitions under the 2025 reporting period were all removed to improve readability and for simplification. Next slide.

Slide 38 [00:28:36]

This is a continuation of the logic from the previous page, and rather than including all of the text again in the 2026 column to illustrate removals, we want to convey that all the logic shown in the 2025 column is no longer used in the 2026 reporting year. Next slide.

Slide 39 [00:28:59]

Okay, this is also a continuation of the logic from the previous slide, where you can see the Nutrition Assessment Performed definition in the logic. Next slide.

Slide 40 [00:29:14]

And finally, rounding out changes for Measure observation 2, we cleaned up the function and removed definitions that were removed from the logic in an effort to simplify. Next slide.

Slide 41 [00:29:35]

And this slide continues to show the function cleanup from the previous slide for Measure observation 2, as you see the continuation of the removal of logic for 2026. Next slide.

Slide 42 [00:29:48]

When an encounter with the most recent Nutrition Assessment is identified, and a finding of Well Nourished or Not or Mildly Malnourished, a score of zero is applied, and measure processing stops. If Moderately or Severely Malnourished is present, a score of 1 is applied and continues to Measure observation 3. Next slide.

Slide 43 [00:30:19]

Patients with a Nutrition Assessment result of Moderate Malnutrition or Severe Malnutrition are eligible for performance measurement of Measure observation 3, Malnutrition Diagnosis, seen here to the far right of the screen. Next slide.

Slide 44 [00:30:45]

Again, showing patients with a Nutrition Assessment result of Moderate Malnutrition or Severe Malnutrition, which receive a zero for Measure observation 3 when a diagnosis of Moderately or Severe Malnutrition is not present, and a 1 when a medical diagnosis of Moderately or Severely Malnourished is present. As we look at the logic for Measure observation 3, Malnutrition Diagnosis, we updated the logic to capture diagnoses that overlap the day of the qualifying encounter to capture the active diagnosis of malnutrition from previous encounters. As previously noted, this is the continuation of the logic change of the Measure Population equaling the Initial Population. Next slide.

Slide 45 [00:31:13]

As we look at the logic for measure observation 3, the malnutrition diagnosis, we updated the logic to capture diagnoses that overlap the day of the qualifying encounter to capture the active diagnoses of malnutrition from previous encounters. As noted previously, this is the continuation of the logic change of the measure population equaling the initial population.

Slide 46 [00:31:43]

Continuing to look at the logic updates for Measure observation 3, you can see that we cleaned up the function and removed definitions that were removed from the logic. Next slide, okay.

Slide 47 [00:32:00]

Measure observation 4 is the Presence or Absence of a Nutrition Care Plan for Patients with a Nutrition Assessment Result of Moderate Malnutrition or Severe Malnutrition. Next slide.

Slide 48 [00:32:17]

Measure observation 4, individuals with a Nutrition Assessment Result of Moderate or Severe Malnutrition receive a zero for Care Plan Not Present, or a 1 for Care Plan Present. Next slide.

Slide 49 [00:32:38]

Looking at the logic for Measure observation 4, the Nutrition Care Plan, we cleaned up the function and removed definitions that were removed from the logic. Next slide.

Slide 50 [00:32:56]

As in previous years, Measure observation 5 is a sum of the first 4 Measure Observations to determine the Total Malnutrition Component Score. Next slide.

Slide 51 [00:33:14]

The Total Malnutrition Component Score is then divided by the Total Malnutrition Care Score Eligible Occurrences to calculate the total Malnutrition Care Score as percentage. Next slide.

Slide 52 [00:33:30]

As we look at the logic for Measure observation 6, the only change was to update the measure name from Composite to Care. Next slide.

Slide 53 [00:33:47]

Okay, now we're going to walk through several Frequently Asked Questions before moving to the live Q&A session. So, for this first question, how should hospitals interpret their MCS scores?

And the answer is higher scores indicate better performance, while lower scores indicate opportunities for improvement. Hospitals may internally monitor the performance of the MCS and four measure observations over time to facilitate quality improvement for patients who are malnourished or at risk for malnutrition. Next slide.

Slide 54 [00:34:27]

For our next question, can a nutrition risk screening be completed more than once during a hospital encounter? If the results differ, which screening result counts for the measure?

And the answer is screening may take place more than once in one inpatient encounter. Current measure logic or flow prioritize ...prioritizes a Not At Risk result at any time during the encounter, regardless of the timing. However, the presence of a Dietician Referral Order supersedes the Not At Risk Result and allows for performance measurement of additional measure observations. Next slide.

Slide 55 [00:35:13]

The question, what if malnutrition risk screening does not identify risk for malnutrition, but malnutrition is identified later in the admission?

So, in this instance of a Not At Risk malnutrition risk screen result, MCS performance measure stops, measurement stops, regardless of completion of additional measure observations, with a performance score of 100%. However, the presence of a Dietician Referral can allow the performance measurement of additional measure observations despite the Not At Risk result. Note that performance measurement should not necessarily dictate appropriate care in the setting. Refer to local policies and procedures to ensure care provision aligns with expectations. Next slide.

Slide 56 [00:36:09]

And the final question, will the hospice exclusion negatively affect patient care?

And the answer is, No. Patients in hospice care with a Malnutrition Diagnosis may still receive care by Registered Dietitians and medical providers. However, it will not be captured in the MCS. Next slide.

Slide 57 [00:36:33]

Okay, resources specifically tailored for the Malnutrition Care Score are publicly accessible on the Academy of Nutrition and Dietetics website. These resources offer valuable guidance and tools to support implementation and best practices. So, thank you all, and now I will turn it back over to you, Susan.

Slide 58 [00:36:56]

[Susan Funk] Excellent. Thanks so much, Angela, for leading us through the annual updates and the Frequently Asked Questions for this eCQM. I'll take over for a few slides before we go into the Q&A segment. So, on this first slide, we've included a couple resources for the audience. The first slide provides links to the eCQI Resource Center, CMS Eligible Hospitals Measures page, and the Get Started With eCQM links. We've also linked out to the Teach Me Clinical Quality Language video series, and specifically, video shorts on Hospitalization with Observation, and What is a Value Set? Next slide, please.

Slide 59 [00:37:43]

Continuing on with additional resource links on this slide, we've provided the link for the Value Set Authority Center, or VSAC, Support. We've also included the link where you can find information about the Expert to Expert Webinar Series on Joint Commission's website. And finally, the ASTP/ONC Issue Tracking System, and that's where clinical and technical questions about these eCQMs should be submitted following this webinar.

And just to give a little context about the ASTP/ONC Issue Tracking System, the same subject matter experts on today's webinar also respond to the questions posed within the ASTP/ONC platform. The Q&A document following this webinar will likely take several weeks, and it requires CMS approval before we can distribute it. So, if you would like a more immediate answer, please consider submitting that question via the Issue Tracker. Next slide, please.

Slide 60 [00:38:46]

Okay, with that said, let's move into the Q&A segment. I'll just restate some of the directions to ask questions. You can submit questions via the question pane. Click the question mark icon in the audience toolbar. A panel will open for you to type and submit your question. And the questions asked during this live event will be addressed in a written follow-up Q&A document, and that follow-up document will be posted on the Joint Commission's website several weeks after the live event, as noted earlier, after CMS review and approval.

Our subject matter experts have been very busy during the broadcast responding to many of the questions as they've been submitted. We will now share some of the questions and answers. We will now welcome back Rebecca.... Rebecca, I'm going to murder your last name. Rebecca Niitzel from the Academy of Nutrition and Dietetics to facilitate this Q&A segment. Rebecca, please introduce yourself and jump right into the Q&A after that. Thanks so much.

[00:39:51]

- [Rebecca Niitzel] All right, thank you so much. So, like Susan said, my name is Rebecca Niitzel, and I am with the Academy of Nutrition and Dietetics. I am a part of the development team for the Malnutrition Care Score, so I am excited to be here to answer some of your questions today.

So, let's dive into the first one. The first question I'm seeing is, are patients admitted under observation status included in the measure? So, the answer to that would be: No, patients admitted solely under observation status are not included in the measure. However, patients who begin their admission in observation status or in the emergency department and then transition to inpatient are included. Additionally, any activities that are completed during the emergency department and/or observation status visit are counted toward the completion of the measure observations.

Next question is, what is the role of a Dietician Referral in calculating performance for the episode? So, the Dietician Referral has a few different functions when it comes to calculating the performance for the episode. One of those functions would be that the Dietician Referral counts as completion of Measure observation 1, which is that Malnutrition Risk Screening, and another function of that Dietician Referral would be it cues the dietician to conduct a Nutrition Assessment even if there is a Not At Risk result from the Malnutrition Screening.

Let's see, next question. Do specific tools need to be used for completing the Malnutrition Risk Screening and Nutrition Assessment for this measure? Really great question. No, the Malnutrition Care Score does not require the use of any specific malnutrition risk screening tools or nutrition assessment tools. However, clinicians are of course encouraged to use valid and reliable tools for accurate results.

[00:41:14]

Okay, next question. Does the Nutrition Assessment need to be completed within 24 hours of the Malnutrition Screen? So, for the Malnutrition Care Score, there is no timing element for any of these measure observations. So, they can be completed in any order at any time during the Eligible Encounter. Measure observations simply must be completed during the inpatient encounter and/or during the related observation or ED encounter. The Nutrition Screen does not need to be completed within 24 hours of inpatient admission, but it does need to be completed within that admission or inpatient encounter.

Next question that I'm seeing is, does the Nutrition Care Plan have to be authored or created by an RD to meet the qualification? So, the Nutrition Care Plan is part of the nutrition care process within the scope of practice of the dietician. So, because of this, it is the expectation that the dietician is performing this step, which is Measure observation 4, but the measure logic does not contain parameters on who must perform the Nutrition Care Plan. So, Measure observation 4 can be performed by a professional designated in facility policies and procedures, and of course, in accordance with all local, state, and federal regulations.

Next question is, is this measure only for acute inpatient, or do swing or skilled inpatient count also? So, inpatient encounters with a length of at least 24 hours, with the patient being at least 18 years of age, are included in this measure regardless of the patient's physical location. However, a swing bed admission, if it is not classified as inpatient, it would not be included in measure performance. So, we are only including patients that are inpatient.

Next question is, what if the MD documents Severe Malnutrition, but the RD assessment reflects No Malnutrition? So, if the doctor documents Severe Malnutrition, but the Dietician Assessment reflects No Malnutrition. Will measure observations need to be present based on the doctor's documentation over the dietician's perspective? Another great question. So, the answer to that would be if the most recent Dietician Assessment is documented as No Malnutrition, then the measure scoring would stop at that point.

[00:45:31]

Looks like we have another question about observation status. So, again, patients admitted under observation are not included in the measure, just to clarify that.

And then it looks like there were a few questions about regulatory agencies accepting the measure data. CMS is accepting data for this eCQM for 2026. Joint Commission is not accepting this data for 2026, just to clarify that.

If a patient was admitted under outpatient status and then transitions to inpatient later, what activities completed during outpatient status count towards the measure? So only activities conducted during observation status or emergency department or the emergency department admission would be included if the patient transitions to inpatient status later in their current admission.

Just looking through some of these questions. Okay. How are patients included or excluded if their stay crosses over reporting years? Really great question. So, the encounter would have to end during the day of the Measurement Period.

Question regarding OB patients. Has consideration been given to the appropriateness of Nutrition Screen in this population and the timing of the screen? So, you know, the measure development team is always looking at ways to ensure that the measure is appropriate for the populations that are being measured, so we have consulted a technical expert panel, and the results were mixed. So, the overall thought had been that malnutrition can be a diagnosis present during pregnancy, and even at the time of delivery. There's, of course, a lot to consider, including, you know, when the screening can be done, and the screening only counts towards completed if done during the Eligible Encounter being measured, or a related observation emergency room visit. So that is something that the team has been exploring.

[00:48:03]

Next question that I see is, hospice is an exclusion, but what about the consideration of comfort measures? Not all patients who are made comfort measure during hospitalization have hospice service consultant. So, comfort measure status is currently not included as an exclusion under the Hospice Status Value Set for the measure. In other words, comfort status patients are included in the measure.

Next question. What if we use the MST and it does not trigger a consult to the dietician in the EHR because the dietician gets a list of the MST score and sees any patient that meets an MST score of two or more? Is that an official consult? It's not an official consult, but it is part of the workflow. So, to answer that, the MST tool completion counts towards completion of Observation 1. That is considered a screening tool. The dietician consult or referral would not need to be completed in that case, because the current measure logic allows for one or the other to be completed. So, if you did that screen, then you don't need that referral.

Okay, just scrolling through all of the great questions. Is this measure required for submission in 2026? No, this measure is not required. It is one of the optional measures for facilities to choose from.

Would documentation of a confirmed Malnutrition Diagnosis following a clarification query be considered adequate to satisfy the criteria for Measure Observation 3? The measure requires a coded Malnutrition Diagnosis, which may be found in the Malnutrition Diagnosis Value Set.

[00:50:34]

Looking at more questions. What if the term 'At Risk' is listed, meaning the patient is Not Malnourished but is At Risk? Is that recognized, or do we need to use Not Malnourished? So, if you're referring to the Measure observation 1, the Malnutrition Risk Screening, the result At Risk is recognized by the logic. If you're referring to Observation 2, the result needs to identify a Well Nourished or Not Malnourished, Mildly Malnourished, Moderately Malnourished, or Severely Malnourished.

Seeing some input about the OB population. Thank you for that input.

If a patient has been screened by MST without findings of risk, then was seen by a dietician, and both the dietician and physician document Malnutrition, will components 2 through 4 be calculated? If the patient was screened as Not At Risk and there is No Dietician Consult, then the measure logic will stop there, and the Eligible Denominator would be 1. The Numerator will be 1 for a Total Malnutrition Care Score percentage as 100%. Components 2 through 4 would not be calculated in this case if there is no Dietician Consult.

Okay. If an eligible patient does not initially meet the criteria for nutrition support based on the dietician assessment within 24 hours, but then meets criteria five days after admission, can a lapse in response of greater than 24 hours still trigger a fallout by these Measure Specifications? So, the only timing constraints within the measure is that the components need to be conducted during the Eligible Encounter, so, no.

[00:53:12]

Next question that I'm seeing looks like, can we identify our own Malnutrition Screening for OB patients? So the Measure Specification recommends using a valid and reliable screening tool, and that you also recommend following your facility's procedures and policies.

So, someone is just clarifying, I just want to understand correctly, the only exclusion to this measure would be hospice? So, any patient visit that has a discharge disposition for hospice care or with a hospice care order during the inpatient encounter will be excluded from the calculation. Outside of this, any inpatient visit that is 24 hours or more for a patient that is aged 18 years or older at the beginning of the encounter will count towards the measure eligible encounters.

What if a Nutrition Consult is specifically for diet education? Will this still be included in the Malnutrition Care Score? So, a Dietician Referral which triggers a Nutrition Assessment will be included in the measure. The measure does not specify the reason for the dietician referral.

Next question. 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? So, if a Risk Screen is not conducted or a Dietician Referral is not placed, then the measure scoring does not move forward. So, if you don't have that screening and you don't have that Dietician Referral, then no, the rest of the components would not apply.

Another one, is this measure required for submission in 2026? No, this is a voluntary eCQM.

[00:56:07]

Is there any thought that this may be a required measure in 2027 or beyond? As of right now, we are not aware of any formal decision that is being announced regarding the mandatory adoption in 2027 or beyond.

[Susan Funk] Rebecca, while you're grabbing some additional questions, just to chime in here, we're scheduled to go to 15 minutes after the hour, but if you're seeing a lot of repetition in the questions, we can probably just do maybe another maybe two or three questions, and then we can start to close out. As long as you're not seeing anything that's new or unique.

[Rebecca] Yeah, we can do a few more, but I think it's slowing up a little bit. So, I can do this one. Do you know what Epic and Cerner release versions will include this updated logic and value sets? We are unaware of any vendor release versions.

To confirm, the only updates are age, MD diagnosis codes, and removal of hospice patients. So, there were several logic updates for 2026, so we would refer you to that eCQI Resource Center, and you will be able to compare the measure specs by year.

So, I think that should about do it for the questions. I'm seeing quite a bit of repetition of some of these other questions.

[00:58:04]

[Susan] Great, thanks so much for facilitating that and trying to group like questions.

For the audience's benefit, if you submitted a question that was not responded to today, it could be that your situation is very specific to your organization. Our subject matter experts in the background are trying to answer as many questions as they can. So, if it's something that's a little bit more complicated, they might have preferred to answer it in writing, so just to acknowledge that there might still be some questions that we didn't get to, but the team has been very busy during the entire broadcast.

So, thanks again, Rebecca, for facilitating the Q&A segment. We know how valuable that this Q&A is to the audience. I'll just reiterate my earlier note that both the questions we shared today aloud and those that we didn't address during today's broadcast will be within the written Q&A document. Just one last reminder, if you need a quicker response, please note that the ASTP/ONC Issue Tracker offers another mechanism to ask questions, and that link was shared earlier within the resource slides. Next slide, please.

Slide 61 [00:59:18]

So, all previous Expert to Expert Webinar recording links, slides, and transcripts can be accessed on the Joint Commission's webpage via the link displayed at the bottom of the slide. Within a couple weeks, the recording and the slides and the transcript will be posted on that site and also on the eCQI Resource Center.

After this webinar, if you have questions about the webinar operations or about Continuing Education credit, you can submit them via email to tjcwebinarnotifications@jointcommission.org.

For those that wish to attend any of our future webinars in this webinar series, we've included a handout that has the registration links for all of those scheduled webinars through to May. So please be sure to share that document with your colleagues so they too can participate in these educational events. Next slide, please.

Slide 62 [01:00:21]

Before this webinar concludes, just a few words about the webinar survey. We use your feedback to inform future content to determine the education gaps and assess the quality of our educational programs. A QR code will appear on the next slide, so grab your mobile devices now. You'll be able to use that mobile device to scan and access the survey. If you prefer to take the survey later, an automated email will also deliver the link to access the survey. And that automated email -- we get a lot of questions -- that will arrive in your email box an hour after this webinar concludes. After you submit your survey responses, you will be redirected to a page from which you can print or download a blank CE certificate that you will complete by adding your own name and credentials. In case you miss that opportunity to download, an automated email will also be sent to you that includes the link to that certificate. And now for our final slide, please.

Slide 63 [01:01:32]

We've now reached the end of today's presentation. We will leave this slide up for a few moments so that participants can scan the QR code. Thanks so much to Angela Lago for presenting the changes and annual updates. Thank you to Rebecca Niitzel for doing all of the fabulous Q&A that you got through. And many thanks to the Academy of Nutrition and Dietetics subject matter experts, both for responding to the questions throughout the webinar, and also for your partnership on this topic. My appreciation also goes out to the operation staff that supported this webinar. And finally, thanks to all of you in the audience that joined today. This concludes our presentation, and we will leave this slide up for just a few more moments for anybody that wishes to access the QR code. Have a great day.