

IMPORTANT TO NOTE:

- ✓ This document is the property of the Commission of Dietetic Registration (CDR), meant to be used for the implementation of the GMCS. Email quality@eatright.org if you would like to use it to provide free education.
- ✓ Click www.cdrnet.org/GMCS for a table with possible combinations of measure observations and total composite score percentage, under the Resources Section. If the option you are reviewing is not provided in this table or the below process map, please email quality@eatright.org.
- ✓ This document discusses the intended logic behind the electronic Clinical Quality Measure (eCQM) for CMS.
- ✓ To get the numerator score of 1 for component measure #1 (nutrition screening), a screen is to be completed.
- ✓ A physician/provider Malnutrition Dx includes one or several of the following:
 - SNOMEDCT, 190606006, Moderate protein energy malnutrition (disorder)
 - SNOMEDCT, 238107002, Deficiency of macronutrients (disorder)
 - SNOMEDCT, 238111008, Deficiency of micronutrients (disorder)
 - SNOMEDCT, 272588001, Malnutrition (calorie) (disorder)
 - SNOMEDCT, 302872003, Disorder of hyperalimentation (disorder)
 - SNOMEDCT, 441951000124102, Starvation-related malnutrition (disorder)
 - SNOMEDCT, 441961000124100, Acute disease or injury-related malnutrition (disorder)
 - SNOMEDCT, 441971000124107, Chronic disease-related malnutrition (disorder)
 - SNOMEDCT, 65404009, Undernutrition (disorder)
 - SNOMEDCT, 70241007, Nutritional deficiency disorder (disorder)
 - ICD10CM, E43, Unspecified severe protein-calorie malnutrition
 - ICD10CM, E44.0, Moderate protein-calorie malnutrition
 - ICD10CM, E45, Retarded development following protein-calorie malnutrition
 - ICD10CM, E46, Unspecified protein-calorie malnutrition
 - ICD-10CM, T73.0XXA, Starvation, initial encounter
 - ICD-10CM, T73.0XXD, Starvation, subsequent encounter
 - ICD-10CM, T73.0XXS, Starvation, sequela
- ✓ The original intent of this measure, the “Nutrition Assessment” is to be done only for patients with a “Malnutrition Screening At Risk Result” and an ordered “Hospital Dietitian Referral”. In the measure version available for reporting on CY 2024, there is incomplete logic that may not accurately calculate GMCS performance in the following scenario: For Measure Observation #2 (“Nutrition Assessment”), when Measure Observation #1 results is “Malnutrition Risk Screening Not at Risk”, and a “Hospital Dietitian Referral” was not ordered. The process continues adding the numerators for the other observations. The denominator is considered 1. Thus, the % result could be >100%.

Commission on Dietetic Registration

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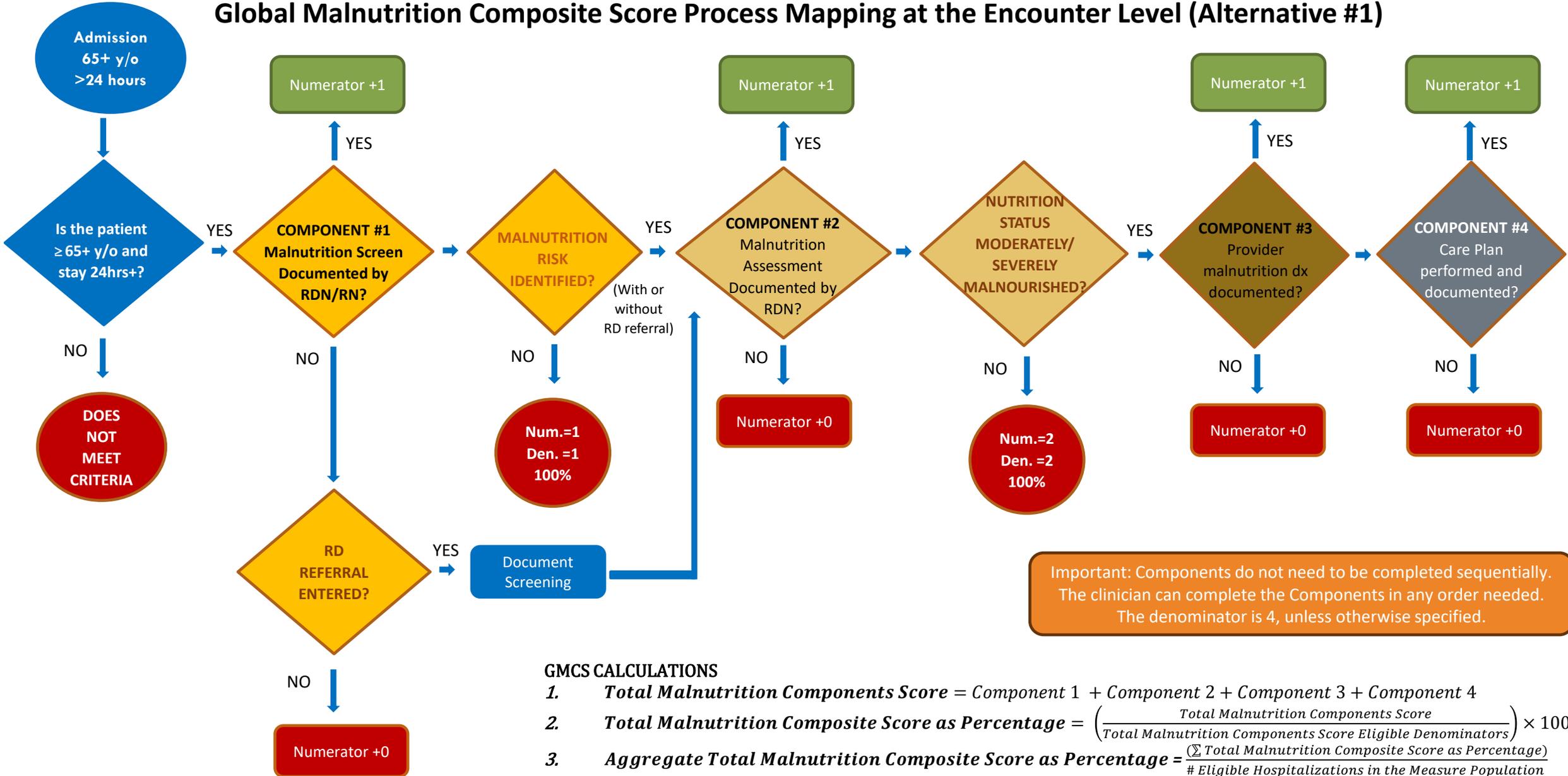
Academy of Nutrition
and Dietetics

GLOBAL MALNUTRITION
COMPOSITE SCORE
(CMS986V2)

PROCESS MAPPING AT
THE ENCOUNTER LEVEL

Quality, Standards and Interoperability Department
For additional information, or to request free education,
please email quality@eatright.org

Global Malnutrition Composite Score Process Mapping at the Encounter Level (Alternative #1)



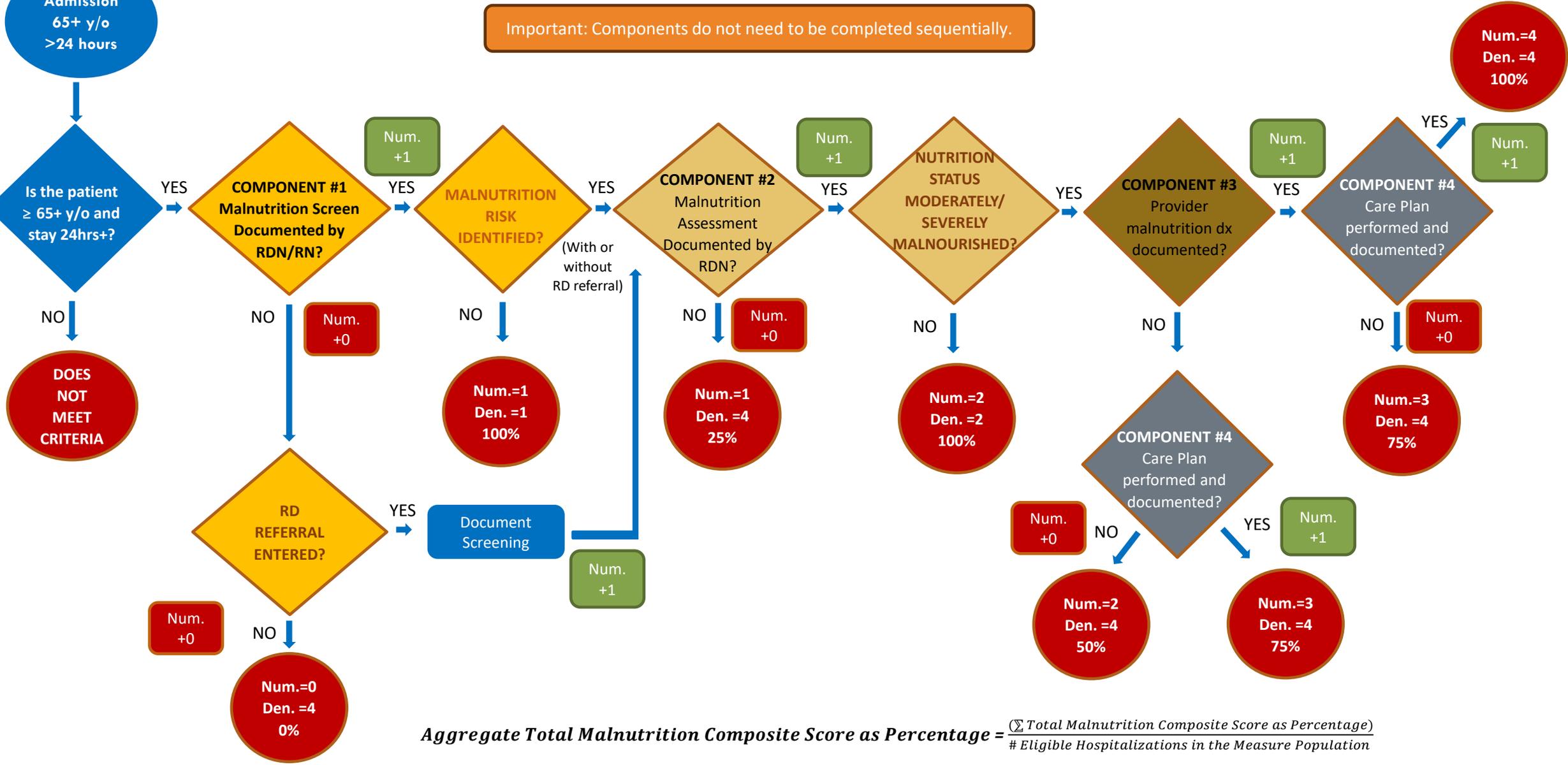
Important: Components do not need to be completed sequentially. The clinician can complete the Components in any order needed. The denominator is 4, unless otherwise specified.

GMCS CALCULATIONS

- Total Malnutrition Components Score** = Component 1 + Component 2 + Component 3 + Component 4
- Total Malnutrition Composite Score as Percentage** = $\left(\frac{\text{Total Malnutrition Components Score}}{\text{Total Malnutrition Components Score Eligible Denominators}} \right) \times 100$
- Aggregate Total Malnutrition Composite Score as Percentage** = $\frac{\sum \text{Total Malnutrition Composite Score as Percentage}}{\# \text{ Eligible Hospitalizations in the Measure Population}}$

Global Malnutrition Composite Score Process Mapping at the Encounter Level (Alternative #2)

Important: Components do not need to be completed sequentially.



Aggregate Total Malnutrition Composite Score as Percentage = $\frac{\sum \text{Total Malnutrition Composite Score as Percentage}}{\# \text{ Eligible Hospitalizations in the Measure Population}}$