Implementing Quality Improvement and Reporting on the Global Malnutrition Composite Score to CMS

Updated January 2023

The Malnutrition Quality Improvement Initiative (MQii) is a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership. Support provided by Abbott.
The Global Malnutrition Composite Score is the first nutrition-focused quality measure in a CMS program.

**#1:** Screen for malnutrition risk
- Nutrition screening using a validated tool upon admission

**#2:** Conduct nutrition assessment
- Nutrition assessment using a standardized tool for those identified with malnutrition risk

**#3:** Document malnutrition diagnosis
- Documentation of malnutrition diagnosis for those identified as malnourished

**#4:** Document nutrition care plan
- Development and documentation of a nutrition care plan for those identified as malnourished

# Performed Components ÷ # Clinically Eligible Denominators

Global Malnutrition Composite Score
Anchoring Clinical Workflow by the Malnutrition Composite Components Can Help Address Nutrition Post-Discharge

- **Hospital Admission/Intake**: Nurse or RDN (Component Measure #1)
- **Nutrition Assessment**: RDN (Component Measure #2)
- **Nutrition Care Plan**: RDN (Component Measure #4)
- **Medical Diagnosis**: Physician (Component Measure #3)
- **Discharge Planning**: Discharge plan includes continuity of nutrition care & referral to community resources

RDN: Registered Dietitian Nutritionist
CMS Annually Releases Rules Outlining Policy Changes to Medicare Payments for Various Settings of Care

The IPPS rule dictates how hospitals are paid for the services they provide and the policies of quality programs in which they participate.

<table>
<thead>
<tr>
<th>Payment System Rule</th>
<th>Target Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Prospective Payment System (IPPS)</td>
<td>Inpatient hospitals and long-term care hospitals</td>
</tr>
<tr>
<td>Outpatient Prospective Payment System (OPPS)</td>
<td>Hospital outpatient departments, ambulatory surgery centers</td>
</tr>
<tr>
<td>Medicare Physician Fee Schedule (MPFS)</td>
<td>Physician services</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD) Prospective Payment System</td>
<td>ESRD facilities</td>
</tr>
<tr>
<td>Inpatient Rehab Facility, Skilled Nursing Facility, Hospice Prospective Payment System</td>
<td>Inpatient rehab facilities, skilled nursing facilities, hospice facilities</td>
</tr>
<tr>
<td>Home Health Prospective Payment System</td>
<td>Home health agencies</td>
</tr>
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The FY 2023 IPPS Rule has implications for the nutrition field due to the addition of the Global Malnutrition Composite Score to a hospital quality reporting program.
The IPPS Rule Dictates Policies for the Hospital Inpatient Quality Reporting Program

Program Description

● The Hospital Inpatient Quality Reporting (IQR) Program is a *pay-for-reporting* program regulated through the IPPS rule
  
  ○ To receive full payment, hospitals are required to submit data on measures for health conditions common to Medicare patients that typically result in hospitalization

● Data are publicly released after 2 years by CMS on CareCompare

● Measures included in IQR are typically focused on reducing hospital-related complications and ensuring appropriate and high-quality care for cardiovascular events

● CMS is expanding the focus to other conditions (e.g., malnutrition, maternal health, etc.) with new quality measures

IPPS: Inpatient Prospective Payment System
Source: CMS. Hospital IQR Program. Access [here](#)
Electronic Clinical Quality Measures Are One Type of Measure Reported Through the Hospital IQR Program

The Hospital IQR Program has different reporting requirements for all of the required measure types listed below.*

<table>
<thead>
<tr>
<th>Electronic Clinical Quality Measures (eCQMs)</th>
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<tbody>
<tr>
<td>Claims-based Measures</td>
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<tr>
<td>Hybrid Measures</td>
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<tr>
<td>Public Health Registry Measures</td>
</tr>
</tbody>
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Hospitals must report data from 3 quarters annually for 3 eCQMs of their choice (which could include the GMCS), plus the 3 required measures.

These other measure types have separate reporting requirements.

Hospitals must meet reporting requirements for all measure types to avoid financial penalties.

IQR: Inpatient Quality Reporting Program; GMCS: Global Malnutrition Composite Score; HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems
*Does not reflect all of the requirements for IQR participation, additional requirements relate to data accuracy attestations, vaccination coverage of healthcare personnel, etc.
The Hospital IQR Program Now Contains a Nutrition-Related Electronic Clinical Quality Measure

Financial Impact of IQR

- Hospitals failing to report adequately to CMS based on IQR will be subject to a 1/4 reduction of the “market basket update,” which is a combination of payments for multiple medical items and services received annually.

New Opportunity for Nutrition

- The Global Malnutrition Composite Score was finalized for inclusion in the Hospital IQR Program and is now 1 of the 3 self-selected electronic clinical quality measures on which hospitals can report beginning in 2024.
  - Reporting on the GMCS can help fulfill the eCQM requirement for the Hospital IQR Program and ensure a hospital receives its full payment.

Sources: CMS. Hospital IQR Program. Access [here](#). CMS. FY 2023 IPPS Final Rule. Access [here](#).
The GMCS Will Become Available for Reporting in January 2024 and RDNs Can Champion Its Use

Hospitals and health systems can prepare in 2023 for reporting in 2024 by implementing the care workflow that underpins the GMCS and collecting data on its performance.

The FY 2023 IPPS final rule was released on 8/1 and contains exciting updates to the Hospital IQR Program with specific implications for nutrition professionals.

- See the Academy website, the new MQii GMCS webpage, and Avalere Health's press release for more information about the GMCS.