Hospital-Acquired Condition Reduction Program
Fiscal Year 2025 Matrix of Key Dates

Table 1. Key program dates for the FY 2024 to FY 2026 program years

Program year	Performance period for CDC's NHSN HAI measures[a]	Performance period for CMS PSI 90 measure	Claims snapshot date[d]	Scoring Calculations Review and Correction period[e]	Payment reduction dates	Public reporting of program results[f]	Data used for HAI validation
FY 2026	1/1/23 to 12/31/24	7/1/22 to 6/30/24	9/30/24	Q3 2025	10/1/25 to 9/30/26	Early 2026	CY 2023 (Q1 2023 to Q4 2023)
FY 2025	1/1/22 to 12/31/23	7/1/21 to 6/30/23	10/13/23	8/5/24 to 9/3/24	10/1/24 to 9/30/25	Early 2025	CY 2022 (Q1 2022 to Q4 2022)
FY 2024	1/1/22 to 12/31/22[b]	1/1/21 to 6/30/22[c]	9/30/22	8/30/23 to 9/28/23	10/1/23 to 9/30/24	January 2024	CY 2021 (Q1 2021 to Q4 2021)

Table 2. Deadlines for CYs 2023 and 2024 HAI quarterly data submission

Discharge quarter	Discharge dates	NHSN submission deadline[g]	Annual IPPS Measure Exception Form deadline[h]	Estimated HAI Validation Template submission deadlines[i]
Q4 2024	10/1/24 to 12/31/24	5/15/25	5/15/25	Randomly selected hospitals: Q2 2025 Targeted hospitals: Q2 2025
Q3 2024	7/1/24 to 9/30/24	2/17/25	5/15/25	Randomly selected hospitals: Q1 2025 Targeted hospitals: Q2 2025
Q2 2024	4/1/24 to 6/30/24	11/18/24	5/15/25	Randomly selected hospitals: Q4 2024 Targeted hospitals: Q2 2025
Q1 2024	1/1/24 to 3/31/24	8/15/24	5/15/25	Randomly selected hospitals: Q3 2024 Targeted hospitals: Q1 2025
Q4 2023	10/1/23 to 12/31/23	5/15/24	5/15/24	Randomly selected hospitals: 5/15/24 Targeted hospitals: 6/6/24
Q3 2023	7/1/23 to 9/30/23	2/15/24	5/15/24	Randomly selected hospitals: 2/15/24 Targeted hospitals: 5/20/24

Discharge quarter	Discharge dates	NHSN submission deadline[g]	Annual IPPS Measure Exception Form deadline[h]	Estimated HAI Validation Template submission deadlines[i]
Q2 2023	4/1/23 to 6/30/23	11/15/23	5/15/24	Randomly selected hospitals: 11/15/23 Targeted hospitals: 4/17/24
Q1 2023	1/1/23 to 3/31/23	8/15/23	5/15/24	Randomly selected hospitals: 8/15/23 Targeted hospitals: 3/28/24

[a] The CDC's NHSN HAI measures included in the HAC Reduction Program are CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI.

[b] CMS automatically excluded all CY 2021 HAI data from FY 2024 program calculations for the HAC Reduction Program, as finalized in the FY 2023 IPPS/LTCH PPS final rule (pages 49130–49132). The FY 2024 HAI measures performance period was abbreviated to January 1, 2022, through December 31, 2022.

[c] CMS automatically excluded all claims data representing CY 2020 data from all program calculations for the HAC Reduction Program (Q1 and Q2 2020 claims were excluded as a result of the nationwide ECE announced on March 27, 2020; Q3 and Q4 2020 were excluded as finalized in the FY 2022 IPPS/LTCH PPS final rule [pages 45301–45307]). The FY 2024 CMS PSI 90 measure performance period was abbreviated to January 1, 2021, through June 30, 2022.

[d] CMS takes an annual snapshot of claims data to calculate measure results for quality reporting programs. The calculations do not reflect claims and corrections processed after these dates. In the HAC Reduction Program, this applies only to the CMS PSI 90 measure.

[e] CMS will notify hospitals of the exact dates of the 30-day Scoring Calculations Review and Correction period via the Hospital Value-Based Purchasing QualityNet Listserv, and will also post these dates on the HAC Reduction Program's QualityNet Review and Corrections Process page.

[f] CMS posts hospital-level measure data on the data catalog on Data.cms.gov. More information on what is publicly reported for the HAC Reduction Program can be found in the HAC Reduction Program Frequently Asked Questions document on the QualityNet website.

[g] Hospitals can submit, review, and correct the CDC's NHSN HAI chart-abstracted or laboratory-identified data for four-and-a-half months after the end of the reporting quarter. Immediately after the submission deadline, CDC creates a data file for CMS to use for quality reporting and pay-for-performance. Hospitals can update data in the NHSN system after the submission deadline, but CMS does not receive or use data entered after that deadline.

Acronyms

CAUTI	Catheter-Associated Urinary Tract Infection
CDC	Centers for Disease Control and Prevention
CDI	*Clostridium difficile* Infection
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
CMS PSI 90	CMS Patient Safety and Adverse Events Composite
CY	calendar year
ECE	Extraordinary Circumstances Exception
FY	fiscal year
HAC	hospital-acquired condition
HAI	healthcare-associated infection
ICU	intensive care unit
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
LTCH PPS	Long-Term Care Hospital Prospective Payment System
MRSA	Methicillin-resistant *Staphylococcus aureus*
NHSN	National Healthcare Safety Network
Q	quarter
SSI	Colon and Abdominal Hysterectomy Surgical Site Infection

[h] Hospitals can apply for exceptions from HAI reporting for the CLABSI and CAUTI measures if they have no applicable CDC ward locations (that is, they have no ICU locations and no adult or pediatric medical, surgical, or medical/surgical wards). Hospitals can apply for an exception from HAI reporting for the SSI measure if they performed nine or fewer of any of the specified colon *and* abdominal hysterectomy procedures *combined* in the CY before the reporting year. Eligible hospitals must submit an IPPS Measure Exception Form for a given reporting year before the Q4 NHSN submission deadlines. To have the exception applied to HAC Reduction Program scoring, a hospital must receive the exception for the entire performance period. The form is available on the QualityNet HAC Reduction Program Measures page.

[i] All HAI Validation Template submission deadlines are estimated for CY 2024 (Q1 2024– Q4 2024) and are subject to change. The dates will be posted on the QualityNet Data Validation Resources page.