



Hospital-Acquired Condition (HAC) Reduction Program FY 2024 Matrix of Key Dates

August 2023

Table 1. Key program dates for the FY 2023 to FY 2025 program years

Program year	Performance period for CDC NHSN HAI measures ^a	Performance period for CMS PSI 90	Claims snapshot date ^e	Scoring Calculations Review and Correction period ^f	Payment reduction dates	Public reporting of program results on CMS-specified website (currently, data.cms.gov/provider-data) ^g
FY 2025	1/1/22 to 12/31/23	7/1/21 to 6/30/23	9/29/23	Q3 2024	10/1/24 to 9/30/25	Early 2025
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	Early 2024
FY 2023	1/1/21 to 12/31/21 ^c	N/A ^{c,d}	9/24/21	8/15/22 to 9/13/22	N/A ^d	January 2023

Table 2. Deadlines for CYs 2022 and 2023 CDC NHSN HAI quarterly data submission

Discharge quarter	Discharge dates	NHSN submission deadline ^h	Annual IPPS Measure Exception Form deadline ⁱ
Q4 2023	10/1/23 to 12/31/23	5/15/24	5/15/24
Q3 2023	7/1/23 to 9/30/23	2/15/24	5/15/24
Q2 2023	4/1/23 to 6/30/23	11/15/23	5/15/24
Q1 2023	1/1/23 to 3/31/23	8/15/23	5/15/24
Q4 2022	10/1/22 to 12/31/22	5/15/23	5/15/23
Q3 2022	7/1/22 to 9/30/22	2/15/23	5/15/23
Q2 2022	4/1/22 to 6/30/22	11/15/22	5/15/23
Q1 2022	1/1/22 to 3/31/22	8/15/22	5/15/23

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

^b CMS is automatically excluding 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](#) (87 FR 49130 - 49132). The FY 2024 HAI measures performance period is abbreviated to January 1, 2022, through December 31, 2022.

^c CMS is automatically excluding all claims data representing CY 2020 data from all program calculations for the HAC Reduction Program (quarter (Q)1 and Q2 2020 claims are excluded as a result of the nationwide ECE announced on [March 27, 2020](#); Q3 and Q4 2020 are excluded as finalized in the [FY 2022 IPPS/LTCH PPS final rule](#) [86 FR 45301–45307]). The FY 2024 CMS PSI 90 measure performance period is abbreviated to January 1, 2021, through June 30, 2022.

^d As finalized in the [FY 2023 IPPS/LTCH PPS final rule](#), CMS did not include the CMS PSI 90 measure result, measure scores, or Total HAC Score for any hospital in the FY 2023 HAC Reduction Program Hospital-Specific Report (HSR). No hospital was ranked in the worst-performing quartile or subjected to the 1-percent payment reduction. CMS collected, calculated, and confidentially reported hospitals' HAI and CMS PSI 90 results via measure specific HSRs and publicly reported those results on the Care Compare website to provide transparency to the public on important patient safety metrics during the public health emergency.

^e 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. This applies only to the CMS PSI 90 measure in the HAC Reduction Program.

^f CMS will notify hospitals of the exact dates of the 30-day Scoring Calculation Review and Correction period and post these dates on the [HAC Reduction Program QualityNet page](#).

^g More information on what is publicly reported for the HAC Reduction Program can be found in the [HAC Reduction Program Frequently Asked Questions](#).

^h Hospitals can submit, review, and correct the CDC 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.

ⁱ Hospitals can apply for exemptions 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 exemption 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 calendar year before the reporting year. Eligible hospitals must submit IPPS Measure Exception Forms for a given reporting year before the Q4 NHSN submission deadlines. To have the exemption applied to HAC Reduction Program scoring, a hospital must receive the exemption for the entire performance period. These forms are available on the [QualityNet HAI Resources page](#).

Acronyms

CAUTI	Catheter-associated urinary tract infection
CDC	Centers for Disease Control and Prevention
CDI	<i>Clostridium difficile</i> 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
FY	Fiscal year
HAC	Hospital-acquired condition
HAI	Healthcare-associated infection
ICU	Intensive care unit
IPPS	Inpatient Prospective Payment System
LTCH	Long-term care hospital
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i> bacteremia
NHSN	National Healthcare Safety Network
Q	Quarter
SSI	Surgical site infection