Hospital-Acquired Condition Reduction Program Fiscal Year 2026 Key Dates

Table 1. Key program dates for the FY 2025 to FY 2027 program years

Program year	Performance period for CDC's NHSN HAI measures[a]	Performance period for CMS PSI 90 measure	Claims snapshot date[b]	Scoring Calculations Review and Correction period[c]	Payment reduction dates	Public reporting of program results[e]	Data used for HAI validation
FY 2027	1/1/24 to 12/31/25	7/1/23 to 6/30/25	9/30/25 (estimated)	Q3 2026	10/1/26 to 9/30/27	Early 2027	CY 2024 (Q1 2024 to Q4 2024)
FY 2026	1/1/23 to 12/31/24	7/1/22 to 6/30/24	10/22/24	8/5/25 to 9/3/25	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	First: 8/5/24 to 9/3/24 Second: 10/7/24 to 11/6/24[d]	10/1/24 to 9/30/25	February 2025	CY 2022 (Q1 2022 to Q4 2022)

Table 2. Deadlines for CYs 2024 and 2025 HAI quarterly data submission

Discharge quarter	Discharge dates	NHSN submission deadline[f]	Annual IPPS Measure Exception Form deadline[g]	Estimated HAI Validation Template submission deadlines[h]
Q4 2025	10/1/25 to 12/31/25	5/18/26	5/18/26	Randomly selected hospitals: Q2 2026 Targeted hospitals: Q2 2026
Q3 2025	7/1/25 to 9/30/25	2/17/26	5/18/26	Randomly selected hospitals: Q1 2026 Targeted hospitals: Q2 2026
Q2 2025	4/1/25 to 6/30/25	11/17/25	5/18/26	Randomly selected hospitals: Q4 2025 Targeted hospitals: Q2 2026
Q1 2025	1/1/25 to 3/31/25	8/18/25	5/18/26	Randomly selected hospitals: Q3 2025 Targeted hospitals: Q1 2026
Q4 2024	10/1/24 to 12/31/24	5/15/25	5/15/25	Randomly selected hospitals: 5/15/25 Targeted hospitals: 6/9/25
Q3 2024	7/1/24 to 9/30/24	2/18/25	5/15/25	Randomly selected hospitals: 2/18/25 Targeted hospitals: 5/20/25
Q2 2024	4/1/24 to 6/30/24	11/18/24	5/15/25	Randomly selected hospitals: 11/18/24 Targeted hospitals: 4/17/25

Discharge quarter	Discharge dates	NHSN submission deadline[f]	Annual IPPS Measure Exception Form deadline[g]	Estimated HAI Validation Template submission deadlines[h]
Q1 2024	1/1/24 to 3/31/24	8/15/24	5/15/25	Randomly selected hospitals: 8/15/24 Targeted hospitals: 3/27/25

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

[b] 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 the annual snapshot. In the HAC Reduction Program, this applies only to CMS PSI 90.

[c] 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.

[d] In FY 2025, CMS identified an error in the standardized infection ratio calculations for the SSI measure that excluded eligible procedures from calculations of hospitals' SSI measure score. The second Scoring Calculations Review and Correction period allowed hospitals to review those corrected data elements directly affected by the calculation error.

[e] 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.

[f] 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.

[g] 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 deadline. To have the exception applied to HAC Reduction Program scoring, a hospital must receive the exception for the entire performance period. However, any data reported to CDC's NHSN for CLABSI, CAUTI, or SSI, will be submitted to CMS and used in applicable programs. The form is available on the QualityNet HAC Reduction Program Measures page.

[h] All HAI Validation Template submission deadlines are estimated for CY 2025 (Q1 2025–Q4 2025) and are subject to change. The dates will be posted on the QualityNet Data Validation Resources page.

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; **FY** = fiscal year; **HAC** = hospital-acquired condition; **HAI** = healthcare-associated infection; **ICU** = intensive care unit; **IPPS** = Inpatient Prospective Payment System; **IQR** = Inpatient Quality Reporting; **MRSA** = Methicillin-resistant *Staphylococcus aureus*; **NHSN** = National Healthcare Safety Network; **Q** = quarter; **SSI** = Colon and Abdominal Hysterectomy Surgical Site Infection.