



Hospital-Acquired Condition (HAC) Reduction Program

Table 1. Key program dates for FY 2022 to FY 2024

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 (available on PDC) ^g
FY 2024	1/1/22 to 12/31/22 ^b	1/1/21 to 6/30/22 ^c	Late September 2022	Mid-July 2023 to mid-August 2023	10/1/23 to 9/30/24	Early 2024
FY 2023	1/1/21 to 12/31/21^{c, d}	N/A^{c, d}	9/24/21	8/15/22 to 9/13/22	N/A^d	Early 2023
FY 2022	1/1/19 to 12/31/19 ^c	7/1/18 to 12/31/19 ^c	9/25/20	8/16/21 to 9/14/21	10/1/21 to 9/30/22	January 2022

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

^b As finalized in the [FY 2023 IPPS/LTCH PPS final rule](#), CMS is automatically excluding all HAI data for stays that occurred in CY 2021 from FY 2024 program calculations for the HAC Reduction Program.

^c As finalized in the [FY 2022 IPPS/LTCH PPS final rule](#) (86 FR 45301–45307), CMS is automatically excluding all HAI and claims data for stays that occurred in CY 2020 from all program calculations for the HAC Reduction Program.

^d As finalized in the [FY 2023 IPPS/LTCH PPS final rule](#), CMS is not including the CMS PSI 90 measure result, measure scores, or Total HAC Score for any hospital in the FY 2023 HSR. No hospital will be ranked in the worst-performing quartile or be subject to the 1-percent payment reduction. CMS will collect, calculate, and confidentially report hospitals' HAI and CMS PSI 90 results via measure specific HSRs, and publicly report those results on the Care Compare website to provide transparency to the public on important infection and patient safety metrics during the PHE.

^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 Scoring Calculations 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](#).

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; **HSR** = Hospital Specific Report; **IPPS** = Inpatient Prospective Payment System; **MRSA** = Methicillin-resistant Staphylococcus aureus bacteremia; **NHSN** = National Healthcare Safety Network; **PDC** = Provider Data Catalog; **PHE** = Public Health Emergency; **Q** = Quarter; **SSI** = Surgical Site Infection.

Table 2. Deadlines for CYs 2021 and 2022 CDC NHSN HAI quarterly data submission^{a, b}

Discharge quarter ^a	Discharge dates	NHSN submission deadline ^c	Annual IPPS Measure Exception Form deadline ^d
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
Q4 2021	10/1/21 to 12/31/21	5/16/22	5/16/22
Q3 2021	7/1/21 to 9/30/21	2/15/22	5/16/22
Q2 2021	4/1/21 to 6/30/21	11/15/21	5/16/22
Q1 2021	1/1/21 to 3/31/21	8/16/21	5/16/22

^a As finalized in the [FY 2022 IPPS/LTCH PPS final rule](#) (86 FR 45301–45307), CMS is automatically excluding all HAI and claims data for stays that occurred in CY 2020 from all program calculations for the HAC Reduction Program.

^b As finalized in the [FY 2023 IPPS/LTCH PPS final rule](#), CMS is automatically excluding all HAI data for stays that occurred in CY 2021 from FY 2024 program calculations for the HAC Reduction Program.

^c 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.

^d 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 deadline. 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](#).