Hospital-Acquired Condition Reduction Program Fiscal Year 2027 Key Dates

Table 1. Key program dates for the FY 2026 to FY 2028 program years

Program year	Performance period for CDC's NHSN HAI measures[a]	Performance period for CMS PSI 90 measure	Snapshot date[b]	Scoring Calculations Review and Correction period[c]	Payment reduction dates	Public reporting of program results[d]	Data used for HAI validation
FY 2028[e]	1/1/25 to 12/31/26	7/1/24 to 6/30/26	October 2026	Q3 2027	10/1/27 to 9/30/28	Early 2028	CY 2025 (Q1 2025 to Q4 2025)
FY 2027	1/1/24 to 12/31/25	7/1/23 to 6/30/25	10/31/25	9/10/26 to 10/9/26	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	February 2026	CY 2023 (Q1 2023 to Q4 2023)

Table 2. Deadlines for CYs 2025 and 2026 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 2026	10/1/26 to 12/31/26	5/17/27	5/17/27	Randomly selected hospitals: Q2 2027 Targeted hospitals: Q2 2027
Q3 2026	7/1/26 to 9/30/26	2/16/27	5/17/27	Randomly selected hospitals: Q1 2027 Targeted hospitals: Q2 2027
Q2 2026	4/1/26 to 6/30/26	11/16/26	5/17/27	Randomly selected hospitals: Q4 2026 Targeted hospitals: Q2 2027
Q1 2026	1/1/26 to 3/31/26	8/17/26	5/17/27	Randomly selected hospitals: Q3 2026 Targeted hospitals: Q1 2027
Q4 2025	10/1/25 to 12/31/25	5/18/26	5/18/26	Randomly selected hospitals: 5/15/26 Targeted hospitals: 6/3/26
Q3 2025	7/1/25 to 9/30/25	2/17/26	5/18/26	Randomly selected hospitals: 2/17/26 Targeted hospitals: 5/20/26
Q2 2025	4/1/25 to 6/30/25	11/17/25	5/18/26	Randomly selected hospitals: 11/17/25 Targeted hospitals: 4/20/26
Q1 2025	1/1/25 to 3/31/25	8/18/25	5/18/26	Randomly selected hospitals: 8/15/25 Targeted hospitals: 3/30/26

[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 data to calculate measure results for quality reporting programs. In the HAC Reduction Program, the CMS PSI 90 calculations do not reflect claims and corrections processed after the annual snapshot.

[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] 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.

[e] Since 2016, CDC has used CY 2015 data as the baseline to calculate the SIR for its HAI measures. As part of routine measure maintenance, CDC is updating the baseline to CY 2022 data (FY 2026 IPPS/LTCH PPS final rule [pages 36963–36965]), which will affect the HAC Reduction Program beginning in FY 2028.

[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 2026 (Q1 2026–Q4 2026) 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; **SIR =** standardized infection ratio; **SSI** = Colon and Abdominal Hysterectomy Surgical Site Infection.