

Understanding Calendar Years & Fiscal Years for CMS' Inpatient Quality Reporting Program



Centers for Medicare and Medicaid Services (CMS) uses quality data reported by hospitals from a previous calendar year to make payment decisions for a future year.



Past Year = **Calendar Year (CY)**
(Sometimes called a reporting year)

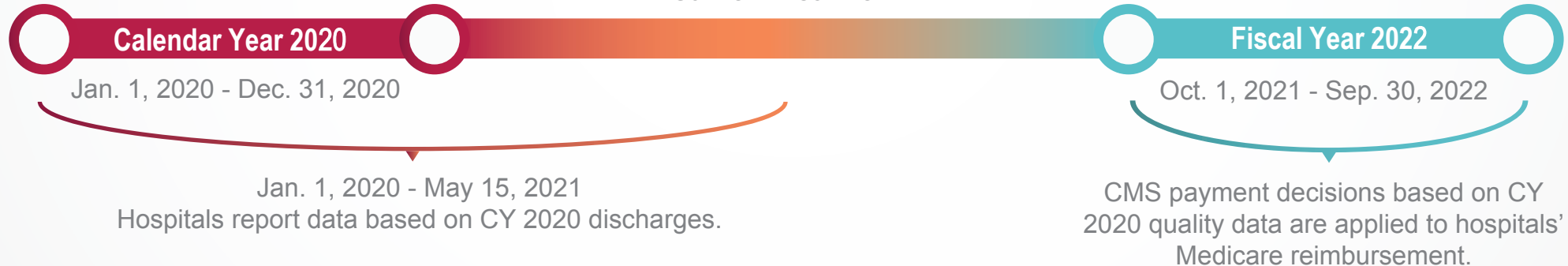
Future Year = **Fiscal Year (FY)**
(Sometimes called a payment year)



Every **Calendar Year** is permanently connected to a specific **Fiscal Year** (e.g., CY 2020 reporting is permanently connected to FY 2022 payment).



- CMS reviews data reported for CY 2020 discharges
- CMS makes preliminary FY 2022 annual payment update decisions
- CMS offers reconsideration opportunities to hospitals
- CMS makes final FY 2022 annual payment update decisions



Exceptions

- **Validation:** Quarters used in the CMS validation process are not usually from a single calendar year. For example, FY 2020 payment decisions are made using data from third quarter 2019 through second quarter 2020.
- **HCP:** Influenza Vaccination Coverage Among Healthcare Personnel data extend into previous calendar years. For example, FY 2020 payment decisions are made using data from the 2019-2020 flu season.
- **CBMs:** Data used for claims-based measures are not usually from a single calendar year.

Tips

- Calendar Year + 2 Years = Fiscal Year (e.g., CY 2020 + 2 = FY 2022)
- Someone who says, "Fiscal Year 2020," is using a kind of verbal shorthand. He/she is actually referring to both CY 2020 reporting requirements and FY 2022 payment determination.