_Understanding

Calendar Years & Fiscal Years

CMS Hospital Inpatient Quality Reporting Program



The Centers for Medicare & 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 connected to a specific **Fiscal Year** (e.g., CY 2022 reporting is connected to FY 2024 payment).



- CMS reviews data reported for CY 2022 discharges
- CMS makes preliminary FY 2024 annual payment update decisions; CMS offers reconsideration opportunities to hospitals
- CMS makes final FY 2024 annual payment update decisions



Feb. 2023 - July 2023

Calendar Year 2022

Jan. 1, 2022 - Dec. 31, 2022

Fiscal Year 2024

Oct. 1, 2023 - Sep. 30, 2024

Jan. 1, 2022 - May 15, 2023 Hospitals report data based on CY 2022 discharges. CMS payment decisions based on CY 2022 quality data are applied to hospitals' Medicare reimbursement.

<u>Data Validation</u>: Beginning with FY 2024 payment determination hospitals selected for validation will submit a full CY of data from 1Q 2021 - 4Q 2021 for chart-abstracted, eCQMs, and HAI measures.

HCP: Influenza Vaccination Coverage Among Healthcare Personnel data extend into previous CYs (e.g., FY 2024 payment decisions are made using data from the 2021-2022 flu season.

CBMs: Data used for claims-based measures are not usually from a single calendar year.

<u>Tips</u>

Calendar Year + 2 Years = Fiscal Year (e.g., CY 2022+ 2 = FY 2024)

"Fiscal Year 2024" is a kind of shorthand. "Fiscal Year 2024" refers to both CY 2022 reporting requirements and FY 2024 payment determination.