

## Understanding

# Calendar Years & Fiscal Years

## CMS 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)

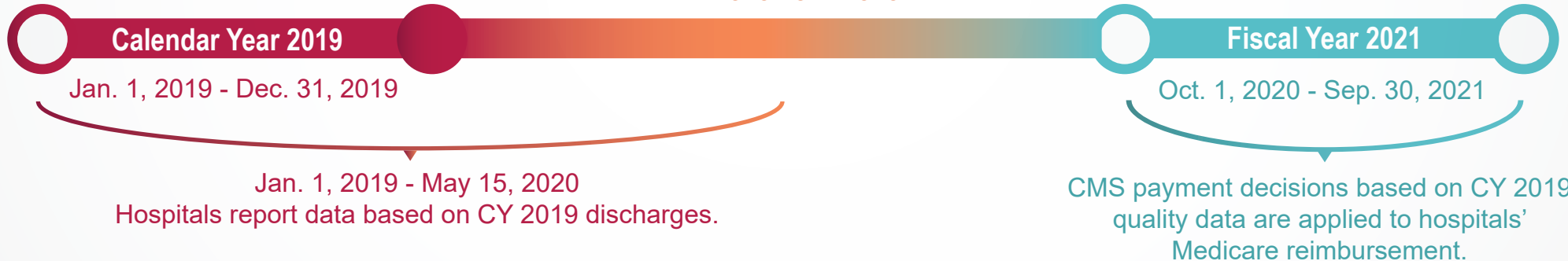
Future Year = **Fiscal Year (FY)**  
(Sometimes called a payment year)



Every **Calendar Year** is connected to a specific **Fiscal Year**, e.g., CY 2019 reporting is connected to FY 2021 payment (Calendar Year + 2 Years = Fiscal Year).\*



- CMS reviews data reported for CY 2019 discharges
- CMS makes preliminary FY 2021 annual payment update decisions
- CMS offers reconsideration opportunities to hospitals
- CMS makes final FY 2021 annual payment update decisions



### Exceptions \*

- **Chart-Abstracted Data Validation:** Quarters used in the CMS chart-abstracted validation process are not usually from a single calendar year. For example, FY 2021 payment decisions are made using data from third quarter 2018 through second quarter 2019.
- **eCQM Data Validation:** Quarters used in the CMS electronic clinical quality measure (eCQM) data validation process are from a single calendar year. For the FY 2022 payment determination, one quarter of eCQM data from CY 2019 (1Q 2019, 2Q 2019, 3Q 2019 or 4Q 2019) will be validated for selected hospitals.
- **HCP:** Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure data extend into previous calendar years. For example, FY 2021 payment decisions are made using data from the 2018-2019 flu season.
- **CBMs:** Data used for claims-based measures (CBMs) are not usually from a single calendar year.