

# Understanding Calendar Years & Fiscal Years

## 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.

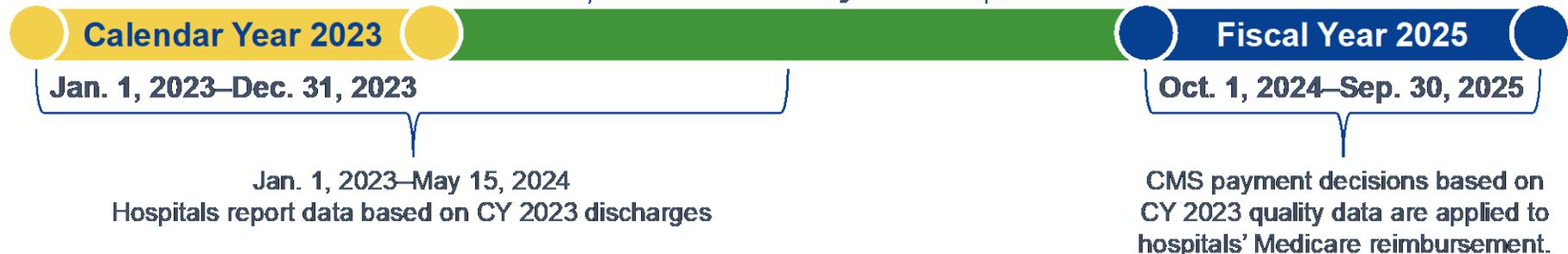
**Past Year = Calendar Year (CY)**  
(Sometimes called a reporting year)

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

Every **Calendar Year** is connected to a specific **Fiscal Year** (e.g., CY 2023 reporting is connected to FY 2025 payment).



- CMS reviews data reported for CY 2023 discharges.
- CMS makes preliminary FY 2025 annual payment update decisions; CMS offers reconsideration opportunities to hospitals.
- CMS makes final FY 2025 annual payment update decisions.



**Data Validation:** Hospitals selected for validation will submit a full CY of data from 1Q 2022–4Q 2022 for chart-abstracted, eCQMs, and HAI measures.

**HCP:** Influenza Vaccination Coverage Among Healthcare Personnel data extend into previous CYs (e.g., FY 2025 payment decisions are made using data from the 2022–2023 flu season).

**Claims Based Measures:** Data used for claims-based measures are not usually from a single calendar year.

### Tips

- Calendar Year + 2 Years = Fiscal Year (e.g., CY 2023 + 2 = FY 2025)
- “Fiscal Year 2025” is a kind of shorthand.
- “Fiscal Year 2025” refers to both CY 2023 reporting requirements and FY 2025 payment determination.