

# **Hospital Quality Reporting**

## **Frequently Asked Questions: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure**

**January 2025**

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## DENOMINATOR AND NUMERATOR

- 1. For the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure, are the numerator and denominator the same for all the CMS quality reporting programs?**

Yes, the measure numerator and denominator are the same for all programs.

- 2. For the COVID-19 Vaccination Coverage Among HCP measure, are religious reasons and medical conditions, such as a permanent neurological issue or a medical exemption for the influenza vaccination, considered exclusions?**

The latest information on medical contraindications may be found in [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#).

For National Healthcare Safety Network (NHSN) COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine that are not listed as a medical contraindication in the [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#) are not considered medical contraindications for COVID-19 vaccination and should be reported under question 3.2, offered but declined COVID-19 vaccine.

- 3. Our legal department is asking why religious exemptions are not accepted and why these employees are not removed from the denominator, when there is a Federal law regarding religious exemptions.**

For NHSN COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine not listed in the [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#) are not considered medical contraindications for COVID-19 vaccination. Therefore, an individual who declines to receive vaccination for any reason other than the medical contraindications listed in [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#) should be categorized as “offered but declined COVID-19 vaccination” for question 3.2. This is true even if your facility permits religious or philosophical exemptions for COVID-19 vaccination.

- 4. For employees that have a religious exemption for the vaccine, will hospitals be penalized since you would enter it as being declined?**

Facilities should report COVID-19 vaccination summary data through NHSN per CDC guidance. Facilities that enter complete data for each reporting quarter by the CMS deadlines will not be subject to penalties, including for rates of declination, since the CMS quality reporting programs currently using COVID-19 Vaccination Coverage Among HCP are pay-for-reporting programs. Any data reported will be posted publicly on the [Compare tool on Medicare.gov](#).

- 5. Did you indicate you only include healthcare personnel who have completed the primary series of vaccination? Does the definition of “completed” also include the booster?**

Through rule making, CMS replaced the term “complete vaccination course” with the term “Up to Date.” More information on reporting Up to Date vaccination status is found here: [Understanding Key Terms and Up to date Vaccination](#).

**6. What happens if the definition of “Up to Date” vaccination changes?**

NHSN will update instructions on data collection as necessary to reflect any changes in definitions and/or CDC guidelines. For example, the following document is revised each quarter with the current definition for Up to Date COVID-19 vaccination: [Understanding Key Terms and Up to date Vaccination](#).

**HEALTHCARE PERSONNEL (HCP) CATEGORIES**

**7. Which HCP are included in the COVID-19 vaccination data?**

HCP are defined as those who were eligible to have worked at the healthcare facility for at least one day during the week of data collection, regardless of clinical responsibility or patient contact. Specifically, this is defined by the CDC as individuals who are scheduled to work in the facility on a regular (weekly) basis.

If they are eligible to physically work at the facility at least one day during the reporting week, then they are included. If an individual does not physically perform any work in the facility, then they would not be included in the data. As such, if a healthcare worker only works off-site, then they would not be included in the data. For more information, please review the CDC’s [Instructions for Completion of the Weekly HCP COVID-19 Vaccination Cumulative Summary \(57.219, Rev 10\)](#).

**8. With the understanding that students must be included, student facilities in Texas tell us that we are not able to ask students about their COVID-19 vaccine status. Is there a place to note this in the reporting? Do organizations have leniency regarding inclusion of students and non-employees? What guidance can be provided to report student information when they are not employees of hospitals?**

Students aged 18 and older are included and required to be reported. The facility categories are described in the table of instruction in the CDC’s [Instructions for Completion of the Weekly HCP COVID-19 Vaccination Cumulative Summary \(57.219, Rev 10\)](#). If a facility is unable to determine vaccination status, please report these individuals in question 3.3 under Unknown/other COVID-19 Vaccination Status.

**9. For students, is it one day a week for the semester, or one day during the self-selected week?**

HCP are defined as those who were eligible to have worked at this healthcare facility for at least one day during the week of data collection, regardless of clinical responsibility or patient contact. This is defined by the CDC as individuals who are scheduled to work in the facility on a regular (weekly) basis. Therefore, you would include students who are scheduled to work in the facility at least one day each week.

**10. I work at a major teaching hospital with residents coming and going constantly. It’s difficult to obtain their retrospective information. If a resident is captured as not fully**



**vaccinated in one reporting week, he/she may not be at the facility for the next reporting period and will not be counted. This would underrepresent our vaccination rate. How do we capture these residents?**

HCP are defined as those who were eligible to have worked at the healthcare facility for at least one day during the week of data collection, regardless of clinical responsibility or patient contact. This is defined by the CDC as individuals who are scheduled to work in the facility on a regular (weekly) basis. Therefore, you would only include residents who are scheduled to work in the facility at least one day each week.

**11. Are these data cumulative? If a healthcare worker is terminated or chooses to leave, do they come off? For example, what if there is an employee who is terminated for not getting vaccinated?**

Yes, the data are cumulative. Include healthcare personnel who were eligible to have worked at this healthcare facility for at least one day during the week of data collection, regardless of clinical responsibility or patient contact. For example, if an individual worked at the facility from Monday through Thursday but was terminated on Friday of the current reporting week, you would still include the individual in the data for the current reporting week. However, you would remove the individual from your data for subsequent reporting weeks.

**12. Is there any guidance on who qualifies as “HCP” versus “Non-HCP”? For example, if there is a clinical department that has administrative or clerical staff who do not provide direct patient care (but work in the clinical space), are these staff considered HCP due to their department or if they directly care for patients?**

HCP are included regardless of clinical responsibility or patient contact. Refer to the CDC’s [Instructions for Completion of the Weekly HCP COVID-19 Vaccination Cumulative Summary \(57.219, Rev 10\)](#) for further guidance.

**13. For states that legally cannot require the vaccine or ask for proof of vaccination, how can we collect these data?**

If a facility is unable to determine vaccination status, report these individuals in question 3.3 under Unknown/other COVID-19 Vaccination Status. Facilities that enter complete data for each reporting quarter by the CMS deadlines will not be subject to penalties, including for rates of declination (that include religious or other exemptions) claimed by HCP.

**14. Our facility reports for the Hospital IQR, Hospital Outpatient Quality Reporting (OQR), and IPFQR Programs. Do we remove HCP from the IQR reporting to report separately for the IPFQR Program, or can we use an all-inclusive facility total for all programs? For example, for an inpatient psych unit within our hospital, how do we isolate HCPs only in the IPF, such as dietary and housekeeping? If a facility has distinct areas (IPF/Inpatient Rehabilitation Facility (IRF)/Inpatient/Outpatient), are the rates reported specific to each area?**

If the IRF or IPF unit’s CMS Certification Number (CCN) is 100 percent identical to the CCN of its acute care or critical access facility, then separate healthcare personnel COVID-19 vaccination summary data reporting is not required by CMS.

Therefore, counts of healthcare personnel working in the IRF or IPF unit can be included in the total counts for the acute care or critical access facility.

However, IRF or IPF units with CCNs that are different from the acute care or critical access facility CCN by even one letter or number—for example, having a “T” or “R” in the third position—must either be mapped as locations of the parent facility or enrolled as a separate NHSN facility, and their data must be reported separately. Also, if an individual works in both the IPF unit and the acute care facility, then the individual will be counted in the reports for both the IPF unit and acute care facility. However, if an individual only works in the IPF unit, the individual should only be included in the report for the IPF unit.

**15. If we have two facilities with medical staff working at both, should we include the physician data in both facility submissions? Would we only include them in the facility where they primarily work?**

These reports describe vaccination rates among individuals working at a specific facility, so all eligible individuals must be counted at each facility where they work during the week of data collection. Refer to question 14 for additional guidance for reporting on multiple types of facilities.

**16. Are Critical Access Hospitals (CAHs) required to submit the COVID-19 Vaccination Coverage Among HCP measure? If a CAH has an IPF unit, are they required to report?**

Under the Hospital IQR and OQR Programs, CAHs are strongly encouraged, but are not required, to report on the COVID-19 Vaccination Coverage Among HCP measure. Any data voluntarily submitted by CAHs will be publicly reported on the Compare tool.

All inpatient psychiatric facilities that are eligible to participate in the IPFQR Program are required to submit data for the measure. An IPF unit that is part of a CAH and has the letter “M” in the third position of the CMS Certification Number (CCN) will be required to submit the HCP COVID-19 Vaccination measure data. The finalization of this requirement can be found at [86 FR 42640](#).

**17. Will the COVID-19 Vaccination Coverage Among HCP measure be required and reported for the Hospital OQR Program and Ambulatory Surgical Center Quality Reporting (ASCQR) Program?**

CMS has finalized this measure for both the Hospital OQR Program and ASCQR Program. Per the FY 2022 IPPS/LTCH PPS final rule, hospitals should count HCP working in all inpatient or outpatient units that are physically attached to the inpatient site and share the same CCN. Only one file will be sent from NHSN to CMS that will encompass both the Hospital IQR Program and Hospital OQR Program. A separate file will be sent from NHSN to CMS for the ASCs.

**18. Is the COVID-19 Vaccination Among HCP measure required for the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)?**

Yes, the IRF QRP adopted the COVID-19 Vaccination Coverage Among HCP measure, and the measure numerator and denominator are the same across multiple settings. For more information, please see the [FY 2022 IRF PPS Final Rule](#).

**19. If an acute care hospital has swing beds interspersed in the acute care hospital, will there be a skilled nursing facility (SNF) or swing bed option for reporting, so the acute**

**care hospital meets the requirement for SNF Quality Reporting Program (QRP) reporting?**

There is not an option in NHSN to collect separate data for swing beds within an acute care facility. Skilled nursing facilities report COVID-19 vaccination summary data through the Long-Term Care Facility Component of NHSN.

**REPORTING REQUIREMENTS**

**20. What is the penalty for not reporting the COVID-19 Vaccination Coverage Among HCP measure?**

As the measure is required for the quality reporting programs, facilities that do not report this measure are at risk for having their annual payment update (APU) reduced.

<b>Quality Reporting Program</b>	<b>APU Reduction</b>
Hospital IQR Program	¼ percent
Hospital OQR Program	2.0 percent
IPFQR Program	2.0 percent
ASCQR Program	2.0 percent
PCHQR Program	No reduction

**21. How long will weekly reporting continue?**

For CMS, the requirement to report at least one week per month of the COVID-19 Vaccination Among HCP measure will continue until further notice. Any substantive changes to the measure or reporting requirements would be proposed in future rule making.

**22. Is it a federal requirement to report the COVID-19 Vaccination Coverage Among HCP measure data via NHSN to pass the reporting of the measure?**

Yes, through rulemaking, CMS finalized that hospitals, IPFs, ASCs, and other facility types would collect the numerator and denominator for the COVID-19 Vaccination Coverage Among HCP measure for at least one self-selected week during each month of the reporting quarter and submit the data to the NHSN Healthcare Personnel Safety (HPS) Component by the CMS quarterly deadline to meet quality reporting program requirements.

**23. Is there an expected threshold for vaccination rates? Is so, what are the repercussions if a facility fails to meet the threshold?**

CMS finalized only the reporting of the COVID-19 Vaccination Coverage Among HCP measure. No thresholds or benchmarks were established. Facilities will not be penalized for their quarterly rates.

**24. Will CMS be validating the COVID-19 Vaccination Coverage Among HCP measure?**

The COVID-19 Vaccination Coverage Among HCP measure is not currently included in the validation process, but CMS may consider inclusion in the future. Any substantive changes to validation requirements would be proposed in future rule making.

## DATA SUBMISSION

### **25. What is the deadline for submission? Are we required to report one week a month?**

The submission of the COVID-19 Vaccination Coverage Among HCP measure follows the same submission deadline as the other clinical measures, such as the Sepsis (SEP)-1 and Healthcare-Associated Infection (HAI) measures. The submission deadlines can be found on QualityNet:

- Hospital IQR Program: [Important Dates and Deadlines](#)
- Hospital OQR Program: [Data Submission Deadlines](#)
- ASCQR Program: [Reporting Dates](#)
- IPFQR Program: [IPFQR Program Measures](#)
- PCHQR Program: [PCHQR Program Data Submission Deadlines](#)

### **26. Do we submit one week per month?**

Yes, a facility will need to submit data for at least one week per month.

### **27. Is reporting in NHSN voluntary? Is monthly reporting required or encouraged? Most facilities report on a weekly basis at a minimum. Can they report monthly?**

CMS established requirements for hospitals and other facility types to collect the numerator and denominator for the COVID-19 Vaccination Coverage Among HCP measure for at least one self-selected week during each month of the reporting quarter and submit the data through the NHSN HPS Component before the CMS quarterly deadline to meet quality reporting program requirements. Facilities are required to report data on at least one week per month. Please note that skilled nursing facilities report COVID-19 vaccination summary data through the Long-Term Care Facility Component of NHSN.

### **28. Are the quarters CY quarters or federal FY quarters?**

The reporting is done by CY quarters. Refer to question 25 for the different program reporting quarters and submission deadlines. Refer to question 48 for guidance on how to report split-weeks.

### **29. How can facilities submit COVID-19 vaccination data through NHSN?**

As of September 11, 2023, facilities that report COVID-19 vaccination data in the Healthcare Personnel Safety (HPS) component will also be able to report data to the main weekly HCP Vaccination module using the Person-Level COVID-19 Vaccination Form. The following hyperlinked document outlines how COVID-19 vaccination data can be entered into the Healthcare Personnel Safety Component: [Quick Reference Guide How to Enter Weekly COVID-19 Vaccination Data in HPS Component April 2024](#). Information on the Person-Level Vaccination Form can be found by accessing the [Person-Level Form Overview \(cdc.gov\)](#).

If facilities do not choose to use the Person-level COVID-19 Vaccination Forms, they can continue to submit data through the following ways:

1. Directly into the data entry screens of the COVID-19 Vaccination Modules
2. Through .CSV file upload into the Weekly COVID-19 Vaccination Modules

### **CMS REPORTING**

#### **30. Is there a concern regarding the usefulness of the data being reported so long after collection?**

While the HCP COVID-19 vaccination data publicly reported on the CMS Care Compare website will not necessarily reflect “real-time” data, we believe the facility-specific information will still be helpful for patients, consumers, and their families and caregivers as they choose their healthcare providers.

#### **31. Even though the requirement for COVID-19 Vaccination Coverage Among HCP measure reporting is only one week per month, is it your recommendation to do more than one week per month?**

Only one week per month is required for the CMS measure; however, CMS and the CDC strongly encourage weekly reporting for epidemiologic surveillance purposes.

#### **32. Is it best to submit data as close to real time as possible?**

Yes, it is best to submit as close to real time as possible.

#### **33. If a hospital reports data for more than one week each month or continuously submits weekly data throughout the reporting period, what weeks will be used to calculate the quarterly rate?**

If a hospital reports more than one week of data for a month, the CDC will use the most recent week of data to calculate the quarterly rate. For example, if a hospital reports every week, in every month in each quarter, the CDC will use the last week of each month to calculate the quarterly rate. Refer to question 48 for guidance on how to report split-weeks.

#### **34. Why would you use an average when the intent is to improve the rate? Why not take the maximum at the end of the quarter, as that information is important for consumers? An average can give the wrong message to consumers.**

The average will give an estimation of COVID-19 vaccination coverage for a given time-period (in this case, the reporting quarter). However, facilities are encouraged to report HCP COVID-19 vaccination summary counts on a weekly basis so the data can be used to inform COVID-19 vaccination activities at the facility.

#### **35. Is quarterly reporting still required?**

Yes, the CDC calculates a single quarterly HCP COVID-19 vaccination coverage rate for each facility and sends that information to CMS. The CDC will calculate the rate by taking the average of the data from the three weekly rates submitted by the facility for that quarter.

#### **36. Will CMS pull data out of NHSN or will facilities enter denominator and numerator data manually into the *Hospital Quality Reporting (HQR) Secure Portal*?**

Facilities should report their COVID-19 Vaccination Coverage Among HCP measure data in NHSN, not the HQR Secure Portal. The CDC transmits data that have been entered into NHSN to CMS periodically during the submission period and immediately following each CMS quarterly submission deadline.

### **CALENDAR WEEK, MONTHLY REPORTING PLAN, AND REPORTING**

**37. The weekly reporting form looks exactly like the form I use for our Long-Term Care Facility. Is there a difference between the two?**

Currently, there is only one form for reporting healthcare personnel COVID-19 vaccination data.

**38. If we are reporting monthly as required, can the alerts page be updated so there are no missing data for those who are not reporting weekly?**

Facilities can simply ignore the alerts that do not apply to them.

**39. Are the weekly reports cumulative or is it that week only?**

Facilities report cumulative COVID-19 vaccination data each week. Cumulative vaccination data are the total number of individuals in the facility who are Up to Date with COVID-19 vaccines.

For example:

Week 1: 10 healthcare personnel received COVID-19 vaccination.

Week 2: 5 additional healthcare personnel received COVID-19 vaccination.

The facility should report that 15 healthcare personnel received COVID-19 vaccination, at the facility, by the end of week two.

**40. What option should I choose for an inpatient hospital setting for the weekly COVID-19 Vaccination module?**

You would select COVID-19 Vaccination Summary for the hospital under the Weekly COVID-19 Vaccination Module. The Weekly COVID-19 Vaccination Module is located within the Healthcare Personnel Safety Component of NHSN. The following document outlines how COVID-19 vaccination data can be entered into the Healthcare Personnel Safety Component: [Quick Reference Guide How to Enter Weekly COVID-19 Vaccination Data in HPS Component April 2024](#).

**41. Why does the CDC recommend submitting weekly data if they are only going to use the most recent week submitted/reported?**

Facilities are encouraged to report HCP COVID-19 vaccination summary counts on a weekly basis so data can be used to inform COVID-19 vaccination activities at the facility and to monitor national trends for public health surveillance purposes.

**42. If the month ends on a Sunday, if we choose the final week of that month and update NHSN the next month, does that meet the standard? For example, December 2023 ends on a Sunday, if we choose the final week of December (December 25 through December 31) and update NHSN in January would that count for December or January? What if**

**the week begins in one month and ends in another? Are we able to go back into NHSN to edit the data later on, before the submission deadline?**

For your example, as December ends on a Sunday, and the CDC surveillance weeks also end on Sundays, the week of December 25 through December 31 would count for December reporting. For NHSN, a week is designated as belonging to the month of the week-end date. If the week-starting date was in February (for example, Monday, February 26, 2024, and the week-ending date was in March (for example, Sunday, March 3, 2024) , the week would count towards March reporting. For each quarter, unless there is at least one week of data that ends in each month of the quarter, NHSN will not send a hospital's data to CMS. For example, for quarter 4 reporting, there must be at least one week of data that ends in October, one week of data that ends in November, and one week of data that ends in December.

Data can be modified in NHSN at any time. However, data that are modified in NHSN after the CMS submission deadline are not sent to CMS and will not be used in CMS programs.

### **CMS REPORTS AND PUBLIC REPORTING**

**43. Will there be a separate report, for each of the programs, in the *HQR Secure Portal* to run to see if the data sent match the NHSN report?**

Yes, there will be separate reports for each of the different quality reporting programs in the *HQR Secure Portal*. The *HQR Secure Portal* feedback reports are not updated in real time. The CDC transmits data that have been entered into NHSN to CMS periodically during the submission period and immediately following the quarterly submission deadline.

**44. Are the COVID-19 vaccination metrics publicly reported?**

Yes, public reporting of facilities' COVID-19 HCP vaccination rates are through the Care Compare tool available at Medicare.gov. Only the most recent quarter of data is used for each quarterly refresh of the Care Compare tool; it will not display four rolling quarters of data.

### **NHSN ENROLLMENT**

**45. For those new to NHSN, what is the enrollment process?**

For guidance related to the enrollment process in NHSN, refer to the [New to NHSN? Enroll Facility Here](#) web page.

**46. For those hospitals that have multiple sites or campuses with the same CCN but unique NHSN accounts, how should they submit data to NHSN?**

If the facilities are physically separate buildings from each other, whether on the same property or over multiple campuses, then they should be enrolled separately in NHSN. Each facility should have its own, unique NHSN OrgID. When a CCN is shared across multiple facilities, the CDC will aggregate the data from all applicable NHSN OrgIDs and will send to CMS under the single CCN for CMS reporting purposes. Each distinct OrgID should monitor and report COVID-19 vaccination separately, for the purposes of accurate tracking, public health surveillance, and analysis. Please read more on the [How Facilities Report \[PDF – 250 KB\]](#).

**47. If you have multi-campus hospitals, can you do group submissions?**

Groups can upload the COVID-19 Vaccination Coverage Among HCP measure data via a .CSV file upload. Instructions and file templates can be found on the CDC website: [HPS | Weekly HCP COVID-19 Vaccination | NHSN | CDC](#) under the “CSV Data Import” heading.

A Group is a collection of facilities that have joined together within the NHSN framework to share some or all of their data at a single (Group) level for a mutual purpose (e.g., performance improvement, state and/or public reporting).

**48. Will there be any specific training for healthcare systems reporting for multiple hospitals through the Group reporting option?**

Groups can upload the COVID-19 Vaccination Coverage Among HCP measure data via a .CSV file upload. Instructions and file templates can be found on the CDC website: [HPS | Weekly HCP COVID-19 Vaccination | NHSN | CDC](#) under the “CSV Data Import” heading.

**NHSN DATA ENTRY**

**49. What is your recommendation for obtaining the information for question 3.1 (medical contraindication to COVID-19 vaccine), as HCP may not provide that information?**

If a facility is not able to obtain information on a healthcare worker’s vaccination status, he/she should be counted in question 3.3 under Unknown/other COVID-19 Vaccination Status. If there are not any HCP reporting medical contraindications, the facility can enter a zero (0) in the NHSN application for this question (question 3.1)

**50. Please explain the difference between CMS mandatory reporting versus the CDC surveillance data, as the NHSN module has marked nearly all fields as mandatory (red \*). Is it possible to only report what is required for CMS and not participate in CDC surveillance?**

At this time, facilities must complete all required fields on the data collection form (indicated by an asterisk) to save the data in the NHSN application. Therefore, facilities will need to report data for CDC surveillance purposes.

**51. What if you do not have statistics on HCP who have not received the vaccine? How does that affect reporting?**

If you are unable to confirm vaccination status, please report these individuals in question 3.3 under Unknown/other COVID-19 Vaccination Status.

**52. Will there be a CMS report in NHSN that will reflect what is sent to CMS for the COVID-19 Vaccination Coverage Among HCP measure?**

Facilities can generate data reports using the NHSN analysis and reporting functions. It is recommended to allow ample time before the submission deadline to review and, if necessary, correct your HCP vaccination data. Data that are modified in NHSN after the CMS submission deadline are not sent to CMS and will not be used for payment determination and will not be publicly reported.



**53. If the COVID-19 vaccine data are reported to a state agency, such as the New York State Health Commerce System, are the data shared with NHSN automatically for inclusion into the CMS data?**

Facilities should report data through NHSN for data to be shared with CMS. Refer to the [Group Users | NHSN | CDC web page for information on establishing groups in NHSN.](#)

### **HEALTH AND HUMAN SERVICES (HHS) TELETRACKING**

**54. We are currently reporting these data into the HHS Corvena TeleTracking. Is this dual reporting required?**

The reporting of COVID-19 vaccination data for healthcare personnel into HHS TeleTracking is optional, but the reporting of these data for at least one week per month into NHSN was required as of October 2021. Therefore, we recommend that you only enter these data into NHSN going forward.

*As of this date, information contained in this document is consistent with Hospital Reporting Program policies finalized through the respective Final Rules and is current at the time of publication. In the event of any conflict between the information provided in this document and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. As the situation evolves, additional changes and updates may be required.*

**NOTE:** *The COVID-19 Vaccination Coverage Among Healthcare Personnel measure has been proposed for removal in the fiscal year (FY) 2026 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System proposed rule beginning with the calendar year (CY) 2024 Reporting Period/FY 2026 Payment Determination.*