

Rule Name	Description	Expected Proposed Rule	Final Rule Deadline
Inpatient Prospective Payment System (PPS)	IPPS sets payments for hospital inpatient (i.e. admitted overnight) stays under Medicare Part A. Examples include surgeries and post-surgical rehabilitation. This rule includes payment rates for long term acute care hospitals, critical access hospitals, and rural emergency hospitals. Payments are tied to the average resources used to treat Medicare patients.	April or early May	August 1 to be effective by October 1
Hospital Outpatient PPS (OPPS)	OPPS reimburses hospitals for outpatient services under Medicare Part B. Examples of outpatient services are X-rays, imagine procedures, cancer treatments, or minor surgeries. This rule includes payment rates for ambulatory surgical centers, and usually includes hospital price transparency provisions.	July or early August	November 1 to be effective by January 1
Physician Fee Schedule (PFS)	The PFS updates payment policies, rates, and other provisions for professional services under Medicare Part B. Reimbursements are based on physician work, practice expense, professional liability insurance, and geographical factors. This rule includes payment for physician administered drugs and outpatient physical therapy and usually includes payment for the Clinical Laboratory Fee Schedule (CLFS), Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs), and the Ambulance Fee Schedule.	July	November 1 to be effective by January 1
Home Health PPS (HH PPS)	The HH PPS sets payment policy for home health services under Medicare. Examples of home health services include part-time skilled nursing care, physical therapy, durable medical equipment, and medical supplies used at home.	July	November 1 to be effective by January 1
Skilled Nursing Facility (SNF) PPS	The SNF PPS prescribes payment policy for SNF services under Medicare Part A. Examples of such services include rooms, meals, skilled nursing care, physical therapy, medications, and medical supplies and equipment.	late April to early May	July 31
End Stage Renal Disease (ESRD) PPS	The ESRD PPS provides per-treatment payment to ESRD facilities for renal dialysis services provided to Medicare beneficiaries in an ESRD facility or in a patient's home.	late June to early July	November 1 to be effective by January 1
Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule	The DMEPOS fee schedule sets payment for durable medical equipment, prosthetics, orthotics, and supplies to the extent not paid according to competitive bidding.	typically issued alongside ESRD rule	typically issued with ESRD rule
Inpatient Rehabilitation Facility (IRF) PPS	The IRF PPS sets payment policy for IRFs. In order to qualify, the facility must qualify as an acute care hospital and be primarily focused on treating one of 13 conditions that typically require intensive rehabilitation therapy.	late April to early May	August 1 to be effective by October 1
Hospice Payment Rule	The hospice wage index and payment rate update makes updates to the fee schedule used to pay hospices for four different levels of care.	late April	August 1 to be effective by October 1
Inpatient Psychiatric PPS	The Inpatient Psychiatric PPS sets a daily PPS for inpatient psychiatric services furnished in psychiatric hospitals and psychiatric units of acute care hospitals and critical access hospitals.	late April	August 1 to be effective by October 1

Medicare Advantage (MA) and Part D	<p>Rates and related methodological changes for MA plans are proposed annually in the “Advance Notice” (on the CMS website with a 30-day comment period) and finalized in the “Rate Announcement,” neither of which are titled as rules.</p> <p>CMS also issues separate rules relating to the MA and Part D programs, typically every year or two.</p>	<p>Advance Notice: January</p> <p>Proposed rule: November</p>	<p>Rate Announcement: 60 days before the first Monday in June</p> <p>Final rule: typically issued around the same time as the Rate Announcement</p>
Notice of Benefit and Payment Parameters (NBPP)	<p>The NBPP governs core provisions of the Affordable Care Act, including qualified health plans (QHPs), medical loss ratio regulations, and the risk adjustment program.</p>	<p>November to January</p>	<p>February to May</p>

HHS has historically taken the position that posting on the Federal Register "public inspection" website (<https://www.federalregister.gov/public-inspection/current>) is sufficient to meet the deadlines for rules listed above, with print publication following later. (At times, HHS has considered publication on the CMS website to be sufficient, but that is rare.) Also, the statutory deadlines here can be waived when there is "good cause" (because the deadline is "impracticable, unnecessary, or contrary to the public interest"), but that is rare (e.g., COVID, government shutdowns); This usually results in shortening the generally required 60 day period between the final rule and the effective date to 30 days rather than shortening the generally required 60 day comment period.