

## CMS Issues Final Outpatient Rule with new COPs for Obstetrical Services and Slightly Enhanced Payment Rates

On Nov. 1, the Centers for Medicare & Medicaid Services (CMS) released its [final 2024 Outpatient Perspective Payment System \(OPPS\) Rule](#) with an overall 2.9% payment increase, slightly above the 2.6% increase it had proposed.



The rule also finalizes a significant update to hospitals' conditions of participation (COPs), by creating new conditions for hospitals (including CAHs) that provide obstetrics (OB) and maternal care. This is an attempt to fulfill aspects of the Biden Administration's 2022 [Blueprint for Addressing the Maternal Health Crisis](#) and the intention to utilize COPs was first mentioned in the 2025 proposed inpatient rule.

Among the new COPs proposed are:

- Beginning Jan. 1, 2026, requiring hospitals with OB units to adopt "well organized" processes for staffing and OB care delivery that CMS believes will improve quality, in accordance with nationally acceptable standards of practice.
- Requiring the organization of OB services be appropriate to the scope of services offered, such as ensuring good communication and collaboration with lab, surgical, and anesthesia services.
- Beginning Jan 1, 2027, hospitals must train staff on facility-identified evidence-based protocols to improve care delivery.
- Beginning July 1, 2025, requiring protocols for addressing OB emergencies and complications, and developing new patient transfer policies and procedures, including staff training.
- New mandates for how emergency departments maintain stores of equipment, supplies, and drugs, which must be "readily available."

Other notable provisions adopted in the final rule include:

- Three new quality reporting measures for health equity and various changes to quality reporting programs.
- Separate payments for diagnostic radiopharmaceuticals with per-day costs exceeding \$630.
- Aligning OPPS payment for remote services furnished from the hospital setting to a patient's home (including outpatient therapy, Diabetes Self-Management Training and Medical Nutrition Therapy services, and mental health services) with Medicare's telehealth structure under the physician fee schedule.
- Revising Medicare's special enrollment period for formerly incarcerated people to include those who've been released or are on parole, probation or home detention.

WHA had urged CMS not to follow-through with new COPs in its comment letter, citing concerns that it would exacerbate the challenges hospitals already face in sustaining these critical services.

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