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# CMS Final Rule – CoPs Changes: Obstetrical Services

December 9, 2024 at 11:00 AM CST

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# Why Behind the What?

- US has one of the highest maternal mortality rates among high-income countries with disproportionate impact on racial and ethnic minorities.
- New requirements for OB services are necessary to protect the health and safety of pregnant, birthing and postpartum patients.
- Conditions of Participation changes for PPS and CAHs for OB services:
  - Maternal quality assessment and performance improvement (QAPI),
  - Baseline standards for the organization, staffing and delivery of care within OB units, and
  - Staff training on evidence-based best practices every two years.

CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS 1809-FC) | CMS

## New Standard within Emergency Services CoP

To improve care for all patients, including pregnant, birthing and postpartum women receiving emergency services, CMS proposed a new standard, "Emergency Services Readiness," within the Emergency Services CoPs.

Facilities must have protocols and provisions consistent with nationally recognized and evidence-based guidelines to meet the emergency needs of patients, as well as train staff on these protocols and provisions annually.

# *Organization and Staffing*

- OB services should be well organized and provided in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health and substance use disorders) of pregnant, birthing, and postpartum patients.
- Organization of the OB services should be appropriate to the scope of services offered by the facility and be integrated with other departments in the facility.
- OB patient care units be supervised by an individual with the necessary education and training, such as an experienced registered nurse (RN), certified midwife, nurse practitioner, physician assistant, or Doctor of Medicine or osteopathy.
- OB privileges be granted subject to written criteria for all practitioners providing OB care in accordance with the current requirements for hospitals and CAHs.

# *Delivery of Service*

- It will be required that facilities have basic equipment for treating OB cases (including a call-in-system, cardiac monitor, and fetal doppler/monitor) be readily available in accordance with the scope, volume, and complexity of services offered by the facility.

***** Volume of equipment and location it is stored can be determined by the facility based on needs*****
***** Facilities maintain obstetrical emergency supplies in crash carts; obstetrical emergency bags/boxes/kits; OB hemorrhage carts; or other readily accessible method for use when and where needed*****

- The facility must ensure that it has adequate, readily available provisions / protocols consistent with nationally recognized and evidence-based guidelines for OB emergencies, complications, immediate post-delivery care, and other patient health and safety events.

*****Regs are not requiring specific items, examples of provisions would include equipment, supplies, and blood used in treating emergency cases*****

# *Staff Training*

- It will be required to develop policies and procedures that ensure relevant staff are trained on certain topics aimed at improving the delivery of maternal care.

***** Training topics should reflect scope and complexity of services offered *****

***** Facility-identified, evidence-based, best practices and protocols to improve the delivery of maternal care within the facility ***  Have a standard process for identifying training topics.**

- Facility must use findings from their QAPI programs to inform staff training needs and any additions, revisions, or updates to training topics on an ongoing basis.

- New staff will receive initial training and the hospital will identify which staff must complete training at least every two years.

- Facility must document in staff personnel records that training was successfully completed and be able to demonstrate staff knowledge on the training topics identified.

# *Quality Assessment and Performance Improvement Program (QAPI)*

- Hospitals providing OB services must use their QAPI programs to assess and improve health outcomes and disparities among OB patients on an ongoing basis. At a minimum:

1. Analyze data and quality indicators collected for the QAPI program by diverse subpopulations as identified by the facility among OB patients.
2. Measure, analyze, and track data, measures, and quality indicators on patient outcomes and disparities in processes of care, services and operations, and outcomes among obstetrical patients.
3. Analyze and prioritize patient health outcomes and disparities, develop and implement actions to improve patient health outcomes and disparities, measure results, and track performance to ensure improvements are sustained when disparities exist among obstetrical patients.
4. Conduct at least one performance improvement project focused on improving health outcomes and disparities among the hospital's population(s) of obstetrical patients annually.

- It will be required that obstetrical services' leadership engage in OB QAPI activities.
- CMS is finalizing a requirement that if a Maternal Mortality Review Committee (MMRC) is available at the state, Tribal, or local jurisdiction in which the facility is located, hospitals that offer OB services must have a process for incorporating publicly available information and data from the MMRC into the QAPI program.

# *Emergency Services' Readiness*

- New requirements apply to ***all*** hospitals offering ***emergency services*** – regardless if they offer OB services.

- All hospitals must have adequate provisions and protocols to meet the emergency needs of patients, consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions – to include obstetric emergencies.
- Applicable staff must be trained on protocols and provisions annually, and documentation to prove staff have successfully completed training and can demonstrate knowledge.
- Hospitals must have emergency provisions to include equipment, supplies, and medication used in treating emergency cases. Does not require specific items but must include:

1. Drugs, blood and blood products, and biologicals commonly used in lifesaving procedures.
2. Equipment and supplies commonly used in lifesaving procedures.
3. Call-in system for each patient in each emergency services' treatment area.

Emergency supply requirements are not required for CAHs and REHs - already have emergency supply requirements included in their CoPs.

# *Transfer Protocols*

- Hospital must have written policies and procedures for transferring patients to the appropriate level of care, including among units within a facility and transfers to another hospital.

- Must provide training to the relevant staff regarding the hospital policies and procedures for transferring patients - training must be done annually.

# *Implementation Phase-In*

CMS plans to implement provisions in 3 phases over 2 years:

**Phase 1:** To be implemented 6-months following the effective date of the final rule:

- Emergency services' readiness for hospitals and CAHs.
- Transfer protocols for hospitals only.

**Phase 2:** To be implemented 1-year following the effective date of the final rule:

- Organization, staffing, and delivery of services for hospitals and CAHs.

**Phase 3**: To be implemented 2-years following the effective date of the final rule:

- OB staff training in hospitals and CAHs.
- QAPI program for OB services in hospitals and CAHs.

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# Nebraska Prenatal Plus Program (PPP)

January 1, 2025 – set to sunset June 20, 2028

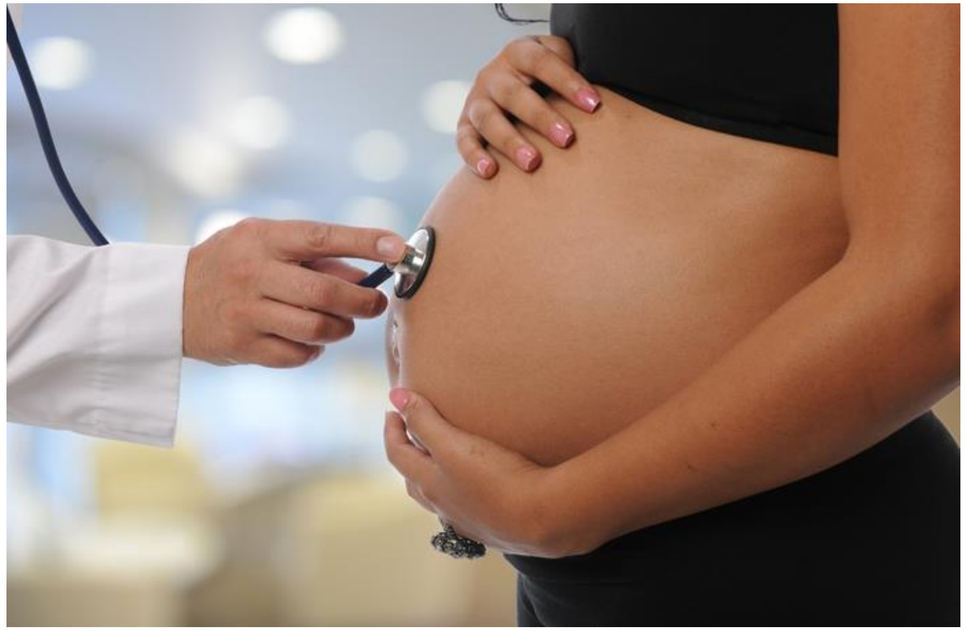
# PPP: Patient Eligibility Requirements

**Population:** at-risk mother

Defined as a woman who is:

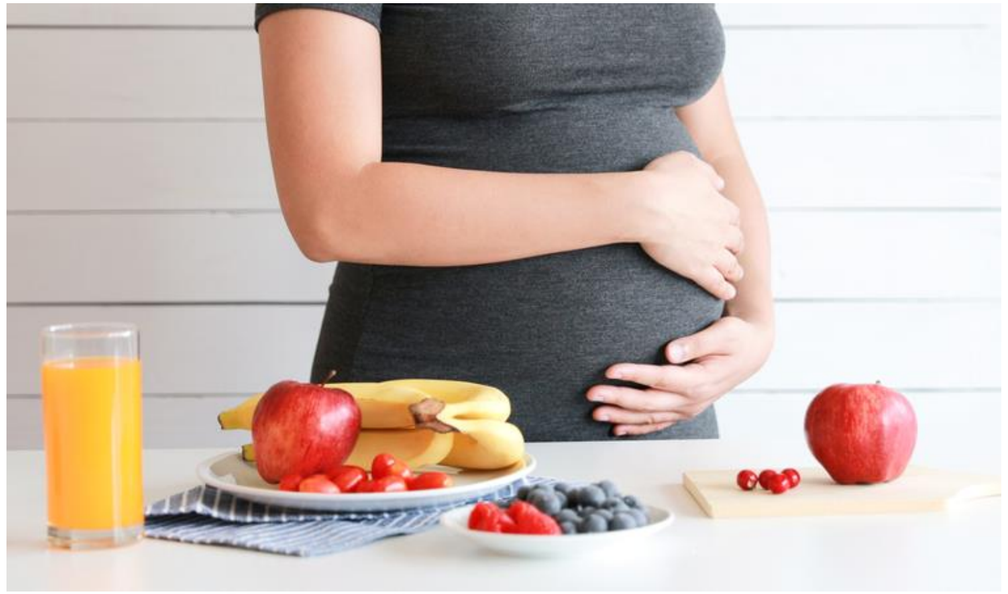
- Eligible for Medicaid
- Pregnant
- Determined by her healthcare provider to be at risk of having a negative maternal or infant health outcome

- PPP does not apply to patients with 599 CHIP



# PPP: Enrollment

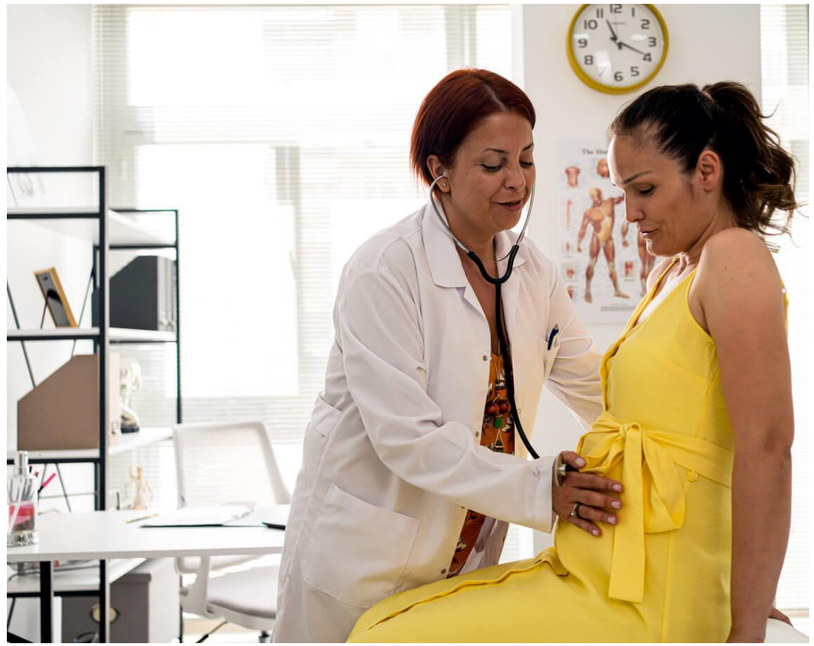
- Enrollment can begin at any point in pregnancy
- Services are provided through the prenatal period, concluding at the birth event
- There is no limit on how many pregnancies a mother can participate in the program



# PPP: Roles & Responsibilities

Established roles:

- The **provider/clinic** will identify patients for PPP and provide the specific PPP services
- The **MCO** will collaborate with the provider and patient; and reimburse for service execution as appropriate



# PPP: Services

PPP services include:

- Targeted Case Management (TCM)
- Nutrition Counseling
- Psychosocial Counseling & Support
- General Patient Education & Health Promotion
- Breastfeeding Support

If you have any further questions that were not addressed in this presentation, please don't hesitate to reach out to **DHHS.MLTCMaternalHealth@nebraska.gov**

# PPP: Documentation Requirements

- Nebraska PPP Intake Assessment Packet
- Nebraska PPP Care Coordinator Checklist
- Nebraska PPP Education and Health Promotion List
  - must be maintained in the pregnant mother’s medical record and be made available to DHHS upon request

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# Thank you!

For additional questions:

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