

Maternal Health Conditions of Participation for Prospective Payment Systems and Critical Access Hospitals

Oklahoma Hospital Association
Oklahoma Perinatal Quality Improvement
Collaborative

Webinar Etiquette

- Feel free to enter your questions in the Q & A.
- Time will be allotted at the end for questions.
- The Slides and Recording will be made available on the OPQIC Website after the webinar
- Any questions we are unable to address during this webinar may be submitted to:

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Presenters



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Non-Disclosure

Both speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact today's webinar content.

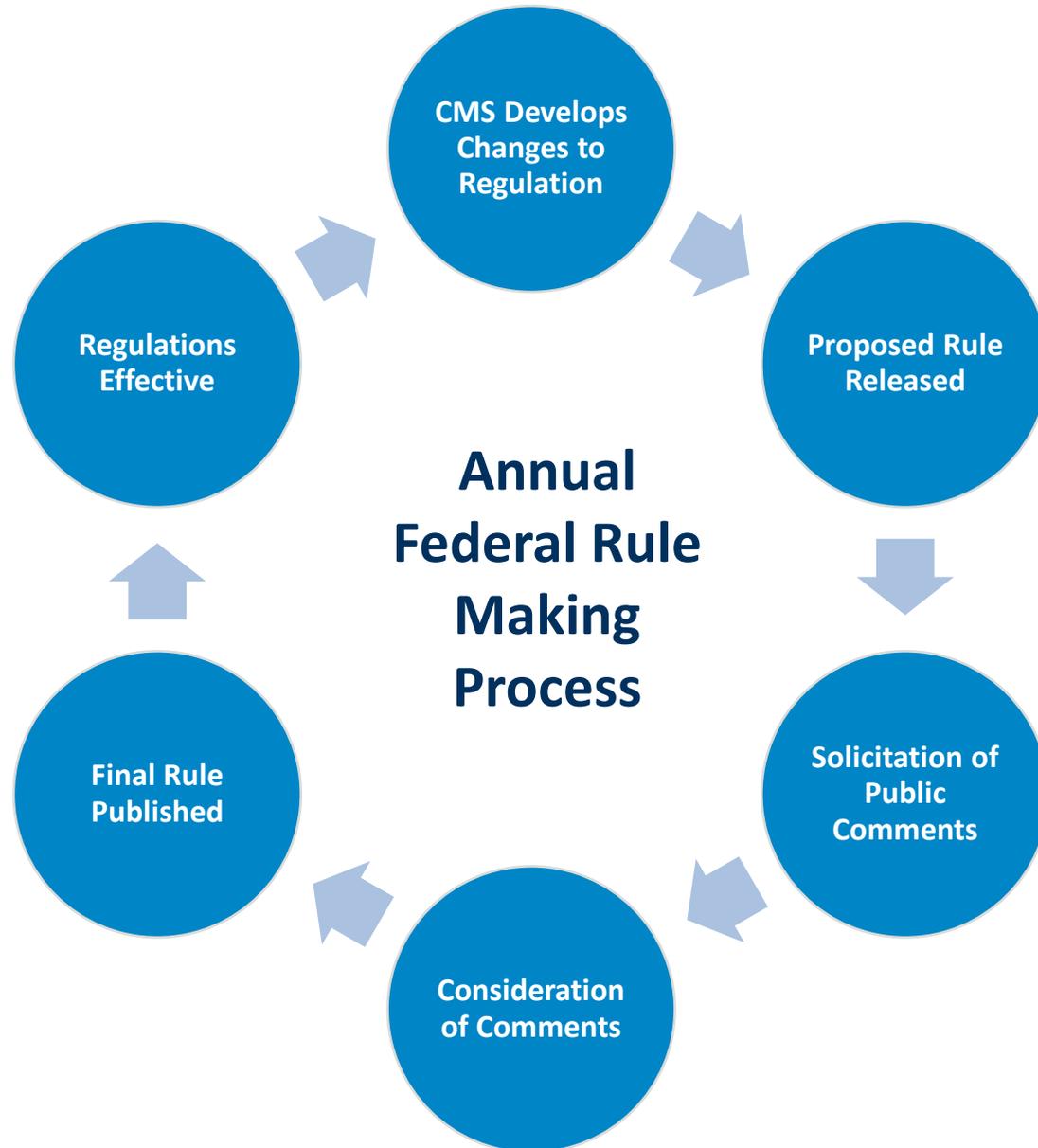
Objectives

- Discuss Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs)
- Examine CMS Final Rules Process
- Review of CMS CoPs in CMS 2025 Outpatient Prospective Payment System (OPPS)
 - Crosswalk current Hospital and CAH CoPs
- Discuss Best Practices for Compliance

CMS Conditions of Participation (CoPs)

- Standards that healthcare organizations must meet to participate in Medicare and Medicaid
- Act as the foundation for health and safety standards
- Accrediting organizations and facilities must meet or exceed CoPs.





CMS 2025 OPPTS Final Rule

- Updated Conditions of Participation (CoPs) for hospitals and critical access hospitals (CAH)
- Goal of updated CoPs:
“To protect the health and safety of pregnant, birthing, and postpartum women.”
- CoP updates impact Hospitals and CAHs with and without obstetrical units

Health and Safety Standards for Hospitals and CAHs *with and without* Obstetrical Services

- Effective: **7/1/2025**
- Update to Emergency Services CoPs
 - only CoPs that impact Hospitals and CAHS without obstetrical services outside the Emergency Department

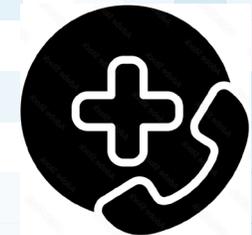


Update to Emergency Services CoPs

- **Effective 7/1/2025**
- Maintain protocols consistent with Complexity and Scope of services offered and aligned with Nationally recognized evidence-based guidelines for care of patients with emergency conditions.
 - Including, but not limited to, OB emergencies, complications, and immediate post-delivery care
 - Facility must be able to articulate their standards and sources and to demonstrate that their standards are based on evidence and nationally recognized sources
- *New Language for CAHs CoPs 42 CFR 485.618(e)*

Update to Emergency Services CoPs

- **Effective 7/1/2025**
- Maintain adequate provisions readily available to treat emergencies
 - Including equipment, supplies, drugs, blood & blood products, and biologicals commonly used in life-saving procedures
 - Call-in system for each patient in each emergency services treatment area
- CAH CoPs 42 CFR 485.618 already requires that equipment, supplies, and medication are kept at the CAH and are readily available
 - The Call-in system is not mentioned in the current CAH Emergency Services CoPs



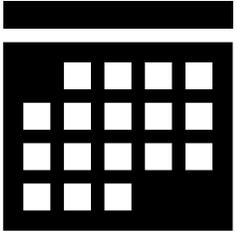
Update to Emergency Services CoPs

- **Effective 7/1/2025**
- Train applicable staff **annually** on protocols and provisions
 - Governing body must identify and document staff to be trained
 - Must be informed by Quality Assurance Performance Improvement (QAPI) program findings
 - Must document successful completion of training in staff personnel records
 - Must be able to demonstrate staff knowledge on training topics
- *New Language for CAHs CoPs 42 CFR 485.618(e)*
- *New Language for Hospitals CoPs 42 CFR 482.55*

Health and Safety Standards for Hospitals and CAHs *with* Obstetrical Services

- Update to hospital discharge planning CoP to include transfer protocols: Effective 7/1/2025
- Baseline Standards for organization, staffing, and delivery of care in OB units: Effective 1/1/2026
- Maternal Quality Assessment and Performance Improvement (QAPI): Effective 1/1/2027
- Staff training on evidence-based best practices every 2 years: Effective 1/1/2027

Revisions to the Discharge Planning CoP for all birthing hospitals related to transfer protocols



**Effective
7/1/2025**



Maintain written Policies & Procedures for transferring patients (not just OB patients) to appropriate level of care promptly and without delay to meet specific patient's needs

CAHs CoPs 42 CFR 485.642(a)

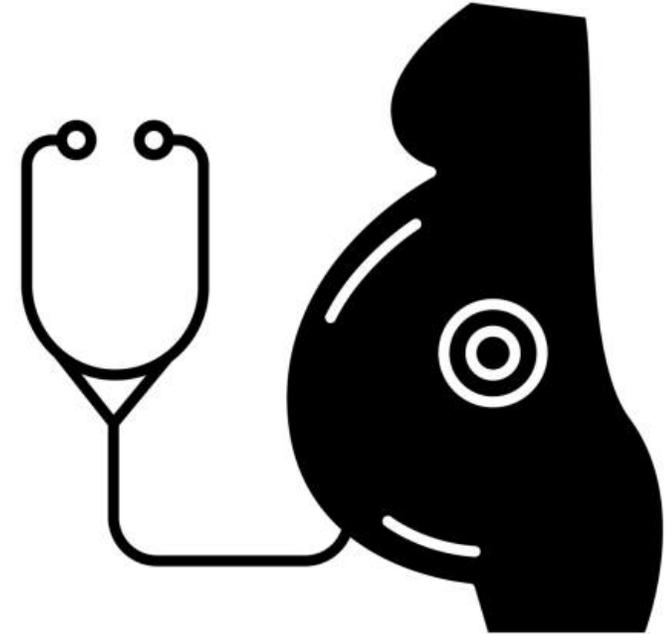


Including transfers from ED to inpatient admission, transfers between inpatient units within hospital, and inpatient transfers to different hospital

Hospital CoPs 42 CFR 482.43(c)

Baseline Standards for organization, staffing, and delivery of care in OB units

- **Effective 1/1/2026**
- **Organization and staffing**
 - OB services must be integrated with other departments
 - OB facilities must be supervised by experienced MD/DO, APP, or RN
 - CMS did not provide a definition for “experienced”
 - OB privileges must be delineated for all practitioners based on competencies



CAHs CoPs 42 CFR 485.649(a)

Hospital CoPs 42 CFR 482.59(a)

Baseline Standards for organization, staffing, and delivery of care in OB units

- **Effective 1/1/2026**
- **Delivery of Services**
- Provisions and protocols for OB emergencies, complications, post-delivery care, other health/safety events consistent with nationally recognized and evidence-based guidelines
- At a minimum, Call-in system (call-light) Cardiac monitor, and fetal doppler or monitor must be readily available (vs. present in every room)
 - Crash cart, hemorrhage carts, etc. will suffice.
 - CMS did not define readily available

Quality Assurance and Performance Improvement (QAPI)



- **Quality Assurance (QA):**
 - The specification of standards that if maintained improve safety and quality outcomes for patients.
- **Performance Improvement (PI):**
 - The continuous study and improvement of processes to promote better outcomes

Maternal QAPI CoPs

▪ **Effective: 1/1/2027**



Measure, analyze, and track health equity data, measures, and quality indicators

CAHs CoPs 42 CFR 485.641(b)(3)



Prioritize identified outcomes and disparities, develop and implement actions for improvement, and monitor for sustainability



Perform at least one measurable OB-focused PI project each year

Hospital CoPs 42 CFR 482.21(a)



Incorporate state/local Maternal Mortality Review Committee data and recommendations into QAPI program

OB Staff Training

- **Effective 1/1/2027**
- Governing body must identify and document which staff must complete initial and **biannual** training on:
 - Evidence-based best practices/protocols
 - QAPI program-identified needs
- Governing body may delegate task but retains responsibility
 - Facilities may request for their board to approve a delegation of authority to the Quality or OB leader
- Initial training included as part of new staff orientation

OB Staff Training



Articulate their standards and the sources to demonstrate that their requirements are evidence-based best practices.



Document successful completion of training in staff personnel records

Effective 1/1/2027



Demonstrate staff knowledge on training

Health and Safety Standards for Obstetrical Services in Hospitals and Critical Access Hospitals

- **July 1, 2025**
 - Emergency services readiness
 - Hospital transfer protocols
- **January 1, 2026**
 - Baseline standards for OB services (except OB staff training requirements)
- **January 1, 2027**
 - QAPI program for OB services
 - OB staff training requirements

What are your hospital doing for these new guidelines

- **Please type in the chat what resources your hospitals have been using and found helpful.**

Resources to Support Hospitals

Policy & Procedure Templates & Clinical Protocols

- OPQIC [OB Readiness in the ED](#).
- [Alliance for Innovation on Maternal Health \(AIM\) Obstetric Emergency Readiness Resource Kit](#)
 - Topics: Hemorrhage, Severe Hypertension, Sepsis, Perinatal Mental Health, Substance Use Disorder, Cardiac Conditions
- [AIM Community Birth Transfer Resource Kit](#)

Best Practices:

- *Evidence-Based Protocols* – Develop and follow clinical guidelines for OB emergencies (e.g., hemorrhage, hypertensive crises)
- *Documentation* – Maintain consistent, CMS-compliant records

Resources to Support Hospitals

- OPQIC OB Emergency Resources

OB Emergency Resources

OB Readiness in the ED Resources

AIM Community of Learning Webinars

OB Readiness Workshop Information

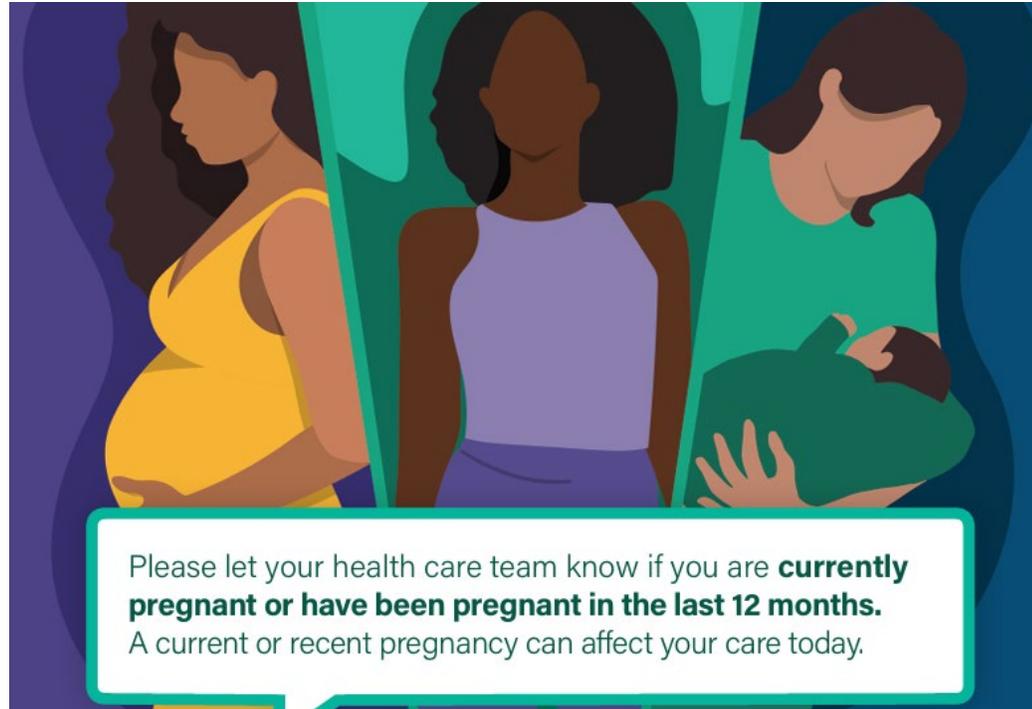
Hospital & CAH Condition of
Participation Updates

- AIM OB Emergency Readiness Toolkit
- AIM Maternal Warning System Implementation Resource Kit
- AIM Community Birth Transfer Resource Kit
- Evidence-Based Education Programs to Improve Maternal Outcomes (JOGNN October, 2024)
- Identifying and Managing Obstetric Emergencies in Nonobstetric Settings (ACOG)
- AIM Obstetric Simulation Scenarios for the Emergency Department

Resources to Support Hospitals

Screening in the Emergency Departments

- Asking all patients of childbearing age if they have been pregnant in the last year.



https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/brochures-flyers/ob-emergencies_pregnancy-status-sign.pdf

Resources to Support Hospitals

Education & Training

- OPQIC has hosted 6 AWHONN Obstetric Patient Safety (OPS) workshops
 - Training 124 participants from Emergency Departments (EDs), Emergency Medical Services (EMS), Critical Access Hospitals (CAHs), Labor and Delivery units (L&Ds), and community agencies
 - Additional sessions with an Emergency Department (ED) focused simulations are planned soon.
- [Association of Women's Health, Obstetric and Neonatal Nurses \(AWHONN\) Perinatal Orientation and Education Program \(POEP\)](#)
- [AWHONN Obstetric Patient Safety \(OPS\)](#)
- HealthStream OB Essentials and Safety Simulations
- [AIM OB Simulation Scenarios for Emergency Departments](#)

Best Practices:

- *Emergency Drills and Simulations* – Conduct regular multidisciplinary drills
- *24/7 Coverage* – Support continuous availability of a qualified OB provider

Resources to Support Hospitals

AIM Obstetric Readiness Summer Sprint Learning Series

Please see the session topics and dates below. For more information on each session and to register, [CLICK HERE](#).

Session 1: Obstetric Care in Rural Environments: A Review of the Landscape and Opportunities for Care

June 25, 2025, from 3:00-4:15PM (EST)

Session 2: Planning and Assessment of Obstetric Emergency Readiness: Moving Information to Action

July 9, 2025, from 3:00-4:15PM (EST)

Session 3: Pre-Hospital Care: Collaboration with Emergency Medical Services (EMS) in OB Readiness

July 23, 2025, from 3:00-4:15PM (EST)

Session 4: Sharing Best Practices in Obstetric Simulations for the Emergency Department

August 6, 2025, from 3:00-4:15PM (EST)

Session 5: Obstetric Care Assessment for Resource Limited Environments

August 13, 2025, from 3:00-4:15PM (EST)

Resources to Support Hospitals

Clinical Guidelines & Best Practices

- [American College of Obstetricians and Gynecologists \(ACOG\): Obstetric Emergencies in Non-OB Settings](#)
- Guidelines and best practices from the [Society for Maternal-Fetal Medicine \(SMFM\)](#) and the [Association of Women's Health, Obstetric and Neonatal Nurses \(AWHONN\)](#)

Quality Improvement & Quality Assurance and Performance Improvement (QAPI) Alignment

- Examples from [California Maternal Quality Care Collaborative \(CMQCC\)](#) and [Agency for Healthcare Research and Quality \(AHRQ\)](#)
- Participating in your state's Perinatal Quality Collaborative (PQC), such as [OPQIC](#), aligns with QAPI expectations

Best Practice:

- *Data Collection and Review* – Implement structured quality assurance and improvement processes

References

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- *Aim Obstetric Emergency Readiness Resource Kit*. AIM. (2023, May 1). <https://saferbirth.org/aim-obstetric-emergency-readiness-resource-kit/>
- *Community Birth Transfer Resource Kit*. AIM. (2024, August). <https://saferbirth.org/community-birth-transfer-resource-kit/>

Questions



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