

CMS' CY26 OPSS Final Rule

Top Payment and Revenue Implications:

1. OPSS Rate Update (+2.6%)

- Raises total OPSS payments by ~\$8 billion nationally.
- Offset by ongoing penalties for OQR noncompliance.
- Net impact varies widely by service mix and site-of-service exposure.

2. Off-Campus Site Neutral Payment Policy (High Impact)

- Excepted off-campus PBD drug administration services shift to PFS-equivalent rates.
- CMS cites Section 603 (BBA 2015) and SSA §1833(t)(2)(F) as authority.
- Major exposure for infusion, oncology, rheumatology, and hospital-acquired practices.

3. 340B Remedy Offset (-0.5%)

- Permanent reduction to OPSS conversion factor for eligible hospitals.
- Exempts hospitals that enrolled in Medicare after Jan 1, 2018.

Star Ratings Safety Weighting

- Lowest-quartile safety hospitals capped at 4 stars in 2026 and reduced by one star in 2027.
- Reputational and payer contracting implications.

Hospital Outpatient and REH Quality Reporting

- New emergency access eCQM mandated; older ED and CT measures removed.
- Rural Emergency Hospitals must adopt new reporting standard by 2027.

Price Transparency Expansion

- Requires reporting of pricing percentiles plus NPIs, counts, and CEO attestation.
- Enforcement begins April 1, 2026, with expanded audit and public posting authority.

ASC-Focused Provisions

- ASC payments increase 2.6% and continue to follow hospital market basket.
- 547 procedures added to ASC eligible list, accelerating migration.
- Separate payment for skin substitutes at \$127.14 under new APC groupings.

Cross-Setting Policies

- COVID-19, SDOH, and health equity measures removed across programs.
- Virtual direct supervision permanently allowed via audio-video.
- Nationwide drug acquisition cost survey begins CY 2026 for CY 2027 reform.
- Market-based MS-DRG weighting requires negotiated charge reporting beginning in 2026; implemented in FY 2029.