

Provider-Based/HOPD Requirements Finalized: Key Next Steps

November 18, 2026

Healthcare Consulting

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Agenda

1. **Overview of Section 6225 – CAA 2026**
2. **Final Rule: Key Provisions & Documentation Requirements**
3. **Unresolved Matters**
4. **Compliance Strategies: How to Prepare**



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Overview of §6225 – Consolidated Appropriations Act of 2026 (CAA 26)

CAA 26
§6225 Requirements

What Changes

- Medicare payment for off-campus outpatient departments will require:
  - A separate NPI per off-campus department
  - Provider-based compliance attestation
  - Ongoing reattestation to maintain eligibility: CMS timelines

When

- Effective January 1, 2028

Why It Matters

- **Failure to comply may jeopardize Medicare payment**
- CMS will enforce through audits & site & desk reviews
- HHS OIG will evaluate CMS oversight & report to Congress by 2030

Implications

- Direct Medicare revenue risk
- Increased regulatory scrutiny
- Requires strong governance over:
  - Provider-based status compliance
  - Billing/NPI structure
  - Compliance readiness



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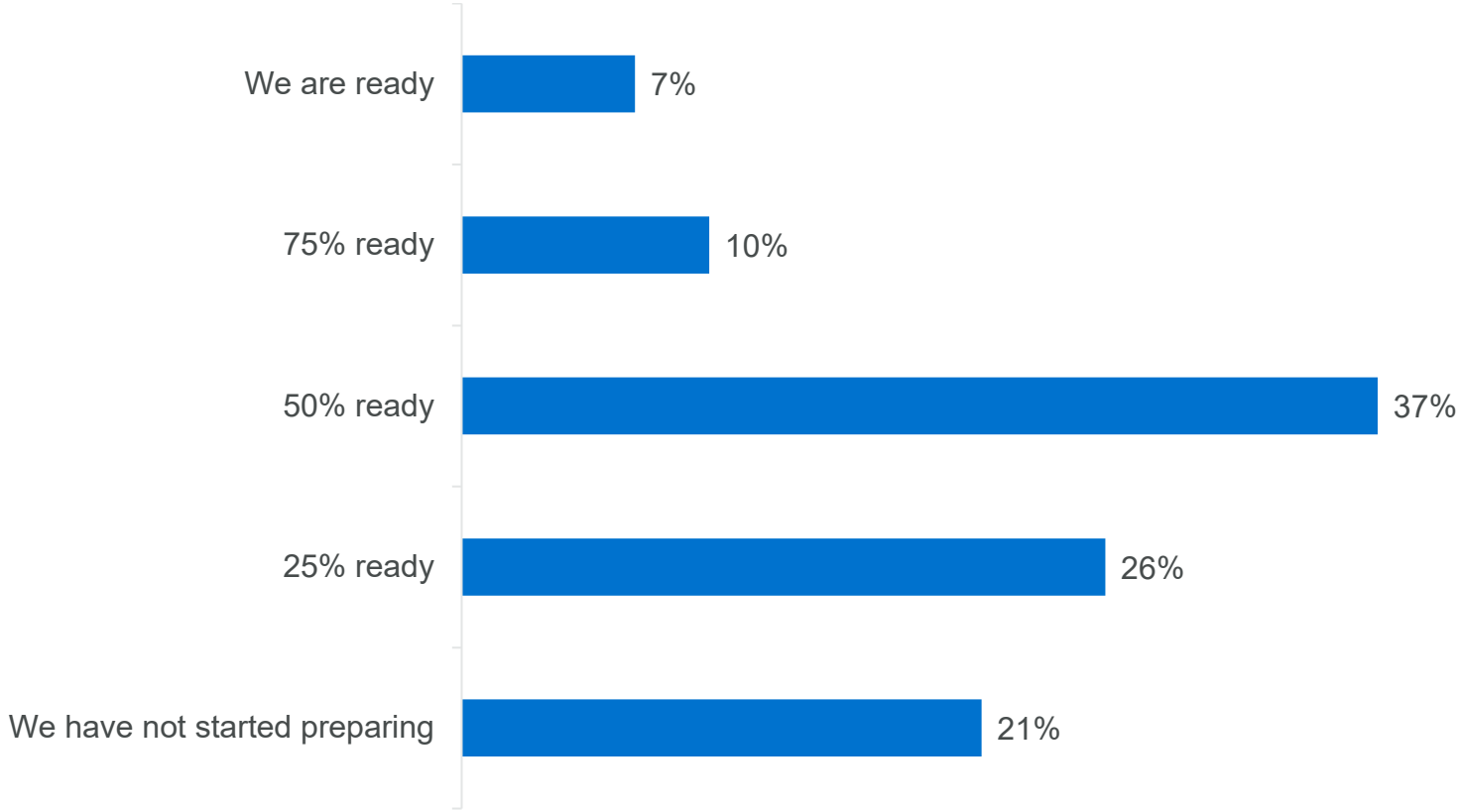
Mindsets 2027 Healthcare Industry Outlook Survey Results

How would you rate your organization's readiness for the new off-campus hospital outpatient department (HOPD) requirements to obtain separate NPIs & submit provider-based attestations for each location?



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Final Rule: Key Provisions & Documentation Requirements

CAA 26 §6225 Final Requirements

Effective date: January 1, 2028

- Final requirement: Beginning January 1, 2028, Medicare payment under OPPS, or an applicable payment system under §1833(t)(21), cannot be made for services furnished by an off-campus outpatient department unless the applicable separate NPI & provider-based attestation requirements are satisfied.
- Failure applies to payment for services of the specific noncompliant off-campus department, not all OPPS payments to the hospital.
- Status: Finalized as proposed
- CMS stated it does not have authority through this rulemaking to extend the statutory January 1, 2028 implementation date.

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CAA 26 §6225 Final Requirements

A separate NPI is required for each off-campus outpatient department.

- Final requirement: Each covered off-campus outpatient department must:
  - Obtain an NPI separate from the main provider's NPI
  - Bill applicable services using that department-specific NPI
- Status: Finalized as proposed, with important operational clarification
- Clarification/modification: CMS clarified that the "department" is determined at the physical-location/address level as reflected in PECOS, including suite or floor where applicable.
- A single off-campus location operating at one address is one department, even if it furnishes multiple service lines.
  - Example: An off-campus location providing both laboratory & radiology services needs one NPI, not separate NPIs for lab & radiology.
- CMS also clarified that the new NPI does not make the department a separate provider. It remains provider-based to the hospital.
- CMS indicated it is developing a claims solution allowing the hospital NPI at the claim level plus applicable department/service-line NPIs.

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CAA 26 §6225 Final Requirements

PECOS must be updated before the attestation.

- Final requirement: Before submitting the provider-based attestation, the main provider must:
  - Obtain the appropriate NPI for each covered provider-based department
  - Update its Medicare enrollment record in PECOS, or its successor system, to reflect the location/NPI
- Status: Finalized as proposed
- Operational implication: Hospitals should not treat the NPI exercise & attestation exercise as independent projects. PECOS/location cleanup & NPI assignment should occur first.

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CAA 26 §6225 Final Requirements

Initial provider-based attestations are mandatory.

- Final requirement: The main provider must submit an initial provider-based status attestation for each applicable off-campus outpatient department demonstrating compliance with §413.65.
- This changes the practical significance of the existing attestation process. Although compliance with §413.65 has always been mandatory, obtaining a CMS provider-based determination was generally voluntary. §6225 now makes timely attestation a condition of payment beginning in 2028.
- Status: Finalized as proposed

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CAA 26 §6225 Final Requirements

Existing provider-based approvals are not grandfathered.

- Final requirement: Departments that previously obtained an affirmative CMS provider-based determination before January 1, 2026 still must submit a new attestation.
- Status: Finalized as proposed despite requests for modification
- CMS rejected requests to grandfather old determinations because the statute requires an initial attestation during the applicable two-year period.
- Important: A historic provider-based approval alone will therefore not satisfy §6225.

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CAA 26 §6225 Final Requirements

Attestation timing for departments operating by January 1, 2028

- Final requirement: For off-campus outpatient departments providing services on or before January 1, 2028, the initial attestation must be submitted:
  - No earlier than January 1, 2026
  - No later than December 31, 2027
- Status: Finalized as proposed

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CAA 26 §6225 Final Requirements

Attestation timing for departments beginning after January 1, 2028

- Final requirement: An off-campus outpatient department beginning operations after January 1, 2028 must submit its initial attestation within the two-year period before the services for which payment is sought are furnished.
- Status: Finalized as proposed
- CMS declined to tie the deadline to the CMS-855A/PECOS enrollment activation date.

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CAA 26 §6225 Final Requirements

Departments don’t need to receive CMS approval before services begin.

- Final requirement: Timely submission, rather than completion of CMS' review, satisfies the statutory submission requirement.
- A department that submits its attestation within the required timeframe can satisfy the §6225 attestation submission requirement even if CMS has not yet issued its provider-based determination.
- Status: Modified from the proposal through an express regulatory clarification
- Modification: CMS added §419.23(c) expressly stating that the submission requirement is satisfied even if CMS has not made its provider-based determination before the first day the outpatient department furnishes services.
- This is a significant protection against payment disruption caused solely by CMS/MAC processing delays.

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CAA 26 §6225 Final Requirements

Subsequent reattestations will be required.

- Final requirement: Following the initial attestation, covered departments will be subject to subsequent attestations at an interval not exceeding five years.
- Status: Framework finalized as proposed; detailed implementation deferred
- Clarification: CMS stated the subsequent-attestation time period begins on the date the attestation is submitted, rather than the date CMS subsequently approves it.
- CMS did not establish the exact recurring cadence or detailed process in this rule.
- CMS expects to address the subsequent-attestation process in the 2028 rulemaking cycle, including the exact interval, which cannot exceed five years.

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CAA 26 §6225 Final Requirements

New definition of "off-campus outpatient department of a provider"

- CMS finalized the definition as a department of a provider that is:
  - Not located on the campus of the main provider
  - Not within 250 yards of a remote location of a hospital

- Status: Finalized as proposed, without modification

Departments within 250 yards of a remote location are excluded.

- An outpatient department located within 250 yards of a hospital remote location does not meet the new §6225 definition of an off-campus outpatient department.

- Accordingly, it is not subject to the new §6225 separate NPI & mandatory attestation requirements.

- Status: Finalized as proposed

- CMS also finalized conforming §413.65 amendments to treat these locations consistently.

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CAA 26 §6225 Final Requirements

CMS clarified how the 250-yard measurement works.

- CMS indicated that current practice is to:
  - Use a straight-line measurement.
  - Measure to the nearest qualifying point of the potential provider-based department.
  - Permit measurement from a point of the main campus or remote-location facility that provides patient care.

- CMS typically uses publicly available satellite mapping & may accept survey information.

- Clarification: Awnings, walkway overhangs, & similar nonstructural components are not appropriate measuring points.

- Status: Proposal finalized without changing the regulatory definition; implementation clarified in the preamble

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CAA 26 §6225 Final Requirements

Facilities Excluded or Otherwise Outside §6225

Critical Access Hospitals

- Final requirement: Off-campus departments operating as part of a CAH are excluded from the attestation requirement.
- CMS explained that CAHs are excluded from OPPS under §419.20(b)(2) & outpatient CAH services are paid under §1834(g).
- Status: Modified/clarified in the final rule
- Modification: CMS added language to §413.65(b)(6) expressly excluding an off-campus department operating as part of a CAH.

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CAA 26 §6225 Final Requirements

Facilities Excluded or Otherwise Outside §6225

Rural Health Clinics

- Not subject to §6225
- CMS distinguished an RHC as a “provider-based entity,” rather than a “department of a provider,” because the RHC furnishes a different type of service from the main provider.
- §6225 applies to an off-campus “department of a provider.”
- Status: Clarification in final rule preamble

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CAA 26 §6225 Final Requirements

Facilities Excluded or Otherwise Outside §6225

AHEAD Model Hospitals

- Hospitals participating in the AHEAD Model, including applicable Maryland hospitals, are not subject to §6225 where they are not paid under §1833(t)/OPPS.
- Status: Final-rule clarification

IHS, Tribal Facilities, & Specified FQHCs/Look-Alikes

- Indian Health Service & Tribal facilities described in §413.65(m), & certain FQHCs/look-alikes under §413.65(n), remain excluded from the new attestation requirements.
- Status: Finalized as proposed

Remote Locations of Hospitals

- A hospital remote location furnishing inpatient services is not itself an off-campus outpatient department of a provider.
- Therefore, the remote inpatient location itself does not have to obtain an organizational NPI under §6225 simply because it is a remote location.
- Status: Final-rule clarification

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CAA 26 §6225 Final Requirements

Attestation Process

CMS Standardized Attestation Form

- CMS will replace MAC-specific attestation processes/templates with a standardized CMS attestation process/form.
- Status: Finalized as proposed

Centralized Electronic Submission System

- Attestations ultimately will be submitted through a centralized CMS electronic system.
- Status: Finalized as proposed
- Until the new system/form is available, providers may continue submitting attestations through the existing §413.65(b)(3) process to their servicing MAC.

Anticipated Benefits

- Consistency across MAC jurisdictions
- Reduced administrative burden
- More efficient review process
- Less duplicative documentation

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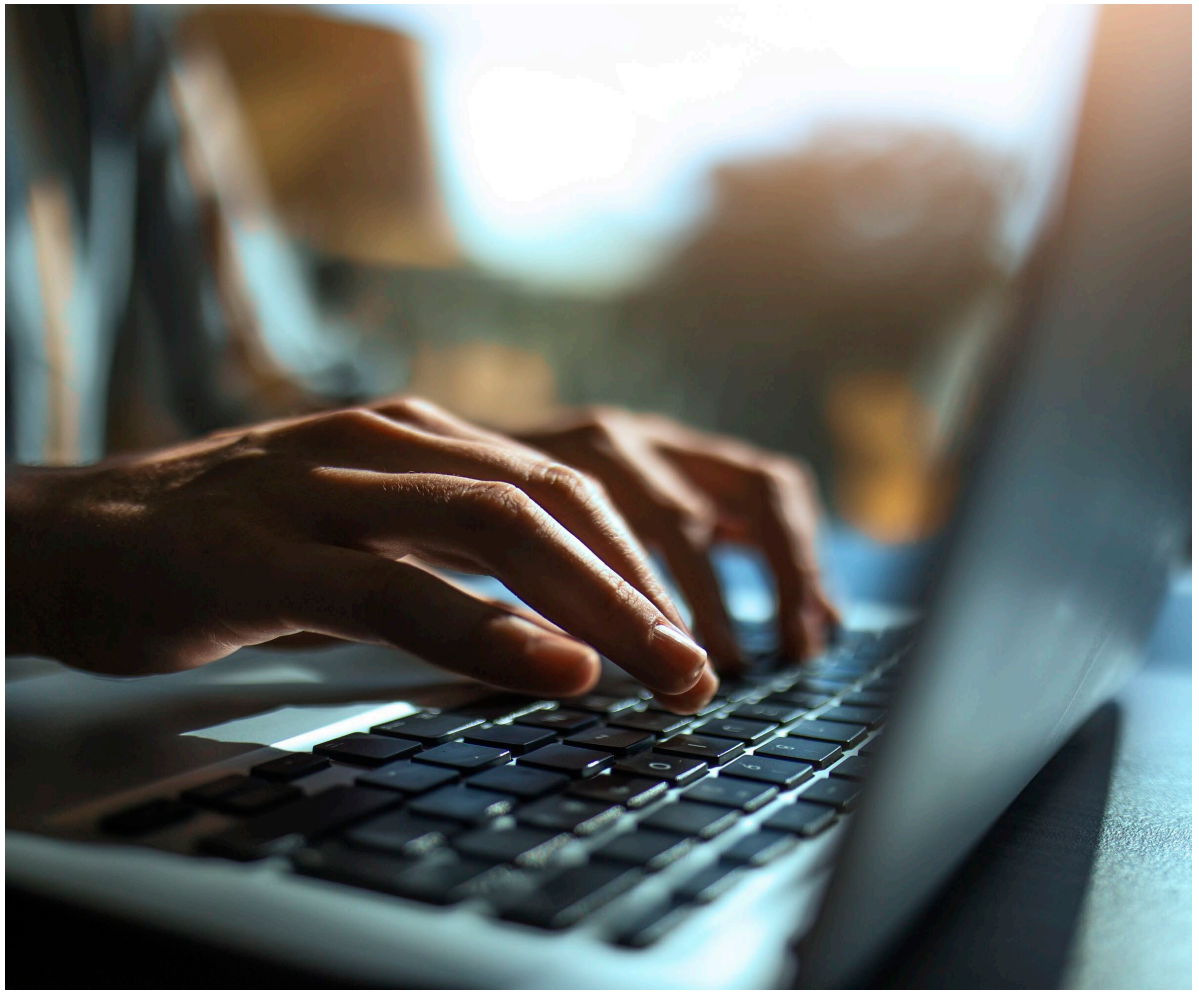
Attestation
Basic Content

- Provider Information
  - Main provider name
  - Address
  - NPI
- Department Information
  - Department name
  - Address
  - NPI
- Compliance Certification
- Authorized Signature (must be the AO in PECOS for Medicare enrollment)
- If the primary contact is a consultant or outside representative, written authorization is required.



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CAA 26 §6225 Final Requirements

Attestation must address the §413.65 requirements.

CMS expects providers to be able to substantiate compliance with the applicable provider-based requirements, including:

- Licensure, §413.65(d)(1)
- Clinical services integration, §413.65(d)(2)
- Financial integration, §413.65(d)(3)
- Public awareness, §413.65(d)(4)
- 100% ownership & control, §413.65(e)(1)
- Administration & supervision, §413.65(e)(2)
- Location requirements, §413.65(e)(3)
- Applicable hospital outpatient department obligations, §413.65(g)
- Applicable billing/notice requirements, including beneficiary notice requirements

Status: Framework finalized, with additional detailed documentation guidance to come through subsequent rulemaking or subregulatory guidance

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Attestation
Licensure Documentation Requirements



Must be prepared to show:

- Department operated under the same license as the main provider or
- State law does not require a separate license



What additional evidence may be required?

- State licenses
- Licensing correspondence
- Regulatory approvals: department adds to license

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Attestation
Clinical Integration Documentation Requirements



Must be prepared to demonstrate that:

- Department practitioners hold privileges at the main provider
- Main provider exercises oversight & monitoring
- Inpatient & outpatient services are integrated
- Patients have access to the full range of hospital services



What additional documentation may be required?

- Medical staff bylaws & list of practitioners with privilege category
- Organizational charts
- Referral reports showing service integration between the main provider & the department
- Access to care & nondiscrimination policies
- Accreditation compliance letter

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Attestation

Financial Integration Documentation Requirements



Must be prepared to demonstrate that:

- Department revenues & expenses are integrated into hospital trial balance
- Department does not maintain a separate general ledger
- Department does not maintain an independent trial balance



What additional documentation may be required?

- Detailed trial balance with department revenues & expenses embedded
- Chart of accounts showing same as above

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Attestation
Public Awareness Requirements



Must be prepared to show:

- The department is part of the main provider
- Upon entering, a patient is aware they are entering the main provider



What additional evidence may be required?

- Signage
- Website
- Public-facing collateral
- How calls are answered

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Attestation
Ownership & Control Documentation Requirements



Must be prepared to demonstrate that:

- Department is 100% owned by the main provider
- Main provider maintains final authority over:
  - Administrative decisions
  - Personnel policies
  - Medical staff appointments



What additional documentation may be required?

- Organization charts
- Narrative attestations from leadership
- Human resources policies
- Medical staff bylaws
- Hospital bylaws

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Attestation
Administration Integration Documentation Requirements



Must be prepared to demonstrate that:

- Administrative functions are integrated with the hospital
- Reporting structures flow to hospital leadership
- Department operates within hospital governance structure



What additional documentation may be required?

- Organization charts
- Reporting relationships
- Governance documents
- Management oversight records

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Attestation
Location Documentation Requirements



Future system may auto-verify:

- Campus location requirements
- Distance requirements



When is additional documentation required?

- Distance cannot be verified electronically
- Department exceeds 35-mile distance standard
- Exceptions under §413.65(e)(3) must be demonstrated

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Attestation
HOPD Documentation Requirements



Must be prepared to demonstrate compliance with:

- EMTALA requirements
- Anti-dumping requirements
- Site-of-service billing requirements
- Medicare beneficiary estimated financial responsibility notifications



What additional documentation may be required?

- EMTALA policy
- Examples of the CMS Form 1500
- Policy & form that provides notice of estimated financial responsibility to the Medicare beneficiary

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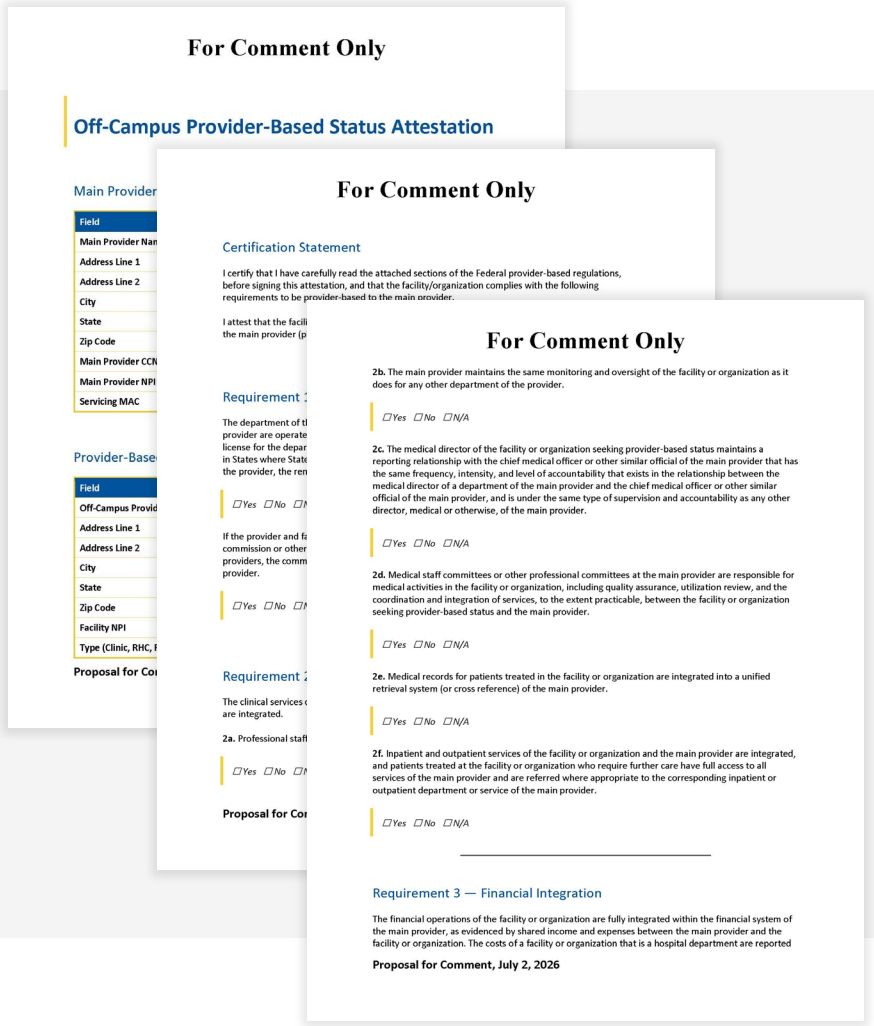
CMS Draft Attestation

Scan to see the draft attestation form from CMS.



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CAA 26 §6225 Final Requirements

Risk-based sampling of departments

- CMS plans to use targeted/risk-based review rather than performing a complete documentation review of every department.
- For a hospital with multiple off-campus departments, CMS indicated it may select a random sample.
- If a sampled department fails a particular §413.65 requirement, CMS may expand review of that requirement to other departments.
- Status: Finalized as proposed, with additional operational explanation

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CAA 26 §6225 Final Requirements

CMS/MAC review authority

- CMS & its contractors, including MACs, may conduct:
  - Automated validation
  - PECOS comparisons
  - Data analysis
  - Risk-based screening
  - Targeted documentation reviews
  - Remote audits
  - Site visits
  - Investigations
  - Other program-integrity reviews

- Status: Finalized as proposed without modification

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CMS Verification & Oversight
Initial Review Stage

Automated Validation

Applies to all submissions

Process

- Verify completeness of attestation
- **Confirm consistency with PECOS enrollment records**
- Validate required attestation elements

Outcome

- Passes & moves forward for Provider-Based (PB) determination, **OR**
- Flagged for additional review

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CMS Verification & Oversight
Targeted Review

Targeted Documentation Review

Applies to higher-risk or inconsistent submissions
Hospitals with multiple off-campus departments: random review

Attestations may be flagged for:

- Missing information
- Inconsistencies
- Data anomalies
- Elevated compliance risk indicators

If a provider is found to be out of compliance for a specific requirement, CMS/MAC may extend the review of that requirement to departments not included in the sample.

Additional documentation requested may include:

- Supporting documentation
- Additional explanation
- Further evidence supporting compliance with §413.65

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CMS Verification & Oversight
Extended Compliance Review

Extended Compliance Review

Applies to selected providers based on risk indicators
Hospitals with a single off-campus OP department

Attestations may receive enhanced review using risk-based methodologies:

- Remote audits
- Targeted documentation requests
- Compliance verification activities
- Detailed record review
- Data analytics investigations

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CMS Verification & Oversight

Written determinations & appeal rights

- CMS will provide written notification of its determination.
- An adverse determination will:
  - Identify the basis for the determination
  - Provide applicable appeal rights
- CMS may allow correction of minor attestation deficiencies before issuing the determination when the department otherwise satisfies the provider-based requirements.
- Status: Finalized/clarified in response to comments

Documentation readiness can help support the ongoing maintenance of PB designations.



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Unresolved Matters

Final Rule Leaves Critical Operational Questions Unresolved

CMS will address key implementation details through subregulatory guidance, with significant downstream effects across the revenue cycle.

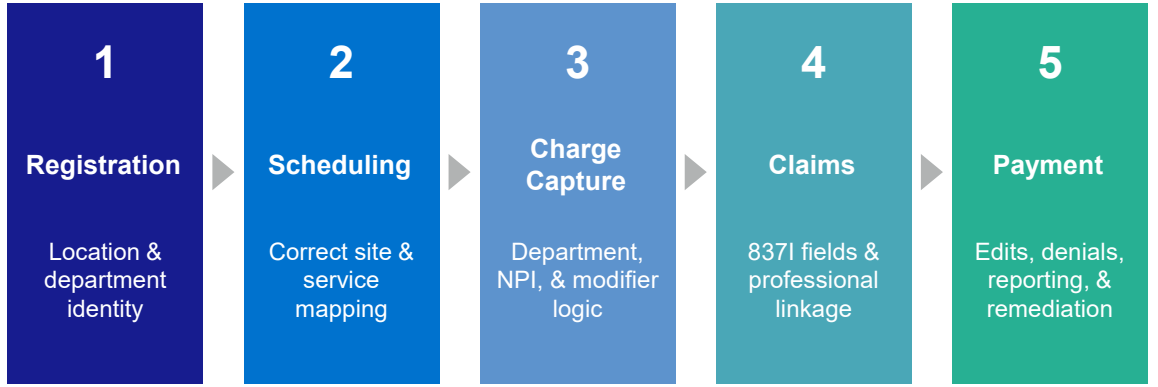
? What Remains Open

- How will the new off-campus NPI update the Medicare enrollment record?
- Where will the department NPI be reported on the institutional claim?
- Will the same NPI be used on the related professional claim?
- What system, submission workflow, & documentation standards will CMS require?

CMS Guidance Pending

Final rule sets the requirement; guidance must define the operational mechanics.

Revenue Cycle Impact: Front End to Final Claim



Potential failure modes

Claim rejections • Underpayments • Incorrect site-of-service reporting • Professional/facility mismatches • Audit exposure

Action: Map end-to-end NPI dependencies & system owners now, then use CMS guidance to finalize configuration rather than starting the analysis after guidance is issued.

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Compliance Strategies: How to Prepare

What This Means for Hospital Leaders

- This is not just a Medicare enrollment exercise.
- Affected departments may touch revenue cycle, compliance, legal, operations, IT, pharmacy, credentialing, & finance.
- Readiness will drive the quality of the attestation process.
- Documentation gaps may create payment, audit, & operational risk.
- The work needs governance, not just task ownership.
- **Call for action! Advocacy!**

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How to Prepare

Shift from "What are the rules?" to "What do I do tomorrow?"

- Organize the work
- Identify the risk
- Sequence NPI & attestation processes
- Avoid common pitfalls before 2028

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How to Prepare

Organize the Work

- Prepare/update provider-based inventory (know which locations are implicated)
- Off-campus outpatient departments are:
  - Greater than 250 yards from the main provider
  - UB-billing with modifier PO or PN
  - Enrolled as practice location on Hospital 855A enrollment record in Section 4

- Inventory should include:
  - Name
  - Address (down to suite level)
  - Type
    - On-campus
    - Off-campus (excepted vs. non-excepted)
  - Effective date (date location began billing as outpatient)
  - TIN
  - NPI
  - GL department
  - Medicare cost center

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How to Prepare

Identify the Risk

- Perform a gap assessment for compliance with requirements at 42 CFR 413.65
- Calculate reimbursement impacts:
  - Current risks: Off-campus excepted: other procedures
  - Potential future risks: On-campus
- Potential 340B impact

- Gap assessment should focus on:
  - Separate NPIs
  - Ownership & governance
  - Clinical integration
  - Financial integration
  - Beneficiary notice compliance
  - Public awareness of hospital ownership

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How to Prepare

NPI



- Planning for new NPIs
  - Who will obtain?
  - Who will update PECOS?
  - When will you begin billing with new NPI?
  - What other areas will require updates? Payor/provider enrollment, billing system, credentialing files, pharmacy systems, etc.
  - Ensure proper taxonomy for facility billing

Attestation



- Planning for attestations
  - Determine responsible parties
  - Create a plan for submission; the practical deadline is well before January 1, 2028
  - Begin gathering documentation. If CMS asked for support tomorrow, where is it, who owns it, & does it tell a consistent story?

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How to Prepare

Avoid common pitfalls

- Incomplete provider-based/outpatient department inventory
- Underestimating NPI downstream impacts on billing, enrollment, EHR, pharmacy, payor enrollment, & reporting systems
- Documentation does not match operational reality
- Enrollment record gaps
- Clinic revenue/expenses are not clearly integrated into hospital's financial records
- Public awareness deficiencies
- Shared space/leased space concerns
- Treating attestations as a "one-time" project

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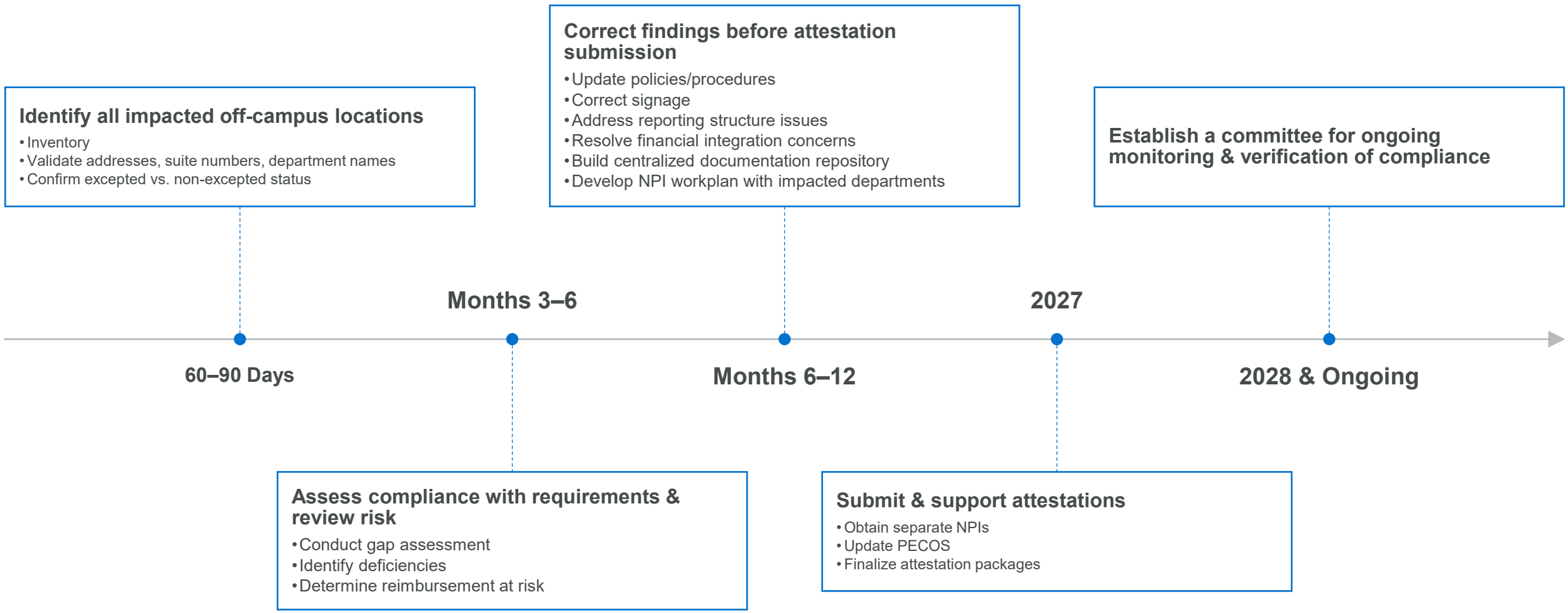
Timeline to January 1, 2028



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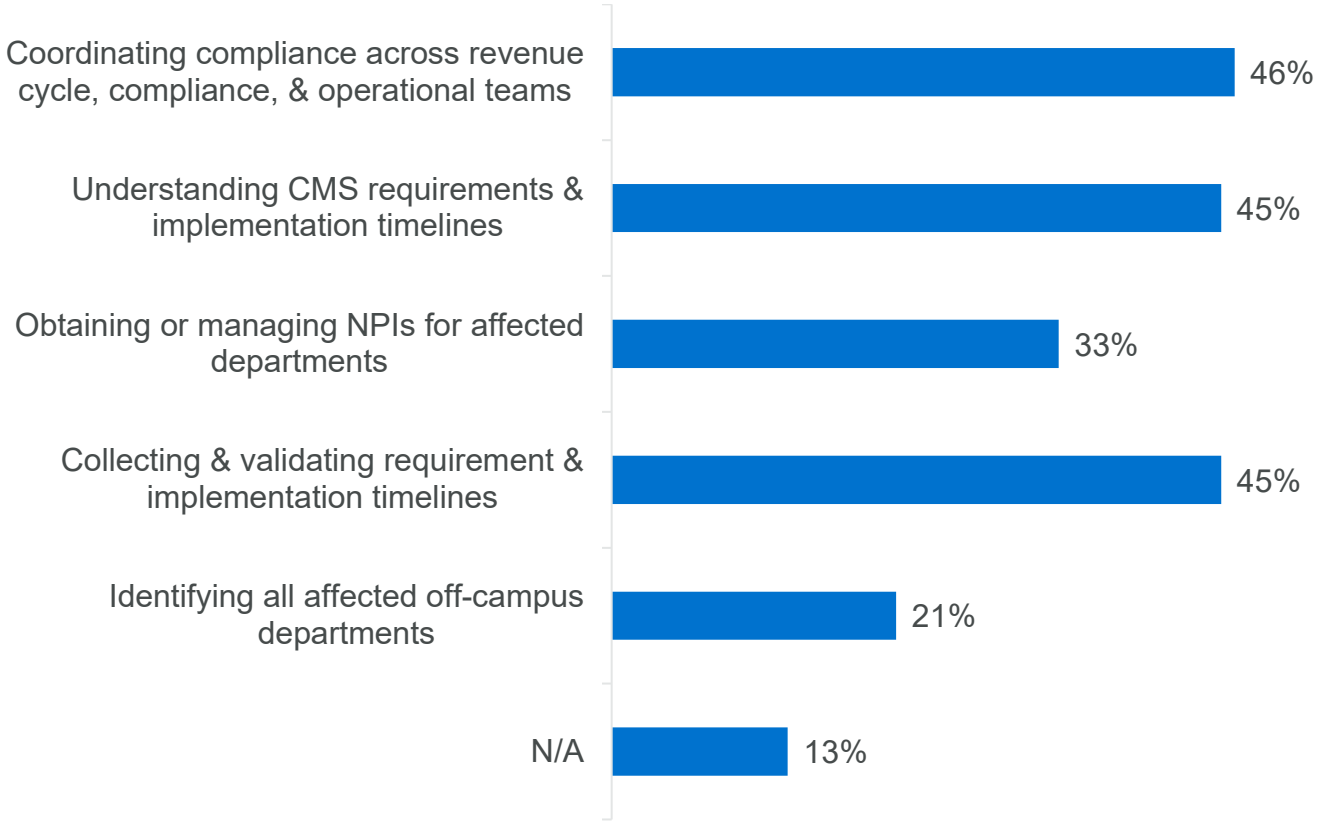
Mindsets 2027 Healthcare Industry Outlook Survey Results

What are your organization's biggest challenges/barriers to complying with the new off-campus HOPD NPI & provider-based attestation requirements?



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Future Concerns

Additional Readiness
Calculating Impacts

Excepted Status Eliminated

Calculate impact for procedures

Drug Administration On-Campus Payments

Site Neutrality for 66 APCs



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Questions?



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