



New Off-Campus HOPD Requirements – Section 6106

Executive Summary

February 23, 2026

Section 6106 of the FY 2026 health care extenders legislation establishes new statutory requirements for off-campus Hospital Outpatient Departments (HOPDs), effective January 1, 2028. These provisions formalize oversight previously governed by CMS regulation and create two separate compliance mandates: (1) a unique NPI requirement for each off-campus department, and (2) a mandatory provider-based status attestation requirement for each department.

1. Separate and Unique NPI Requirement

Each off-campus HOPD must obtain and bill under a distinct National Provider Identifier (NPI), separate from the hospital's main NPI and all other outpatient departments.

Key Implications: Requires CMS-855A amendments in PECOS for each department; triggers repeated CMS review whenever enrollment changes occur; necessitates billing system reconfiguration and revenue cycle redesign.

Interaction with Medicare Exact Match: Medicare already requires precise reporting of HOPD physical locations for billing purposes. The new department-level NPI mandate adds an additional layer of enrollment complexity and increases the risk of billing misalignment.

2. Mandatory Provider-Based Status Attestation

Hospitals must submit a provider-based attestation for each off-campus HOPD. Current interpretation suggests the requirement applies at the department level. A single building with multiple departments could require multiple attestations.

Operational Concerns: Each attestation may require hundreds of hours of preparation; submissions can range from 600–2,000 pages; updated geo-mapping may be required to demonstrate compliance.

No Standardized National Form: Each Medicare Administrative Contractor (MAC) uses its own format and review process, complicating compliance for multi-state systems.

Overlap with Cost Report Attestation: Hospitals already certify Medicare compliance annually through cost report submissions. The new statutory attestation creates a duplicative layer of certification.

Compliance and Financial Risk

Failure to comply may result in denial of Medicare payment, recoupment of claims, loss of provider-based status, increased False Claims Act exposure, and potential 340B child-site risk.

Bottom Line: Section 6106 introduces a structural enrollment overhaul combined with a documentation-intensive attestation regime.

Operational and Compliance Implications of New Off-Campus HOPD Requirements

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Executive Summary

Effective January 1, 2028, Section 6106 of the FY 2026 health care extenders legislation establishes, for the first time, statutory identification and attestation requirements for off-campus Hospital Outpatient Departments (HOPDs). These changes move provider-based oversight from regulatory guidance into explicit statutory mandate and create two separate compliance structures:

1. A **separate and unique NPI requirement** for each provider-based department (PBD/HOPD); and
2. A **mandatory provider-based status attestation requirement** for each off-campus department.

These requirements layer onto existing Medicare enrollment, cost reporting, and billing obligations — significantly expanding administrative complexity, provider burden, and CMS operational workload.

I. Separate and Unique NPI Requirement for Each PBD/HOPD

Statutory Framework

Beginning January 1, 2028, each off-campus HOPD must bill Medicare under a **distinct National Provider Identifier (NPI)** that is:

- Separate from the hospital’s main NPI; and
- Separate from all other outpatient departments.

This effectively requires individual enrollment and billing recognition at the department level.

Interaction with Medicare’s Exact Match Program

Medicare’s **Exact Match** enrollment requirements already mandate that:

- The exact physical address of each HOPD be listed on the CMS-855A enrollment form;
- Enrollment records be updated whenever there are changes; and
- Billing reflect exact enrolled location data for payment purposes.

Because Exact Match is a prerequisite for provider billing, hospitals must already maintain precise, continuously updated location data.

The new statutory requirement for separate NPIs creates an additional administrative layer on top of Exact Match — requiring:

- Additional enrollment modifications;
- Expanded PECOS filings;
- Increased risk of billing mismatches;
- Ongoing synchronization between NPI data, Exact Match data, and billing systems.

PECOS and 855A Amendments

Hospitals will be required to amend their CMS-855A enrollment applications in PECOS for each individual PBD/HOPD.

This entails:

- Significant provider administrative time
- Legal and compliance review
- Associated internal and external costs

CMS must then:

- Review and approve each amended enrollment
- Transmit approval to the MAC
- Align billing through FISS

Importantly, CMS would need to repeat this process **every time the hospital enrollment changes**, including:

- Adding or removing a department
- Modifying service lines
- Routine three-year recertifications

Systems and Financial Impact

Hospitals will need to:

- Reconfigure billing systems to accommodate department-level NPIs
- Align NPI data with Exact Match location requirements
- Update revenue cycle workflows
- Modify internal compliance tracking systems

These changes represent substantial operational restructuring for multi-site health systems.

II. Mandatory Provider-Based Status Attestation Requirement

Statutory Framework

Hospitals must submit a **mandatory provider-based status attestation** for each off-campus HOPD.

The statute does not clearly state whether the requirement applies at the physical location level or department level. Current interpretation indicates it applies at the **department level**.

Accordingly, if a hospital operates 20 PBDs within one off-campus building, it may be required to submit **20 separate attestations**.

Absence of a Standardized Attestation Form

There is currently **no standardized national attestation form**.

Instead:

- Each Medicare Administrative Contractor (MAC) utilizes its own attestation format;
- Requirements vary by jurisdiction;
- Documentation expectations differ;
- Review timelines and processes are inconsistent.

This lack of uniformity complicates:

- National compliance efforts for multi-state systems
- Data comparability
- Centralized CMS oversight
- Administrative predictability for providers

Existing Cost Report Attestation Requirement

It is important to note that hospitals already submit an attestation with each Medicare cost report certifying compliance with Medicare requirements.

The new statutory attestation requirement therefore creates:

- A duplicative compliance certification structure
- Overlapping oversight mechanisms
- Additional exposure beyond the existing cost report certification framework

Documentation and Administrative Burden

Each provider-based attestation requires:

- Hundreds of hours of provider administrative and legal time
- Detailed documentation of integration, supervision, and public awareness compliance
- Updated geo-mapping demonstrating physical distance (“as the crow flies”) from the main hospital

Completed submissions can range from:

- **600 to 2,000 pages**
- Often requiring multiple binders or extensive electronic submissions

Given an estimated 50,000 HOPDs nationwide

The cumulative administrative workload is extraordinary for both providers and CMS.

CMS Implementation Requirements

CMS must still establish:

- Procedures for initial submission
- “Periodic” re-attestation frequency and process
- Verification mechanisms (desk review vs. site visits)
- Audit protocols and enforcement cadence

Without standardized processes, implementation risks inconsistent enforcement and system congestion.

III. Payment and Compliance Exposure

Failure to comply with either the NPI or attestation requirements may result in:

- Denial of Medicare payment
- Recoupment of previously paid claims
- Loss of provider-based status
- Increased False Claims Act exposure
- Jeopardized 340B child-site eligibility

The layering of:

- Exact Match enrollment requirements
- Unique NPI mandates
- MAC-specific attestation processes
- Cost report attestations

Creates significant compounded compliance risk.