

Part B Insider (Multispecialty) Coding Alert

Physician Note: CMS Offers New Guidance on Co-Location Requirements

Sharing public areas, services, and staff with other healthcare entities is complicated. New guidance from CMS reminds providers to keep quality, safety, and Medicare Conditions of Participation (CoP) in mind as they establish compliant arrangements.

Context: Last month, CMS issued draft guidance to State Survey Agency Directors on the arrangements between co-located hospitals and providers. According to the memorandum, Medicare CoPs outline how these different entities can share space. Moreover, the aim of the long-awaited guidelines is to offer "clarity" on how the feds and State surveyors "will evaluate a hospital's space sharing or contracted staff arrangements with another hospital or health care entity when assessing the hospital's compliance with the CoPs," maintains the agency.

Here is a brief overview of the key points in the draft guidance:

- Co-located hospitals may share public spaces - lobbies, waiting rooms, public restrooms, staff lounges, elevators, and entrances - but provisions must be made that ensure clinical areas are for healthcare operations only.
- Contracted staff can be shared, but not during a given shift. Staff cannot "float" between two co-located hospitals "during the same shift" or "work at one hospital while concurrently being 'on-call' at another," CMS advises.
- Credentialed medical staff can float between co-located hospitals; however, this shared status must be approved by a governing board and they must have privileges to practice at both locations.
- All employees must receive the same training whether they're contracted or direct.
- Emergency departments within co-located hospitals must follow EMTALA requirements.

Resource: Read the CMS draft guidance on co-located hospitals and healthcare entities at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-13-Hospital.pdf.