CMS's "Fresh Look" at Space Sharing Looks All Too Familiar"

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Hold the presses – CMS's long-awaited guidance on shared space arrangements between hospitals and other entities is here. But it appears that the new guidance wasn't worth the wait. If you are a hospital or other health care entity who has been standing by in hopeful anticipation of CMS's "fresh look" at shared space arrangements, you will be sorely disappointed.

All the new guidance really gets you is the ability to share a waiting room/reception area, but check-in areas must still be separate, with clear signage and different staff. And clinical space and staff must remain completely separate. Some staff may be shared "under arrangement" (pursuant to a contract) but must work solely for one entity for an entire shift – no floating back and forth between a hospital and another entity during the same time period.

Though CMS's focus allegedly changed – from public awareness to infection control, quality and privacy – the result appears to be pretty much the same. CMS instructs surveyors to request floor plans to ensure "distinct separation" of a hospital from other health care entities. Public paths of travel through clinical areas to get from one entity to another are expressly disallowed; for example, a hallway or corridor through an inpatient nursing unit. And organizations should note that such impermissible sharing will result in a violation for *both* entities.

If you expected and hoped for more from the new guidance, be sure to send your questions/comments to CMS (HospitalSCG@cms.hhs.gov) by July 2, 2019. The guidance was issued in draft form and won't be finalized until after the 60-day comment period.

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