Key points:

- The revised COPS include requirements that must be met in order for a hospice to provide services through a “multiple location.” Although CMS has provided guidance to hospice surveyors regarding approval of satellite or multiple locations as far back as 1997, this is the first time that the guidance has appeared in statutes or regulations governing hospices participating in Medicare.

- If a hospice location is approved by CMS as a multiple location, the location does not need a separate Medicare certification number (provider number); rather it can operate under the hospice’s existing certification number.

- The COPS state that all hospice multiple locations must be approved by Medicare before providing hospice care to Medicare patients. This is separate from any approvals provided by state survey agencies, whether for state licensure purposes or otherwise. The Medicare approval must be received from the CMS Regional Office.

- An equipment storage site or a site operated for the convenience of staff (such as a site where staff can complete paperwork or check messages) is not considered a multiple location and does not require Medicare approval. (See 73 Fed. Reg. 32092 (June 5, 2008)). However, state licensure laws may contain separate requirements for these locations.

Multiple Locations Condition of Participation

- A multiple location is defined by the COPS as “a Medicare-approved location from which the hospice provides the same full range of hospice care and services that is required of the hospice issued the certification number. A multiple location must meet all of the conditions of participation applicable to hospices.” (See 42 C.F.R. § 418.3.)

- A hospice operating a multiple location must meet the following requirements (See 42 C.F.R. § 418.100(f)):
  - Medicare approval before providing hospice care to Medicare patients;
  - The multiple location must be part of the hospice and share administration, supervision and services with the hospice issued the certification number;
The lines of authority and the professional and administrative control must be clearly delineated in the hospice's organizational structure and in practice, and must be traced to the certified location; and

The hospice must continually monitor and manage all services provided at all of its locations to ensure that services are provided in a safe and effective manner in accordance with the COPS.

**CMS Commentary on Multiple Locations in the COPS**

- The CMS commentary to the COPS discusses in more detail the requirements regarding multiple locations:
  - All "convenience sites where staff stop in to complete paperwork or check messages, or warehouse sites where equipment is stored" are not multiple locations and do not require Medicare approval. (See 73 Fed. Reg. 32092 (June 5, 2008)).
  - CMS has said it is the level of control and supervision exerted by the hospice over the multiple location, and not mileage limitations or staffing levels, that determines whether a site is a multiple location or a completely separate hospice location that requires its own certification number. Therefore, CMS gives no guidance on the number of miles that a multiple location may be located from the certified location and still qualify for approval.
  - Before operating a multiple location (a "practice location" according to the 855A, the CMS enrollment form), the hospice must enroll with the fiscal intermediary and notify the state survey agency and CMS of all currently-approved multiple locations at the time that the hospice requests a new multiple location.
  - If a hospice provides services out of an unapproved or disapproved multiple location, CMS states that these services may be determined to be non-covered by Medicare.
  - Multiple locations are subject to state survey agency or CMS regional office surveys, and a deficiency identified at a multiple location will apply to the entire hospice issued the certification number.
  - Factors that CMS will consider when reviewing a request for a hospice multiple location include, but are not limited to:
    - The hospice's ability to supervise the multiple location to ensure quality of care;
    - The hospice's past compliance history;
    - Relevant state issues and recommendations, such as reciprocal agreements between states to assure that at least one of the state agencies assumes responsibility for necessary surveys of multiple locations when a hospice provides services across state lines, certificate of need requirements, state licensure requirements, etc.; and
• The ability of the hospice to ensure that each patient receives care from an assigned interdisciplinary group to identify and meet the needs of the hospice patient and family.

o In issuing the new COPS, CMS refused to exempt existing hospice multiple locations from obtaining Medicare approval because "hospices have been required through a CMS policy memorandum from the Director of the Office of Chronic Care and Insurance Policy and the Deputy Director for Survey and Certification to all Regional Administrators on the subject of the Hospice Conditions of Participation (June 27, 1997) to obtain Medicare approval for multiple locations since 1997. Thus, there is no need to exclude existing multiple locations from obtaining Medicare approval because they should have already received such approval." (See 73 Fed. Reg. 32137 (June 5, 2008)).

Hospice Program Interpretive Guidance - Multiple Locations

• CMS released its most recent version (Interim Interpretive Guidelines Version 1.1) of the Hospice Program Interpretive Guidance to the state survey agency directors on January 2, 2009. The interpretive guidelines related to 42 C.F.R. § 418.100(f)(1)(i) contain the guidance to survey agencies related to Medicare approval for multiple locations. The guidance states the following:

o It is longstanding CMS policy that there is no basis for a provider to bill Medicare for services provided from a hospice location that has not been determined to meet the hospice COPS.

o When a hospice wishes to add a multiple location, it must do the following:

  ▪ Notify, in writing, CMS, the state survey agency and, if deemed, its approved accreditation organization of the proposed location if it expects the location to participate in Medicare or Medicaid;

  ▪ Submit a CMS Form 855-A change of information request (including all supporting documentation) to its Medicare Administrative Contractor (MAC) before CMS approval can be granted; and

  ▪ The hospice must obtain CMS approval of the new location before it is permitted to bill Medicare for services provided from the new location.

o When CMS receives the request for a multiple location, it must carefully evaluate the information and any supporting documentation. If a decision can be made based on the written application and supporting documentation, CMS will grant or deny approval without a survey. If circumstances warrant a survey, CMS will so advise the hospice and make no further findings until a Medicare certification survey has been completed and submitted to CMS for review. CMS will notify the hospice of its decision, but there are no specified time frames for CMS to take action.

o CMS will not approve a hospice’s inpatient facility or a change of location for a hospice’s inpatient facility without a survey to assure that the facility meets all requirements in 42 C.F.R. § 418.110.

o A hospice may not bill Medicare for services provided from a multiple location until the new site or location has been approved by CMS. The fact that an
accreditation organization with deeming authority has approved a new site or location will not affect CMS' decision, which will be based on an independent application of the regulations. Services provided before the effective date of approval should not be billed to Medicare.

Suggestions for hospice multiple locations

NHPCO guidance to hospices with respect to multiple locations:

★ Before deciding to open a hospice multiple location to provide the full range of hospice care and services provided by the main location, review the available guidance from CMS on the requirements for a multiple location to ensure that the location can qualify as a multiple location. If the location does not qualify, the hospice should enroll the location as a new provider in the Medicare program and obtain a separate certification number for the location.

★ As soon as possible after deciding to open a multiple location, contact

1. the hospice's state hospice licensure agency;
2. the hospice's state survey agency (if different than the licensure agency);
3. the CMS regional office responsible for the hospice's state;
4. the hospice's accreditation agency, if any, and:
5. the hospice’s fiscal intermediary (“FI”) or Medicare Administrative Contractor (“MAC”)

★ The communication should be in writing and dated, and should include adequate information to allow each agency to determine that the multiple location can appropriately meet the requirements of a multiple location as described in this tip sheet and other CMS guidance. Keep copies of all communications to or from these agencies.

★ Until CMS approval is obtained, do not provide hospice services out of the multiple location. Before such approval is granted, a hospice may choose to utilize the location as a convenience site or drop-off site for staff, if all necessary state approvals are obtained. However, providing any direct patient care activities (such as running IDG meetings) from the location may put the hospice at risk of a CMS determination that unapproved services were provided from the location.

★ If the proposed multiple location is in a state other than where the hospice’s certified location is found, refer to NHPCO's tip sheet on providing hospice services across state lines.

★ If a hospice is currently operating a multiple location that has not been approved by CMS, contact NHPCO as soon as possible. In some cases, state survey
agencies or state licensure agencies may have given hospices inconsistent guidance regarding multiple locations.

Resources for success!

- NHPCO’s Regulatory & Compliance Center – “CoP’s – Planning for Success” campaign
  - www.nhpco.org/regulatory

★ Please note that hospice providers need to comply with the most stringent regulatory requirements. (Federal or State)