

Hospital Crosswalk

Medicare Hospital Requirements to 2017 Joint Commission Hospital Standards & EPs

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
§482.22	TAG: A-0338	LD.01.01.01	The hospital has a leadership structure.	
§482.22 Condition of Participation: Medical staff	The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.	EP 3	The governing body identifies those responsible for the provision of care, treatment, and services. (See also NR.01.01.01, EP 3)	Medical Staff Bylaws, Article 10, (a)
		LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.	
		EP 6	The organized medical staff is accountable to the governing body for the quality of care provided to patients.	Medical Staff Bylaws, Article 10, (a)
		EP 8	For hospitals that use Joint Commission accreditation for deemed status purposes: There is a single organized medical staff.	Medical Staff Bylaws, Article 2, 2.A. (1) and (2)
		MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
		EP 1	The organized medical staff develops medical staff bylaws, rules and regulations, and policies.	Medical Staff Bylaws, Article 10, (a)
		EP 2	The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the "Leadership" [LD] chapter for requirements regarding the governing body's authority and conflict management processes. See Element of	Medical Staff Bylaws, Article 10, (a) and (b)

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			Performance 17 for information on which medical staff members are eligible to vote.)	
		EP 3	Every requirement set forth in MS.01.01.01, Elements of Performance (EPs) 12–37, is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated. For those EPs 12–37 that require a process, the medical staff bylaws include, at a minimum, the basic steps required for implementation of the requirement, as determined by the organized medical staff and approved by the governing body. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the “Leadership” [LD] chapter for requirements regarding the governing body’s authority and conflict management processes.) <i>Note: If an organization is found to be out of compliance with this EP, the citation will occur at the appropriate element(s) of performance in MS.01.01.01, EPs 12–37.</i>	Medical Staff Bylaws, Article 5, 5.B.
		EP 5	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.	Medical Staff Bylaws, Article 5, 5.B., 5.B.2, (g)
		EP 6	The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.	Medical Staff Bylaws, Article 7, 7.C., 7.D., 7.E., 7.F.
		EP 7	The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.	Medical Staff Bylaws, Article 10, (a) and (b)

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
§482.22(a)	TAG: A-0339	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
§482.22(a) Standard: Eligibility and process for appointment to medical staff. The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at § 482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body.		EP 12	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.	Medical Staff Bylaws, Article 2
		EP 13	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: Qualifications for appointment to the medical staff. <i>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and non-physician practitioners who are determined to be eligible for appointment by the governing body.</i>	Medical Staff Bylaws, Article 2 & Article 7
		MS.07.01.01	The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff.	
		EP 1	The organized medical staff develops criteria for medical staff membership. <i>Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.</i>	Medical Staff Bylaws, Article 2
		EP 5	Membership is recommended by the medical staff and granted by the governing body.	Medical Staff Bylaws, Article 5, 5.B., 5.B.2

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
§482.22(a)(1)	TAG: A-0340	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
(1) The medical staff must periodically conduct appraisals of its members.		EP 5	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.	Medical Staff Bylaws, Article 5., 5.C., 5.C.1, 5.C.2
		EP 6	The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.	Medical Staff Bylaws, Article 5., 5.C., 5.C.1, 5.C.2
		EP 14	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for privileging and re-privileging licensed independent practitioners, which may include the process for privileging and re-privileging other practitioners. (See also EM.02.02.13, EP 2; MS.06.01.13, EP 1)	Medical Staff Bylaws, Article 7., 7.B. and reference to Credentials Policy, Article 3
		MS.03.01.01	The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.	
		EP 2	Practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.	Medical Staff Bylaws, Article 7., 7.B. and reference to Credentials Policy, Article 3
		MS.06.01.05	The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.	
		EP 3	All of the criteria used are consistently evaluated for all practitioners holding that privilege.	Medical Staff Bylaws, Article 7., 7.B. and reference to Credentials Policy, Article 3
		EP 7	The hospital queries the National Practitioner Data Bank (NPDB) when clinical privileges are initially granted, at the time of renewal of privileges, and when a new privilege(s) is requested.	Credentials Policy, Article 3 and Article 4
		EP 8	Peer recommendation includes written information regarding the practitioner's current: <ul style="list-style-type: none"> • Medical/clinical knowledge • Technical and clinical skills • Clinical judgment • Interpersonal skills • Communication skills 	Credentials Policy, Article 6

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<ul style="list-style-type: none"> Professionalism <p><i>Note: Peer recommendation may be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance, or a written peer evaluation of practitioner-specific data collected from various sources for the purpose of validating current competence.</i></p>	
		EP 9	<p>Before recommending privileges, the organized medical staff also evaluates the following:</p> <ul style="list-style-type: none"> Challenges to any licensure or registration Voluntary and involuntary relinquishment of any license or registration Voluntary and involuntary termination of medical staff membership Voluntary and involuntary limitation, reduction, or loss of clinical privileges Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant Documentation as to the applicant's health status Relevant practitioner-specific data as compared to aggregate data, when available Morbidity and mortality data, when available 	Credentials Policy, Article 3
		EP 10	The hospital has a process to determine whether there is sufficient clinical performance information to make a decision to grant, limit, or deny the requested privilege.	Credentials Policy, Article 4
		EP 12	Information regarding each practitioner's scope of privileges is updated as changes in clinical privileges for each practitioner are made.	Medical Staff Bylaws, Article 2 and Credentials Policy, Article 5
		MS.06.01.07	The organized medical staff reviews and analyzes all relevant information regarding each requesting practitioner's current licensure status,	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			training, experience, current competence, and ability to perform the requested privilege.	
		EP 8	The governing body or delegated governing body committee has final authority for granting, renewing, or denying privileges.	Medical Staff Bylaws, Article 7, 7.B., (1)
		EP 9	Privileges are granted for a period not to exceed two years.	Medical Staff Bylaws, Article 3, 3.B., (1)
		MS.06.01.09	The decision to grant, limit, or deny an initially requested privilege or an existing privilege petitioned for renewal is communicated to the requesting practitioner within the time frame specified in the medical staff bylaws.	
		EP 1	Requesting practitioners are notified regarding the granting decision.	Credentialing Policy, Articles 3 and 4
		EP 2	In the case of privilege denial, the applicant is informed of the reason for denial.	Credentialing Policy, Articles 3 and 4
		EP 3	The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the hospital and applicable law.	Credentialing Policy, Articles 3 and 4
		EP 4	The process to disseminate all granting, modification, or restriction decisions is approved by the organized medical staff.	Credentialing Policy, Articles 3 and 4
		MS.08.01.03	Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.	
		EP 1	The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.	Medical Staff Bylaws, Article 5., 5.C., (1) and (2)
		EP 2	The process for the ongoing professional practice evaluation includes the following: The type of data to be collected is determined by individual departments and approved by the organized medical staff.	Medical Staff Bylaws, Article 5., 5.C., (1) and (2)

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
		EP 3	The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).	Medical Staff Bylaws, Article 5., 5.C., (1) and (2)
		MS.09.01.01	The organized medical staff, pursuant to the medical staff bylaws, evaluates and acts on reported concerns regarding a privileged practitioner's clinical practice and/or competence.	
		EP 1	The hospital, based on recommendations by the organized medical staff and approval by the governing body, has a clearly defined process for collecting, investigating, and addressing clinical practice concerns. (See also RI.01.07.01, EPs 1, 2, 4, 6, and 7)	Medical Staff Bylaws, Article 7., 7.E., and 7.F.
		EP 2	Reported concerns regarding a privileged practitioner's professional practice are uniformly investigated and addressed, as defined by the hospital and applicable law.	Medical Staff Bylaws, Article 7., 7.E., and 7.F.
§482.22(a)(2)	TAG: A-0341	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
(2) The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendations to the governing body on the appointment of these candidates in accordance with State law, including scope-of-practice laws, and the medical staff bylaws, rules, and regulations. A candidate who has been recommended by the medical staff and who has been appointed by the governing body is subject to all medical staff bylaws, rules, and regulations, in addition to the requirements contained in this section.		EP 13	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: Qualifications for appointment to the medical staff. <i>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and non-physician practitioners who are determined to be eligible for appointment by the governing body.</i>	Medical Staff Bylaws, Article 2 & Article 7
		MS.02.01.01	There is a medical staff executive committee.	
		EP 11	The medical staff executive committee makes recommendations, as defined in the medical staff bylaws, directly to the governing body on, at least,	Medical Staff Bylaws, Article 5, 5.B., 5.B.1. & 5.B.2

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			all of the following: The delineation of privileges for each practitioner privileged through the medical staff process.	
		MS.06.01.03	The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.	
		EP 1	The hospital credentials applicants using a clearly defined process.	Medical Staff Bylaws, Article 7., 7.B.1 & Credentials Policy, Article 2, 2.A.1
		EP 2	The credentialing process is based on recommendations by the organized medical staff.	Medical Staff Bylaws, Article 7., 7.B.1 & Credentials Policy, Article 2, 2.A.1
		EP 4	The credentialing process is outlined in the medical staff bylaws.	Medical Staff Bylaws, Article 7., 7.B.1 & Credentials Policy, Article 2, 2.A.1
		EP 6	The credentialing process requires that the hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information: <ul style="list-style-type: none"> • The applicant's current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration • The applicant's relevant training • The applicant's current competence 	Medical Staff Bylaws, Article 7., 7.B.1 & Credentials Policy, Article 2, 2.A.1
		MS.06.01.05	The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.	
		EP 1	All licensed independent practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation.	Credentials Policy, Articles 3 & 4
		EP 2	The hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria:	Credentials Policy, Articles 3 & 4

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<ul style="list-style-type: none"> • Current licensure and/or certification, as appropriate, verified with the primary source • The applicant’s specific relevant training, verified with the primary source • Evidence of physical ability to perform the requested privilege • Data from professional practice review by an organization(s) that currently privileges the applicant (if available) • Peer and/or faculty recommendation • When renewing privileges, review of the practitioner’s performance within the hospital 	
		EP 6	<p>An applicant submits a statement that no health problems exist that could affect his or her ability to perform the privileges requested.</p> <p><i>Note: The applicant's ability to perform privileges requested must be evaluated. This evaluation is documented in the individual's credentials file. Such documentation may include the applicant's statement that no health problems exist that could affect his or her practice. Documentation regarding an applicant's health status and his or her ability to practice should be confirmed. Initial applicants may have their health status confirmed by the director of a training program, the chief of services, or the chief of staff at another hospital at which the applicant holds privileges, or by a currently licensed doctor of medicine or osteopathy approved by the organized medical staff. In instances where there is doubt about an applicant's ability to perform privileges requested, an evaluation by an external and internal source may be required. The request for an evaluation rests with the organized medical staff.</i></p>	Credentials Policy, Articles 3 & 4
		EP 8	Peer recommendation includes written information regarding the practitioner’s current:	Credentials Policy, Articles 3 & 4

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<ul style="list-style-type: none"> • Medical/clinical knowledge • Technical and clinical skills • Clinical judgment • Interpersonal skills • Communication skills • Professionalism <p><i>Note: Peer recommendation may be in the form of written documentation reflecting informed opinions on each applicant's scope and level of performance, or a written peer evaluation of practitioner-specific data collected from various sources for the purpose of validating current competence.</i></p>	
		EP 9	<p>Before recommending privileges, the organized medical staff also evaluates the following:</p> <ul style="list-style-type: none"> • Challenges to any licensure or registration • Voluntary and involuntary relinquishment of any license or registration • Voluntary and involuntary termination of medical staff membership • Voluntary and involuntary limitation, reduction, or loss of clinical privileges • Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant • Documentation as to the applicant's health status • Relevant practitioner-specific data as compared to aggregate data, when available • Morbidity and mortality data, when available 	Credentials Policy, Articles 3 & 4
		EP 12	Information regarding each practitioner's scope of privileges is updated as changes in clinical privileges for each practitioner are made.	Credentials Policy, Articles 3 & 4

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
		MS.06.01.07	The organized medical staff reviews and analyzes all relevant information regarding each requesting practitioner's current licensure status, training, experience, current competence, and ability to perform the requested privilege.	
		EP 8	The governing body or delegated governing body committee has final authority for granting, renewing, or denying privileges.	Credentials Policy, Articles 3 & 4
		MS.06.01.09	The decision to grant, limit, or deny an initially requested privilege or an existing privilege petitioned for renewal is communicated to the requesting practitioner within the time frame specified in the medical staff bylaws.	
		EP 1	Requesting practitioners are notified regarding the granting decision.	Medical Staff Bylaws, Article 7., 7.B.1 & Credentials Policy, Article 2, 2.A.1
		EP 2	In the case of privilege denial, the applicant is informed of the reason for denial.	Medical Staff Bylaws, Article 7., 7.B.1 & Credentials Policy, Article 2, 2.A.1
		EP 3	The decision to grant, deny, revise, or revoke privilege(s) is disseminated and made available to all appropriate internal and external persons or entities, as defined by the hospital and applicable law.	Medical Staff Bylaws, Article 7., 7.B.1 & Credentials Policy, Article 2, 2.A.1
		EP 4	The process to disseminate all granting, modification, or restriction decisions is approved by the organized medical staff.	Medical Staff Bylaws, Article 7., 7.B.1 & Credentials Policy, Article 2, 2.A.1
		MS.07.01.01	The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff.	
		EP 1	The organized medical staff develops criteria for medical staff membership. <i>Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.</i>	Medical Staff Bylaws, Article 2
		EP 2	The professional criteria are designed to assure the medical staff and governing body that patients will receive quality care, treatment, and services.	Medical Staff Bylaws, Article 2
		EP 3	The organized medical staff uses the criteria in appointing members to the medical staff and	Medical Staff Bylaws, Articles 2 and 3

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			appointment does not exceed a period of two years.	
		EP 5	Membership is recommended by the medical staff and granted by the governing body.	Medical Staff Bylaws, Articles 2 and 3
§482.22(a)(3)	TAG: A-0342	MS.13.01.01	For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.	St. Cloud Hospital is distance site, not the originating site.
		EP 1	<p>All licensed independent practitioners who are responsible for the patient’s care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the distant site for those services to be 	Not applicable at this time. St. Cloud Hospital is distance site, not the originating site.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>provided at the originating site.</p> <ul style="list-style-type: none"> For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EPs 4, 9, and 23) <i>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i> The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <i>Note 1: In the case of an accredited ambulatory care organization, the</i> 	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p><i>hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p>	
§482.22(a)(3)(i)	TAG: A-0342	LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.	
(i) The distant-site hospital providing the telemedicine services is a Medicare-participating hospital.		EP 23	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following:</p> <ul style="list-style-type: none"> • The distant site is a contractor of services to the hospital. • The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation • The originating site makes certain through the written agreement that all distant-site 	Not applicable at this time. St. Cloud Hospital is distance site, not the originating site.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1)</p> <p><i>Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:</i></p> <ul style="list-style-type: none"> The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site. 	
		MS.13.01.01	For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.	
		EP 1	All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the	Not applicable at this time. St. Cloud Hospital is distance site, not the originating site.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the distant site for those services to be provided at the originating site. • For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, 	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EPs 4, 9, and 23)</p> <p><i>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i></p> <ul style="list-style-type: none"> • The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p><i>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site</i></p>	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p><i>makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p>	
§482.22(a)(3)(ii)	TAG: A-0342	MS.13.01.01	<p>For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.</p>	
<p>(ii) The individual distant-site physician or practitioner is privileged at the distant-site hospital providing the telemedicine services, which provides a current list of the distant-site physician's or practitioner's privileges at the distant-site hospital.</p>		EP 1	<p>All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: 	<p>St. Cloud Hospital is distance site, not the originating site.</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<ul style="list-style-type: none"> • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the distant site for those services to be provided at the originating site. • For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EPs 4, 9, and 23) <i>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i> • The distant-site practitioner has a license that is issued or 	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>recognized by the state in which the patient is receiving telemedicine services.</p> <p><i>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p>	
§482.22(a)(3)(iii)	TAG: A-0342	MS.13.01.01	For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.	
(iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State in which the hospital whose patients are receiving the telemedicine services is located.		EP 1	<p>All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according 	St. Cloud Hospital is distance site, not the originating site.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>to Standards MS.06.01.03 through MS.06.01.13.</p> <p>Or</p> <ul style="list-style-type: none"> • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the distant site for those services to be provided at the originating site. • For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse 	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EPs 4, 9, and 23)</p> <p><i>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i></p> <ul style="list-style-type: none"> • The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p><i>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of</i></p>	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<i>Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i>	
§482.22(a)(3)(iv)	TAG: A-0342	MS.13.01.01	For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.	
<p>(iv) With respect to a distant-site physician or practitioner, who holds current privileges at the hospital whose patients are receiving the telemedicine services, the hospital has evidence of an internal review of the distant-site physician's or practitioner's performance of these privileges and sends the distant-site hospital such performance information for use in the periodic appraisal of the distant-site physician or practitioner. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site physician or practitioner to the hospital's patients and all complaints the hospital has received about the distant-site physician or practitioner.</p>		EP 1	<p>All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the 	St. Cloud Hospital is distance site, not the originating site.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>distant site for those services to be provided at the originating site.</p> <ul style="list-style-type: none"> For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EPs 4, 9, and 23) <p><i>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i></p> The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p><i>Note 1: In the case of an accredited</i></p> 	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p><i>ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p>	
§482.22(a)(4)	TAG: A-0343	LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.	
4) When telemedicine services are furnished to the hospital's patients through an agreement with a distant-site telemedicine entity, the governing body of the hospital whose patients are receiving the telemedicine services may choose, in lieu of the requirements in paragraphs (a)(1) and (a)(2) of this section, to have its medical staff rely upon the credentialing and privileging decisions made by the distant-site telemedicine entity when making recommendations on privileges for the individual distant-site physicians and practitioners providing such services, if the hospital's governing body ensures, through its written agreement with the distant-site telemedicine entity, that the distant-site telemedicine entity furnishes services that, in accordance		EP 1	Clinical leaders and medical staff have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement.	Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
	with §482.12(e), permit the hospital to comply with all applicable conditions of participation for the contracted services. The hospital's governing body must also ensure, through its written agreement with the distant-site telemedicine entity, that all of the following provisions are met:			
		EP 2	The hospital describes, in writing, the nature and scope of services provided through contractual agreements.	Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service
		EP 3	Designated leaders approve contractual agreements.	Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service
		EP 4	<p>Leaders monitor contracted services by establishing expectations for the performance of the contracted services.</p> <p><i>Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter.</i></p> <p><i>Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:</i></p> <ul style="list-style-type: none"> • Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. • Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. <p><i>Note 3: For hospitals that use Joint Commission</i></p>	Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<i>accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.</i>	
		EP 5	Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services. <i>Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.</i>	Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service
		EP 6	Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.	Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service
		EP 23	For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following: <ul style="list-style-type: none"> • The distant site is a contractor of services to the hospital. • The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation • The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1) Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. If the originating site chooses	Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:</p> <ul style="list-style-type: none"> • The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the “Medical Staff” (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). • The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site’s medical staff recommendations, which rely on information provided by the distant site. 	
		MS.13.01.01	For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.	
		EP 1	<p>All licensed independent practitioners who are responsible for the patient’s care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant- 	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.</p> <p>Or</p> <ul style="list-style-type: none"> • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the distant site for those services to be provided at the originating site. • For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the 	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>originating site. (See also LD.04.03.09, EPs 4, 9, and 23)</p> <p><i>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i></p> <ul style="list-style-type: none"> The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p><i>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p>	<p>Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges</p>
§482.22(a)(4)(i)	TAG: A-0343	LD.04.03.09	<p>Care, treatment, and services provided through contractual agreement are provided safely and effectively.</p>	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
(i) The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at least meet the standards at §482.12(a)(1) through (a)(7) and §482.22(a)(1) through (a)(2).		EP 2	The hospital describes, in writing, the nature and scope of services provided through contractual agreements.	Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service
		EP 4	<p>Leaders monitor contracted services by establishing expectations for the performance of the contracted services.</p> <p><i>Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the "Medical Staff" (MS) chapter.</i></p> <p><i>Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:</i></p> <ul style="list-style-type: none"> • Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges. • Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges. <p><i>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.</i></p>	Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service
		EP 23	For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to	Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>the hospital's patients, the originating site has a written agreement with the distant site that specifies the following:</p> <ul style="list-style-type: none"> • The distant site is a contractor of services to the hospital. • The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation • The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1) <p><i>Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p> <p>If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:</p> <ul style="list-style-type: none"> • The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). <p>The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site.</p>	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
		MS.13.01.01	For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.	
		EP 1	<p>All licensed independent practitioners who are responsible for the patient’s care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the distant site for those services to be provided at the originating site. • For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site 	<p>Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>provides the originating site with a current list of licensed independent practitioners' privileges. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EPs 4, 9, and 23)</p> <p><i>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i></p> <ul style="list-style-type: none"> The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p><i>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07</i></p>	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p><i>(excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p>	
§482.22(a)(4)(ii)	TAG: A-0343	MS.13.01.01	For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.	
(ii) The individual distant-site physician or practitioner is privileged at the distant-site telemedicine entity providing the telemedicine services, which provides the hospital with a current list of the distant-site physician's or practitioner's privileges at the distant-site telemedicine entity.		EP 1	<p>All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is 	St. Cloud Hospital distant site. Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>issued or recognized by the state in which the patient is receiving telemedicine services.</p> <p>Or</p> <ul style="list-style-type: none"> • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the distant site for those services to be provided at the originating site. • For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. The originating site has evidence of an internal review of the practitioner’s performance of these privileges and sends to the distant site information that is useful to assess the practitioner’s quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, 	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>EPs 4, 9, and 23) <i>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i></p> <ul style="list-style-type: none"> The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p><i>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p>	
§482.22(a)(4)(iii)	TAG: A-0343	MS.13.01.01	For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
		and privileging processes of the originating site.		
	(iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State in which the hospital whose patients are receiving such telemedicine services is located.	EP 1	<p>All licensed independent practitioners who are responsible for the patient’s care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the distant site for those services to be provided at the originating site. • For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. The 	St. Cloud Hospital distant site. Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EPs 4, 9, and 23)</p> <p><i>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i></p> <ul style="list-style-type: none"> The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p><i>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive</i></p>	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p><i>Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p>	
§482.22(a)(4)(iv)	TAG: A-0343	MS.13.01.01	For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.	
<p>(iv) With respect to a distant-site physician or practitioner, who holds current privileges at the hospital whose patients are receiving the telemedicine services, the hospital has evidence of an internal review of the distant-site physician's or practitioner's performance of these privileges and sends the distant-site telemedicine entity such performance information for use in the periodic appraisal of the distant-site physician or practitioner. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site physician or practitioner to the hospital's patients, and all complaints the hospital has received about the distant-site physician or practitioner.</p>			<p>All licensed independent practitioners who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. 	<p>St. Cloud Hospital distant site. Credentials Policy, Article 4, 4.A.8. Telemedicine Privileges & 4.E. Contracts for Service</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>Or</p> <ul style="list-style-type: none"> • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the distant site for those services to be provided at the originating site. • For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EPs 4, 9, and 23) <p><i>Note: This occurs in a way consistent with any hospital policies or</i></p>	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p><i>procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i></p> <ul style="list-style-type: none"> The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p><i>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p>	
§482.22(b)	TAG: A-0347	LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.	
§482.22(b) Standard: Medical Staff Organization and Accountability	The medical staff must be well organized and accountable to the governing body for the quality of the	EP 4	The governing body approves the structure of the organized medical staff.	Medical Staff Bylaws, Article 2

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			medical care provided to the patients.	
		EP 6	The organized medical staff is accountable to the governing body for the quality of care provided to patients.	Medical Staff Bylaws, Article 2
§482.22(b)(1)	TAG: A-0347	LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.	
(1) The medical staff must be organized in a manner approved by the governing body.		EP 4	The governing body approves the structure of the organized medical staff.	Medical Staff Bylaws, Article 2
		MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
		EP 12	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.	Medical Staff Bylaws, Article 2
§482.22(b)(2)	TAG: A-0347	MS.02.01.01	There is a medical staff executive committee.	
(2) If the medical staff has an executive committee, a majority of the members of the committee must be doctors of medicine or osteopathy		EP 4	The governing body approves the structure of the organized medical staff.	Medical Staff Bylaws, Article 2
§482.22(b)(3)	TAG: A-0347			
(3) The responsibility for organization and conduct of the medical staff must be assigned only to one of the following:				Medical Staff Bylaws, Article 2
§482.22(b)(3)(i)	TAG: A-0347	LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.	
(i) An individual doctor of medicine or osteopathy.		EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff.	Medical Staff Bylaws, Article 2
§482.22(b)(3)(ii)	TAG: A-0347	LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.	
(ii) A doctor of dental surgery or dental medicine, when permitted by State law of the State in which the hospital is located.		EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is	Medical Staff Bylaws, Article 2

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			responsible for the organization and conduct of the medical staff.	
§482.22(b)(3)(iii)	TAG: A-0347	LD.01.05.01	The hospital has an organized medical staff that is accountable to the governing body.	
(iii) A doctor of podiatric medicine, when permitted by State law of the State in which the hospital is located.		EP 7	For hospitals that use Joint Commission accreditation for deemed status purposes: A doctor of medicine or osteopathy, or, if permitted by state law, a doctor of dental surgery or dental medicine, or a doctor of podiatric medicine is responsible for the organization and conduct of the medical staff.	Medical Staff Bylaws, Article 2
§482.22(b)(4)	TAG: A-0348			
(4) If a hospital is part of a hospital system consisting of multiple separately certified hospitals and the system elects to have a unified and integrated medical staff for its member hospitals, after determining that such a decision is in accordance with all applicable State and local laws, each separately certified hospital must demonstrate that:				NA
§482.22(b)(4)(i)	TAG: A-0349	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
(i) The medical staff members of each separately certified hospital in the system (that is, all medical staff members who hold specific privileges to practice at that hospital) have voted by majority, in accordance with medical staff bylaws, either to accept a unified and integrated medical staff structure or to opt out of such a structure and to maintain a separate and distinct medical staff for their respective hospital;		EP 12	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.	Medical Staff Bylaws, Article 2
		EP 17	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: A description of those members of the medical staff who are eligible to vote.	Medical Staff Bylaws, Article 2
		MS.01.01.05	For hospitals that use Joint Commission accreditation for deemed status purposes: Multihospital systems can choose to establish a unified and integrated medical staff in accordance with state and local laws.	
		EP 1	For hospitals that use Joint Commission	NA

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: Each separately accredited hospital within a multihospital system that elects to have a unified and integrated medical staff demonstrates that the medical staff members of each hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) have voted by majority either to accept the unified and integrated medical staff structure or to opt out of such a structure and maintain a separate and distinct medical staff for their hospital.</p>	
§482.22(b)(4)(ii)	TAG: A-0350	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
(ii) The unified and integrated medical staff has bylaws, rules, and requirements that describe its processes for self-governance, appointment, credentialing, privileging, and oversight, as well as its peer review policies and due process rights guarantees, and which include a process for the members of the medical staff of each separately certified hospital (that is, all medical staff members who hold specific privileges to practice at that hospital) to be advised of their rights to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their hospital;		EP 5	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.	Medical Staff Bylaws, Article 2
		EP 6	The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.	Medical Staff Bylaws, Article 2
		EP 7	The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.	Medical Staff Bylaws, Article 2
		EP 12	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.	Medical Staff Bylaws, Article 2
		EP 13	The medical staff bylaws include the following requirements, in accordance with Element of	Medical Staff Bylaws, Article 2 & Article 7

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>Performance 3: Qualifications for appointment to the medical staff.</p> <p><i>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and non-physician practitioners who are determined to be eligible for appointment by the governing body.</i></p>	
		EP 14	<p>The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for privileging and re-privileging licensed independent practitioners, which may include the process for privileging and re-privileging other practitioners. (See also EM.02.02.13, EP 2; MS.06.01.13, EP 1)</p>	Medical Staff Bylaws, Article 7 & reference to Credentials Policy, Article 3
		EP 15	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy).</p> <p><i>Note: Solely for the purposes of this element of performance, The Joint Commission interprets the word "privileges" to mean the duties and prerogatives of each category, and not the clinical privileges to provide patient care, treatment, and services related to each category. Each member of the medical staff is to have specific clinical privileges to provide care, treatment, and services authorized through the processes specified in Standards MS.06.01.03, MS.06.01.05, and MS.06.01.07.</i></p>	Medical Staff Bylaws, Article 2
		EP 17	<p>The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: A description of those members of the medical staff who are eligible to vote.</p>	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
		EP 22	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: That the medical executive committee includes physicians and may include other practitioners and any other individuals as determined by the organized medical staff.	Medical Staff Bylaws, Article 5, B.
		EP 26	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for credentialing and re-credentialing licensed independent practitioners, which may include the process for credentialing and re-credentialing other practitioners.	Medical Staff Bylaws, Article 2 & 7 & reference to Credentials Policy, Article 3
		EP 27	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for appointment and re-appointment to membership on the medical staff.	Credentials Policy 2B – reference to Credentials Policy, Article 3
		EP 34	<p>The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The fair hearing and appeal process (refer to Standard MS.10.01.01), which at a minimum shall include:</p> <ul style="list-style-type: none"> • The process for scheduling hearings and appeals • The process for conducting hearings and appeals 	Med Staff Bylaws, Article 7 & Credentials Policy, Article 7
		EP 36	<p>The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: If departments of the medical staff exist, the qualifications and roles and responsibilities of the department chair, which are defined by the organized medical staff, include the following:</p> <p>Qualifications:</p> <ul style="list-style-type: none"> • Certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process. 	Med Staff Bylaws, Article 4, 4.B

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>Roles and responsibilities:</p> <ul style="list-style-type: none"> • Clinically related activities of the department • Administratively related activities of the department, unless otherwise provided by the hospital • Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges • Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department • Recommending clinical privileges for each member of the department • Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization • Integration of the department or service into the primary functions of the organization • Coordination and integration of interdepartmental and intradepartmental services • Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services • Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services • Determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners 	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>and who provide patient care, treatment, and services</p> <ul style="list-style-type: none"> • Continuous assessment and improvement of the quality of care, treatment, and services • Maintenance of quality control programs, as appropriate • Orientation and continuing education of all persons in the department or service • Recommending space and other resources needed by the department or service <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication errors. The medical staff may delegate this responsibility to the organized pharmaceutical service.</p>	
		EP 37	For hospitals that use Joint Commission accreditation for deemed status purposes: When a multihospital system has a unified and integrated medical staff, the bylaws describe the process by which medical staff members at each separately accredited hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) are advised of their right to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their respective hospital.	NA
§482.22(b)(4)(iii)	TAG: A-0351	MS.01.01.05	For hospitals that use Joint Commission accreditation for deemed status purposes: Multihospital systems can choose to establish a unified and integrated medical staff in accordance with state and local laws.	
(iii) The unified and integrated medical staff is established		EP 2	For hospitals that use Joint Commission	NA

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff takes into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital.	
§482.22(b)(4)(iv)	TAG: A-0352	MS.01.01.05	For hospitals that use Joint Commission accreditation for deemed status purposes: Multihospital systems can choose to establish a unified and integrated medical staff in accordance with state and local laws.	
	(iv) The unified and integrated medical staff establishes and implements policies and procedures to ensure that the needs and concerns expressed by members of the medical staff, at each of its separately certified hospitals, regardless of practice or location, are given due consideration, and that the unified and integrated medical staff has mechanisms in place to ensure that issues localized to particular hospitals are duly considered and addressed.	EP 3	For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff establishes and implements policies and procedures to make certain that the needs and concerns expressed by members of the medical staff at each of its separately accredited hospitals, regardless of practice or location, are given due consideration.	NA
		EP 4	For hospitals that use Joint Commission accreditation for deemed status purposes: If a multihospital system with separately accredited hospitals chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff has mechanisms in place to make certain that issues localized to particular hospitals within the system are duly considered and addressed.	NA
§482.22(c)	TAG: A-0353	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
§482.22(c) Standard: Medical Staff Bylaws		EP 1	The organized medical staff develops medical staff bylaws, rules and regulations, and policies.	Medical Staff Bylaws, Article 8 & Article 10
	The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must:			

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
		EP 2	The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the "Leadership" [LD] chapter for requirements regarding the governing body's authority and conflict management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.)	Medical Staff Bylaws, Article 8 & Article 10
		EP 5	The medical staff complies with the medical staff bylaws, rules and regulations, and policies.	Medical Staff Bylaws, Article 8 & Article 10
		EP 6	The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.	Medical Staff Bylaws, Article 8 & Article 10
§482.22(c)(1)	TAG: A-0354	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
	[The bylaws must:] (1) Be approved by the governing body.	EP 2	The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the "Leadership" [LD] chapter for requirements regarding the governing body's authority and conflict management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.)	Medical Staff Bylaws, Article 8 & Article 10
		EP 3	Every requirement set forth in MS.01.01.01, Elements of Performance (EPs) 12–37, is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts	Medical Staff Bylaws, Article 8 & Article 10

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated. For those EPs 12–37 that require a process, the medical staff bylaws include, at a minimum, the basic steps required for implementation of the requirement, as determined by the organized medical staff and approved by the governing body. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the “Leadership” [LD] chapter for requirements regarding the governing body’s authority and conflict management processes.) <i>Note: If an organization is found to be out of compliance with this EP, the citation will occur at the appropriate element(s) of performance in MS.01.01.01, EPs 12–37.</i></p>	
		EP 7	The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.	Medical Staff Bylaws, Article 8 & Article 10
§482.22(c)(2)	TAG: A-0355	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
[The bylaws must:] (2) Include a statement of the duties and privileges of each category of medical staff (e.g., active, courtesy, etc.)		EP 15	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy). <i>Note: Solely for the purposes of this element of performance, The Joint Commission interprets the word “privileges” to mean the duties and prerogatives of each category, and not the clinical privileges to provide patient care, treatment, and services related to each category. Each member of the medical staff is to have specific clinical privileges to provide care, treatment, and services</i></p>	Medical Staff Bylaws, Article 2 & Credentials Policy, Article 3 & Article 4

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<i>authorized through the processes specified in Standards MS.06.01.03, MS.06.01.05, and MS.06.01.07.</i>	
§482.22(c)(3)	TAG: A-0356	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
[The bylaws must:] (3) Describe the organization of the medical staff.		EP 12	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.	Medical Staff Bylaws, Article 2
§482.22(c)(4)	TAG: A-0357	MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
[The bylaws must:] (4) Describe the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body.		EP 13	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: Qualifications for appointment to the medical staff. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and non-physician practitioners who are determined to be eligible for appointment by the governing body.	Medical Staff Bylaws, Article 2 & Article 7
		MS.07.01.01	The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff.	
		EP 1	The organized medical staff develops criteria for medical staff membership. <i>Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.</i>	Medical Staff Bylaws, Article 2
§482.22(c)(5)	TAG: A-0358			
[The bylaws must:] (5) Include a requirement that --				
§482.22(c)(5)(i)	TAG: A-0358	MS.01.01.01	Medical staff bylaws address self-governance	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
		and accountability to the governing body.		
	(i) A medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.	EP 16	For hospitals that use Joint Commission accreditation for deemed status purposes: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician, an oral maxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. (For more information on performing the medical history and physical examination, refer to MS.03.01.01, EPs 6–11.) Note 1: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary). <i>Note 2: The requirements referred to in this element of performance are, at a minimum, those described in the element of performance and Standard PC.01.02.03, EPs 4 and 5.</i>	Medical Staff Bylaws, Article 9
		MS.03.01.01	The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.	
		EP 9	As permitted by state law and policy, the organized medical staff may choose to allow individuals who are not licensed independent practitioners to perform part or all of a patient’s medical history and physical examination under the supervision of, or through appropriate delegation by, a specific qualified doctor of medicine or osteopathy who is accountable for the patient’s medical history and physical examination.	Medical Staff Bylaws, Article 9
		PC.01.02.03	The hospital assesses and reassesses the patient and his or her condition according to defined time frames.	
		EP 4	The patient receives a medical history and physical	Medical Staff Bylaws, Article 9

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 6; RC.02.01.03, EP 3)	
§482.22(c)(5)(ii)	TAG: A-0359	PC.01.02.03	The hospital assesses and reassesses the patient and his or her condition according to defined time frames.	
[The bylaws must:] (5) [Include a requirement that --] (ii) An updated examination of the patient, including any changes in the patient's condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within 30 days before admission or registration. The updated examination of the patient, including any changes in the patient's condition, must be completed and documented by a physician (as defined in section 1861 [®] of the Act), an oromaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.		EP 5	For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)	Medical Staff Bylaws, Article 9
§482.22(c)(6)	TAG: A-0363	LD.04.03.09	Care, treatment, and services provided through contractual agreement are provided safely and effectively.	
[The bylaws must:] (6) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges. For distant-site physicians and practitioners requesting privileges to furnish telemedicine services under an agreement with the hospital, the criteria for determining privileges and the procedure for applying the criteria are also subject to the requirements in §482.12(a)(8) and (a)(9), and §482.22(a)(3) and (a)(4).		EP 23	For hospitals that use Joint Commission accreditation for deemed status purposes: When telemedicine services are furnished to the hospital's patients, the originating site has a written agreement with the distant site that specifies the following: <ul style="list-style-type: none"> • The distant site is a contractor of services to the hospital. • The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation 	Medical Staff Bylaws, Article 5.B.2.

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<ul style="list-style-type: none"> The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (See also MS.13.01.01, EP 1) <i>Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:</i> The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13). The governing body of the originating site grants privileges to a distant site licensed independent practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site. 	
		MS.01.01.01	Medical staff bylaws address self-governance and accountability to the governing body.	
		EP 14	The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for privileging and re-privileging licensed independent practitioners, which may include the process for privileging and	Medical Staff Bylaws, Article 7 & reference to Credentials Policy, Article 3

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			re-privileging other practitioners. (See also EM.02.02.13, EP 2; MS.06.01.13, EP 1)	
		MS.13.01.01	For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.	
		EP 1	<p>All licensed independent practitioners who are responsible for the patient’s care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:</p> <ul style="list-style-type: none"> • The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13. Or • The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. Or • The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met: <ul style="list-style-type: none"> • The distant site is a Joint Commission–accredited hospital or ambulatory care organization. • The practitioner is privileged at the distant site for those services to be provided at the originating site. • For hospitals that use Joint 	NA

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p>Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners' privileges. The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site. (See also LD.04.03.09, EPs 4, 9, and 23)</p> <p><i>Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.</i></p> <ul style="list-style-type: none"> • The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. <p><i>Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the</i></p>	

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			<p><i>process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.</i></p> <p><i>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.</i></p>	
§482.22(d)	TAG: A-0364	MS.05.01.01	The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and patient safety.	
<p>§482.22(d) Standard: Autopsies</p> <p>The medical staff should attempt to secure autopsies in all cases of unusual deaths and of medical-legal and educational interest. The mechanism for documenting permission to perform an autopsy must be defined. There must be a system for notifying the medical staff, and specifically the attending practitioner, when an autopsy is being performed.</p>		EP 9	<p>The medical staff is actively involved in the measurement, assessment, and improvement of the following: The use of developed criteria for autopsies. (See also PI.03.01.01, EPs 2 and 4)</p>	<p>Medical Staff Bylaws, Article 5, Article 5.B.</p>
		EP 17	<p>For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital attempts to secure autopsies in all cases of unusual deaths and cases of medical, legal, and educational interest, and informs the medical staff (specifically the attending physician or clinical psychologist) of autopsies that the</p>	<p>Medical Staff Bylaws, Article 2</p>

CFR Number	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	St. Cloud Hospital Bylaws Location
			hospital intends to perform. Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).	
		RI.01.05.01	The hospital addresses patient decisions about care, treatment, and services received at the end of life.	
		EP 21	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital defines how it obtains and documents permission to perform an autopsy.	Medical Staff Bylaws, Article 5 & Rules and Regulations of the Medical Staff, C. Admission & Discharge of Patients & D. Medical Records