



**Center for Clinical Standards and Quality/Survey & Certification Group**

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SEP 15 2015

Linda Waldorf, CPMSM, CPCS  
President, National Association Medical Staff Services  
2025 M St. NW, Suite 800  
Washington, DC 20036

Dear Ms. Waldorf:

Thank you for your letter to the Centers for Medicare & Medicaid Services (CMS) regarding the process for granting temporary hospital privileges. We recognize the important role the National Association Medical Staff Services (NAMSS) plays in advocating for effective credentialing and privileging processes in healthcare organizations across the nation. Your organization's efforts in advocating for patient safety are very much appreciated.

The Medicare hospital Conditions of Participation (CoP) for Governing Body and Medical Staff Services in 42 CFR 482 require that the hospital's governing body is the entity that is responsible for granting privileges to practice in hospitals. Additionally, the interpretive guidelines for the Governing Body CoP at 482.12(a)(2) state:

*"The governing body determines whether to grant, deny, continue, revise, discontinue, limit, or revoke specified privileges, including medical staff membership, for a specific practitioner after considering the recommendation of the medical staff. In all instances, the governing body's determination must be consistent with established hospital medical staff criteria, as well as with State and Federal law and regulations. Only the hospital's governing body has the authority to grant a practitioner privileges to provide care in the hospital."*

However, CMS also recognizes that hospitals are frequently presented with situations where they need a practitioner to be granted hospital privileges between regularly scheduled governing body meetings. We recently became aware that many hospitals have developed a variety of processes to meet this need. As you point out, these processes are typically labeled as granting "temporary privileges".

CMS is currently evaluating methods to address how hospitals can meet their need to grant privileges between regularly scheduled governing body meetings, and, at the same time, continue to comply with the Medicare hospital CoP. Again, we thank you for your contribution to this process.

Sincerely,

  
Thomas E. Hamilton