



## Transitioning an Organization to a Three-Year Reappointment Schedule A Navigational Resource for MSPs April 2023

### Disclaimer

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This resource is a compilation of information to equip medical services professionals (MSPs) with the knowledge, interest, and skillset to inform and influence quality processes at their institutions. This information was collected by National Association Medical Staff Services (NAMSS) members and staff and compiled by NAMSS and its strategic partners to provide MSPs information on transitioning to a three-year reappointment schedule. This resource is not intended as guidance from NAMSS. It does not replace or serve as a substitute for regulations, accreditation standards, or policy. It is solely an informational product offered by NAMSS to MSPs. Please send questions to [info@namss.org](mailto:info@namss.org), ATTN: Reappointment Resource.

### Background

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On November 2, 2022, the Centers for Medicare and Medicaid (CMS) approved The Joint Commission's (TJC) proposal to increase [reappointment requirements from two to three years](#), stating that it “does not see any concerns with shifting to a three year approval if it's consistent with the local or national standards of practice.” (Appendix A: CMS letter affirming TJC's three-year reappointment revision). NAMSS applauds this change, as it aligns with other accreditation organizations' policies for hospitals and health plans and enables MSPs to assess practitioners more thoroughly through continuous monitoring. (Appendix B: TJC's revised reappointment standards).

Through [NAMSS' 2021 position statement](#) supporting three-year reappointment schedules and its 2021 roundtable, [Focused Revision: Moving to a Three-Year Practitioner Reappointment Cycle and Enhancing Continuous Monitoring](#), NAMSS has advocated for extending reappointment to help streamline credentialing processes. As the gatekeepers of patient safety, NAMSS recognizes the tremendous burden placed on MSPs who juggle continuous monitoring and reappointment—two parallel, yet often duplicative processes. Extending reappointment to three years enables MSPs to more thoroughly assess practitioner performance, which is key to ensuring that competencies align with privileges.

While three-year reappointment cycles provide long-term benefits, making this transition can be disruptive and daunting for any healthcare organization. Regardless of the short-term challenges of process changes, moving to a three-year reappointment cycle will provide long-term benefits to organizations and enable their MSPs to more effectively monitor practitioner performance.

MSPs stand to play a critical role in shepherding their organizations to three-year reappointment schedules. This document equips MSPs with the tools necessary to take leadership roles in facilitating this transition within their organizations by doing the following:

- Describing MSPs' roles in transitioning an organization to a three-year reappointment schedule
- Equipping MSPs with timeline, communication, and project plans to help their organizations revise reappointment timeframes
- Listing documents that organizations need to revise in order to transition to three-year schedules.

### MSPs' Role in Transitioning to a Three-Year Reappointment Schedule

MSPs' mission to protect patient safety includes credentialing and privileging, which requires extensive collaboration with physician leaders and various departments within an organization. Because MSPs engage with so many departments and personnel to assess practitioner quality, patient safety, patient experience, and risk management, they are well-situated to help their organizations adjust reappointment timeframes.

To initiate this process, MSPs should first ensure a comprehensive understanding of their organizations' governance processes, as well as identify key parties within their organizations' leadership who will need to approve this change. MSPs should also identify physician champions who can help facilitate this revision and engage with their medical staff leaders. This document can also help educate medical staffs and organization leaders on the steps necessary to transition to a three-year timeline, as well as the anticipated timeframes required to complete each step.

Moving to a three-year reappointment structure takes time. MSPs should work with their organizations' leadership teams to develop a project plan and timeline to develop a three-year schedule. This step will itself require planning, as it will take time to identify all of the policies, bylaws, and documentation that will need to be revised to move to a three-year reappointment schedule. The following tables provide step-by-step guidance and timeframes for communicating this revision process, reviewing existing policies, and revising organizational documents.

Note: Several states have laws in place that require two-year reappointment schedules (Appendix C: TJC's list of states with two-year regulation in place – March 2023). In light of the TJC's reappointment revision, these states may see organized efforts from state associations to revise these laws. MSPs in states that require two-year reappointment should keep up with efforts to change these requirements, as well as also coordinate with their state associations, state Medical and Nursing Boards, Hospital Associations, Medical societies, etc. to develop a united effort to update these laws.

### Communicating the Reappointment Transition within an Organization

Communication Plan	Responsible Parties	Communication Date	Comments	Date Approved
Organization Leadership; Board				
Physician Leadership (Dept. Chairs, Credentials and Medical Executive Committees)				
Organization Legal Services				
Medical Staff				
Advance-Practice Professionals				
Quality				
Human Resources				
Provider Enrollment				
Health Plans				
Hospital-Contracted Services (e.g., telemedicine, radiology, pathology)				

### Identifying Project Elements, Responsible Parties, Timelines Estimates

Project Element	Responsible Parties	Start Date	End Date
Analysis of Organization's Documents			
Analysis of federal regulations (CMS) (Hospital, surgery centers, advanced diagnostic imaging, telemedicine, etc.)			
Analysis of state regulations (Hospital, Medical Staff, Nursing, Trauma Center, etc.)			
Accreditation Standards – Hospital			
Accreditation Standards – ASC			
Analysis of Medical Staff Bylaws and revisions required to regulations/standards (see below)			
Analysis of Credentials Policies (see below)			
Analysis of Clinical Privilege Forms (see below)			

### Revising Organizational Documents to Transition to Three-Year Reappointment Cycles

Revisions to Documents	Current Language	Revised Language	Committee Approval Requirements
Medical Staff Bylaws – Governance	Any member who has fewer than the specified number of patient contact or other patient care activities as determined by each department and specified in the departmental rules and regulations during practitioner's 2-year appointment term shall not be eligible to request Active Staff status at the time of a practitioner's reappointment.	Any member who has fewer than the specified number of patient contact or other patient care activities as determined by each department and specified in the departmental rules and regulations during practitioner's 3-year appointment term shall not be eligible to request Active Staff status at the time of a practitioner's reappointment.	
Credentials Policy	The Credentials Committee may also recommend that appointment be granted for a period of less than 2 years to permit closer monitoring of a practitioner's compliance with any conditions.	The Credentials Committee may also recommend that appointment be granted for a period of less than 3 years to permit closer monitoring of a practitioner's compliance with any conditions.	
Credentials Policy	Telemedicine privileges, if granted, shall be for a period of not more than 2 years.	Telemedicine privileges, if granted, shall be for a period of not more than 3 years.	

Credentials Policy	Reappointment shall be for a period of not more than 2 years.	Reappointment shall be for a period of not more than 3 years.	
Credentials Policy	Demonstrate recent clinical activity in practitioner's primary area of practice during the last 2 years.	Demonstrate recent clinical activity in practitioner's primary area of practice during the last 3 years.	
APP Policy	The Credentials Committee may recommend specific conditions. These conditions may relate to behavior (e.g., personal code of conduct) or to clinical issues (e.g., general consultation requirements, appropriate documentation requirements, proctoring, completion of education requirements). The Credentials Committee may also recommend that permission to practice be granted for less than 2 years to permit closer monitoring of a practitioner's compliance with any conditions.	The Credentials Committee may recommend specific conditions. These conditions may relate to behavior (e.g., personal code of conduct) or to clinical issues (e.g., general consultation requirements, appropriate documentation requirements, proctoring, education-completion requirements). The Credentials Committee may also recommend granting permission to practice for less than 3 years to permit closer monitoring of a practitioner's compliance with any conditions.	
Ongoing Professional Practice Evaluation	Frequency and Content. An OPPE report for each practitioner shall be prepared at least every 9 months. A copy shall be placed in the practitioner's file and considered in the reappointment process and in assessing the practitioner's competence to exercise the clinical privileges granted.	Frequency and Content. An OPPE report for each practitioner shall be prepared at least 12 months. A copy shall be placed in the practitioner's file and considered in the reappointment process and in assessing the practitioner's competence to exercise the clinical privileges granted.	
Rules & Regulations			
Contracts			

Board Letter – Initial	You have been granted initial reappointment for 2 years.	Initial Letter – You have been granted initial reappointment for 3 years.	
Board Letter – Reappointment	Your reappointment shall be for a total of 2 years.	Your reappointment shall be for a total of 3 years.	
Software System Documentation/Processes	Initial Appointment – Data entry – Board date to 2 years.	Initial Appointment – Data Entry – Board date to 3 years.	
Software System Documentation/Processes	Reappointment – Data Entry: Board date to 2 years.	Reappointment – Data Entry: Board date to 3 years.	

Privilege Form	Current Language	Revised Language	Date Recommended/Approved
Anesthesiology – Review Every 2 Years	<u>Renewal Requirements:</u> Current Demonstrated competency of and an adequate volume of experience in 500 hospital anesthesiology cases with acceptable results, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.	<u>Renewal Requirements:</u> Current Demonstrated competency of and an adequate volume of experience in 750 hospital anesthesiology cases with acceptable results, for the past 36 months based on results of ongoing professional practice evaluation and outcomes.	Credentials Comm: MEC: Board:
Dermatology – Review Every 2 Years	<u>Renewal Requirements:</u> Current Demonstrated competency and provision of care to 100 inpatient/outpatient consultative patients with acceptable results, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.	<u>Renewal Requirements:</u> Current Demonstrated competency and provision of care to 150 inpatient/outpatient consultative patients with acceptable results, for the past 36 months based on results of ongoing professional practice evaluation and outcomes.	Credentials Comm: MEC: Board:
Hematology/Oncology – Review Every 2 Years	<u>Renewal Requirements:</u> Current demonstrated competence and an adequate volume of 100 inpatients/outpatients with acceptable results, reflective of the scope of privileges requested for the past 24 months	<u>Renewal Requirements:</u> Current demonstrated competence and an adequate volume of 150 inpatients/outpatients with acceptable results, reflective of the scope of privileges requested for the past 36 months	Credentials Comm: MEC: Board:

	based on results of ongoing professional practice evaluation and outcomes.	based on results of ongoing professional practice evaluation and outcomes.	
Gynecologic Procedures – Special Privilege – Robotic Assist Review Every 2 Years	<u>Renewal Requirements:</u> Demonstrated current competence and evidence of at least 20 robotic-assisted procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.	<u>Renewal Requirements:</u> Demonstrated current competence and evidence of at least 30 robotic-assisted procedures in the past 36 months based on results of ongoing professional practice evaluation and outcomes.	Credentials Comm: MEC: Board:

MSPs should also review [NAMSS' Quality Toolkit for MSPs \(2022\)](#), to equip themselves with the knowledge, interest, and skillset to inform and influence quality processes within their organizations.

## Appendices

### Appendix A – CMS Letter Affirming TJC’s Three-Year Reappointment Revision

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services 7500  
Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



### Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

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March 15, 2023

Deborah A. Ryan, MS, RN Interim  
Executive Vice President  
Accreditation and Certification Operations  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

Dear Mrs. Ryan:

On November 2, 2022, the Centers for Medicare & Medicaid Services (CMS) approved the Joint Commission’s (TJC’s) proposed changes and updates planned for your Advanced Diagnostic Imaging (ADI), Ambulatory Surgical Center (ASC), Critical Access Hospital (CAH), and Hospital accreditation programs. Specifically, TJC proposed to revise the credentialing and privileging standards consistent with the discussion CMS and TJC had on September 6, 2022.

The existing regulations at § 482.22(a)(1), requires the medical staff to periodically conduct appraisals of its members. Periodic review would be consistent with local laws or national practice. CMS is currently pursuing updates to the interpretive guidelines, however, in the interim and as discussed in September, CMS does not see any concerns with shifting to a three year approval if its consistent with local or national standards of practice.

CMS approved TJC standards as required for comparability by § 488.5(a)(3). We believe TJC’s requirement for three year reviews is consistent with the regulatory intent for periodic reviews. TJC is welcome to share this approval letter with its deemed programs for clarification.

If you have any questions regarding this letter, please do not hesitate to contact the CMS Accreditation Team at [AO\\_Applications@cms.hhs.gov](mailto:AO_Applications@cms.hhs.gov).

Sincerely,

/s/

Sara Brice-Payne, MS, BSN, RN  
Branch Manager  
Division of Continuing and Acute Care Providers

Appendix B – TJC’s Hospital Standards and Elements of Performance (bolded apply to reappointment):

MS.06.01.07 Hospital Program Elements of Performance

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The organized medical staff reviews and analyzes all relevant information regarding each requesting physicians or other licensed practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege.

1. The information review and analysis process is clearly defined.
2. The hospital, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a requested privilege.  
Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.
3. Gender, race, creed, and national origin are not used in making decisions regarding the granting or denying of clinical privileges.
4. The hospital completes the credentialing and privileging decision process in a timely manner.
5. The hospital's privilege granting/denial criteria are consistently applied for each requesting physician or other licensed practitioner.
6. Decisions of membership and granting of privileges include criteria that are directly related to the quality of healthcare, treatment, and services.
7. If privileging criteria are used that are unrelated to quality of care, treatment, and services or professional competence, evidence exists that the impact of resulting decisions on the quality of care, treatment, and services is evaluated.
8. The governing body or delegated governing body committee has final authority for granting renewing or denying privileges.
9. **Privileges are granted for a period not to exceed three years or for the period required by law and regulation, if shorter.**

MS.07.01.01 Hospital Program Elements of Performance

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The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff.

1. The organized medical staff develops criteria for medical staff membership.  
Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.
2. The professional criteria are designed to assure the medical staff and governing body that patients will receive quality care, treatment, and services.
3. **The organized medical staff uses their criteria and appointing members to the medical staff and appointment does not exceed three years or the period required by law and regulation if shorter.**
4. Gender, race, creed, and national origin are not used in making decisions regarding the granting or denying of medical staff membership.
5. Membership is recommended by the medical staff and granted by the governing body.



**Appendix C –TJC compilation of states with two-year reappointment requirements:**

State	Recredentialing in years	Statute	Rule	Reference	Notes
Alabama	No timeframe specified		(a) The medical staff shall periodically conduct appraisals of its members. (b) The medical staff shall examine credentials of candidates for medical staff membership and make recommendations to the governing authority on the appointment of the candidates.	Alabama Admin Code 420-5-7-.09	
Alaska	1 or 2		(c) The medical staff shall (1) recommend to the governing body the appointment of and the medical and surgical privileges for each member of the medical staff annually, or if approved by the governing body, biennially;	7 AAC 12.110.	
Arizona	No timeframe specified		B. An administrator shall ensure that: 2. A record for each medical staff member is established and maintained that includes: a. A completed application for clinical privileges; b. The dates and lengths of appointment and reappointment of clinical privileges; c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and d. A verification of current Arizona health care professional active license according to A.R.S. Title 32	AAC R9-10-207.Medical Staff	
Arkansas	2		B. Medical Staff Bylaws. The Medical Staff Bylaws shall include at least the following information: 13. Documentation of appointments, reappointments and approval of requested privileges to the medical and other authorized staff as specified in the bylaws, but at least every two years.	Rules for Hospitals and Related Institutions in Arkansas Section 6.B.13	

State	Recredentialing in years	Statute	Rule	Reference	Notes
California	No timeframe specified		The medical staff, by vote of the members and with the approval of the governing body, shall adopt written by-laws which provide formal procedures for the evaluation of staff applications and credentials, appointments, reappointments, assignment of clinical privileges, appeals mechanisms and such other subjects or conditions which the medical staff and governing body deem appropriate. The medical staff shall abide by and establish a means of enforcement of its by-laws.	22 CCR § 70703	
Colorado	No timeframe specified		9.3 Hospital staff shall be licensed, certified, or registered in accordance with applicable state laws and regulations, and shall provide services within their scope of practice and, as appropriate, in accordance with credentialing.	6 CCR 1011-1 Chapter 4	
Connecticut	No timeframe specified		(2) The medical staff shall adopt written rules and regulations governing its own activities, subject to approval by the governing board of the hospital. As a minimum, these shall include: (A) Method of control of privileges granted to members of the medical staff; (B) method of control of clinical work; (C) provision for regular staff conferences; (D) appointment of a medical executive committee, or its equivalent, and other committees as appropriate; (E) procedure for recommending appointments to the medical staff and for hearing complaints regarding the conduct of members and referring the same, with recommendations, to the governing board.	RCSA Sec. 19-13-D3	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Delaware	Allopathic hospitals follow TJC standards		<p>4.0 Governing Body, Organization and Staff</p> <p>4.1 Under the authority of 16 Del.C. Ch. 10, as amended, the Department of Health and Social Services adopts as the official standards for the governing body, organization, and staff of hospitals the following parts of "Standards for Accreditation of Hospitals Plus Provisional Interpretations", published by the Joint Commission on Accreditation of Hospitals, dated 1981 Edition, and the "Requirements and Interpretative Guide for Accredited Hospitals", by the American Osteopathic Hospital Association, and all codes or standards referred to under these adopted parts. If any part of this section is in conflict with Section 2.0 "New Construction, Additions, and Alterations" or Section 3.0 "Physical Environment", this part shall be void and the preceding Sections shall apply. When a hospital that is required to be licensed under these rules and regulations does not normally provide a particular service or department the parts of the following which relate to such service or department shall not be applicable.</p> <p>4.2 Allopathic Hospitals. Pages 1 through 107 inclusive of the Standards for Accreditation of Hospitals Plus Provisional Interpretations by the Joint Commission on Accreditation of Hospitals, shall apply to the governing body, organization and staff of all allopathic hospitals.</p>	16 DE Reg. 3370	

State	Recredentialing in years	Statute	Rule	Reference	Notes
DC	No timeframe specified		2016.2 Each hospital shall ensure and maintain evidence of, for employees and contract staff, current active licensure, registration, certification or other credentials in accordance with applicable District of Columbia law, prior to staff assuming job responsibilities and shall have procedures for verifying that the current status is maintained.	22 DCMR § B2016	
Florida	No timeframe specified		(b) Personnel policies and practices which address: 1. Non-discriminatory employment practices; 2. Verification of credentials including current licensure and certification; 3. Periodic performance evaluations; and, 4. Provision of employee health services.	Rule 59A-3.273, F.A.C.	
Georgia	2		The medical staff shall evaluate at least biennially the credentials and professional performance of any individual granted clinical privileges for consideration for reappointment.	Ga. Comp. R. & Regs. R. 111-8-40-.11	
Hawaii	No timeframe specified		(b) The medical staff shall develop and adopt by-laws and rules to: (1) Establish a framework for self government and a means of accountability to the governing body. (2) Provide for the election or appointment of officers, executive committees, department heads and service chiefs. 93-28(3) Specifically define and delineate medical staff clinical privileges of all individuals who are permitted by law and by the hospital to provide patient care independently in the hospital and review and evaluate each member's clinical activities.	HAR §11-93-22	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Idaho	2		b.Reappointments to the medical staff must be made at least every two (2) years with appropriate documentation indicating governing body approval.	IDAPA 16.03.14	
Illinois	No timeframe specified		The procedures shall provide that, prior to the granting of any medical staff privileges to an applicant, or renewing a current medical staff member's privileges, the hospital shall request of the Director of the Department of Financial and Professional Regulation information concerning the licensure status, proper credentials, required certificates, and any disciplinary action taken against the applicant's or medical staff member's license.	77 Ill. Adm. Code Part 250	
Indiana	2		Sec. 5. (a) The hospital shall have an organized medical staff that operates under bylaws approved by the governing board and is responsible to the governing board for the quality of medical care provided to patients. The medical staff shall be composed of two (2) or more physicians and other practitioners as appointed by the governing board and do the following: (1) Conduct outcome oriented performance evaluations of its members at least biennially. (2) Examine credentials of candidates for appointment and reappointment to the medical staff by using sources in accordance with hospital policy and applicable state and federal law. (3) Make recommendations to the governing board on the appointment or reappointment of the applicant for a period not to exceed two (2) years.	410 IAC 15-1.5-5	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Iowa	No timeframe specified		51.5(4) A hospital shall establish and implement written criteria for the granting of clinical privileges. The written criteria shall include, but not be limited to, consideration of the: a. Ability of the applicant to provide patient care services independently or appropriately in the hospital; b. License held by the applicant to practice; c. Training, experience, and competence of applicant; d. Relationship between the applicant's request for privileges and the hospital's current scope of patient care services; e. Applicant's ability to provide comprehensive, appropriate and cost-effective services.	IAC 481.51.5	
Kansas	No timeframe specified		(e) Medical staff bylaws, policies, and procedures. The medical staff shall develop and adopt, subject to the approval of the governing body, a set of bylaws that shall provide for at least the following: (1) The organizational structure of the medical staff; (2) qualifications for staff membership and procedures for admission, retention, assignment, and either reduction or withdrawal of privileges; (3) procedures and standards for the review of staff credentials;	KAR 28-34-6a	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Kentucky	No timeframe specified		(f)The medical staff shall develop and adopt policies or bylaws, subject to the approval of the governing authority that address the following: 1.Qualifications for medical staff membership, including licensure to practice in Kentucky in accordance with authorized scope of practice, except for graduate doctors of medicine or doctors of osteopathy in their first year of hospital training; 2. a.Responsibilities and duties of each category of medical staff membership the medical staff may choose to create, for example, active, associate, or courtesy; b.Clinical privileges that may be possessed by medical staff members and allied health professionals; c.Procedures for granting and withdrawing medical staff membership and clinical privileges; and d.Procedures for reviewing credentials;	902 KAR 20:016	
Louisiana	2		1. The medical executive committee shall: a. develop the structure of the medical staff and categories of membership; b. develop and implement a mechanism to review credentials, at least every two years, and delineate individual privileges;	LAC §9321	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Maine	No timeframe specified		3.1 Federal standards and certification requirements. All applicants and licensees must comply with the federal standards and certification requirements for hospitals, adopted by the United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) as set forth in 42 C.F.R. §482.1 through §482.104 and §485.601 through §485.647, revised as of October 1, 2007, which is incorporated herein by reference.	10-144 CMR Ch 112, Rules for the Licensing of Hospitals	
Maryland	2		E. Specific Standard Reappointment.  (1) In accordance with this section, a hospital shall establish a formal written process for the reappointment of a physician who has been appointed to the hospital.  (2) The term of reappointment shall be 2 years or less.  (3) As part of the formal written appointment process, a hospital shall collect, verify, review, and document the following information about the physician:  (a) An update of the information regarding appointment under §C of this regulation;	COMAR 10.07.01.24	MD SB 258/HB 633 would require that the credential reappointment process for physician staff included in certain minimum standards for hospitals licensed in the State be conducted in accordance with standards of the accreditation body that accredits a hospital, rather than every 2 years.

State	Recredentialing in years	Statute	Rule	Reference	Notes
Massachusetts	No timeframe specified		Each hospital shall meet all of the requirements of the Medicare Conditions of Participation for Hospitals, 42 CFR 482.11 through 482.62 (Conditions of Participation), except the requirement for institutional plan and budget specified in 42 CFR 482.12(d), for utilization review specified in 42 CFR 482.30, the requirement for compliance with the Life Safety Code specified in 42 CFR 482.41(b), and any requirement that conflicts with the Supplementary Standards in 105 CMR 130.000.	105 CMR 130.200	
Michigan	No timeframe specified		R 325.45185 Credentialing; clinical privileges; policy; procedure; record. Rule 185. A health facility or agency shall maintain policies and procedures for the credentialing and granting of clinical privileges to medical and allied health professionals. Records must be maintained and include the individual's education, training, and experience.	R 325.45185	
Minnesota	No timeframe specified		The medical staff shall: designate one of its members as chief of staff; hold regular meetings for which minutes and records of attendance shall be kept; and review and analyze at regular intervals the clinical experience in the hospital.	Part 4640.0800 THE MEDICAL STAFF.	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Mississippi	No timeframe specified		Rule 41.7.17. The medical staff bylaws and rules and regulations, as a minimum, shall: 1. Contain the name of the organization. 2. Delineate the organizational structure of the medical staff. 3. Specify the qualifications and procedures for admission to and retention of staff membership, including the delineation, assignment, reduction, and withdrawal of clinical privileges. 4. Specify the method of reviewing the qualifications of staff members.	Admin. Code Title 15: Mississippi State Department of Health Part 16: Health Facilities Subpart 1: Health Facilities Licensure and Certification Rule 41.7.17	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Missouri	No timeframe specified	2. To minimize the administrative cost of enforcing and complying with duplicative regulatory standards, on and after July 1, 2018, compliance with Medicare conditions of participation shall be deemed to constitute compliance with the standards for hospital licensure under sections 197.010 to 197.120 and regulations promulgated thereunder.		197.005, RSMo	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Montana	No timeframe specified		(1) A hospital shall comply with the Conditions of Participation for Hospitals in 42 CFR subchapter G part 482.	ARM 37.106.401	According to § 482.22 Condition of participation: Medical staff. The medical staff must periodically conduct appraisals of its members. The unified and integrated medical staff has bylaws, rules, and requirements that describe its processes for self-governance, appointment, credentialing, privileging, and oversight
Nebraska	No timeframe specified		9-006.03A1 Staff Credentials: Each hospital must verify: 1. The current active licensure, registration, certification or other credentials in accordance with applicable state law, prior to staff assuming job responsibilities and must have procedures for verifying that the current status is maintained;	175 NAC 9-006.03A1	
Nevada	No timeframe specified		3. The medical staff shall periodically conduct appraisals of its members.  4. The members of the medical staff shall examine the credentials of candidates for membership to the medical staff and make recommendations to the governing body on the appointment of those candidates to the medical staff.	NAC 449.358	

State	Recredentialing in years	Statute	Rule	Reference	Notes
New Hampshire	No timeframe specified		(e) The medical staff shall be responsible for: (1) Appointment of an executive committee made up of members of the medical staff which shall make recommendations directly to the governing body with regard to: a. The process by which physicians or other licensed practitioners shall be admitted to practice for the licensee; b. Evaluation of individuals seeking medical staff membership; c. Delineation of what clinical privilege includes;	NH He-P 802.16	
New Jersey	No timeframe specified		(c) The hospital shall verify through visual examination that the professional credentials, required by this chapter, of all employees are current.	N.J.A.C. § 8:43G-5.3 Administrative and hospital-wide staff qualifications	
New Mexico	2		C. Appointment. (1) Governing Body Responsibilities: (a) medical staff appointments shall be made by the governing body, taking into account recommendations made by the active medical staff; (b) the governing body shall biennially ensure that members of the medical staff are qualified legally and professionally for the position to which they are appointed;	NMAC 7.7.2.26	

State	Recredentialing in years	Statute	Rule	Reference	Notes
New York	2		The medical staff shall examine credentials of candidates for medical staff membership and make recommendations to the governing body on the appointment of the candidates in accordance with the provisions of this Part and the New York State Public Health Law. Following the initial appointment of medical staff members, the medical staff shall conduct periodic reappraisals of its members, on at least, a biennial basis.	10 CRR-NY 405.4	
North Carolina	2		Medical staff appointments shall be reviewed at least once every two years by the medical staff in accordance with the bylaws established by the medical staff and approved by the governing body, and shall be followed with recommendations made to the governing body for review and a final determination.	10A NCAC 13B .3703	
North Dakota	2		b. The mechanism for appointment, reappointment, and renewal of medical staff membership, and the granting of clinical privileges initially and at least every twenty-four months as a part of an evaluation of staff membership. Medical staff membership and clinical privileges shall be granted by the governing body based on medical staff recommendations in accordance with the bylaws, rules, regulations, and policies of the medical staff and the hospital.	33-07-01.1-15.	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Ohio	No timeframe specified	(A) The governing body of every hospital shall set standards and procedures to be applied by the hospital and its medical staff in considering and acting upon applications for staff membership or professional privileges. These standards and procedures shall be available for public inspection.		Ohio Revised Code Section 3701.351	
Oklahoma	2		(a) The credentials committee (or its equivalent) shall review applications for appointment and reappointment to all categories of the staff as often as needed and at least biennially. It shall delineate the privileges to be extended to the applicant and make appropriate recommendations to the governing body according to the procedure outlined in the hospital's medical staff bylaws.	OAC 310:667-9-12. Credentials committee	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Oregon	No timeframe specified		(4) By-laws, medical staff policies, and medical staff rules and regulations shall include but are not limited to:  (a) The organization of the medical staff, including qualifications for serving on the medical staff, nominations, election, appointment or removal of officers, and periodic review of its members;  (b) Criteria for credentialing health care practitioners and the process for applying for credentials;	OAR 333-505-0020	
Pennsylvania	2		(c) Reappointment shall be required of every member of the medical staff at regular intervals no longer than every 2 years.	28 Pa. Code § 107.5	
Puerto Rico	2		The renewal of clinical privileges of the members of the medical faculty will be carried out in a period not exceeding two (2) years.	Regulation 9184: July 1, 2020 (Hospitals) Artículo 10.01	Original text: La renovación de privilegios clínicos de los miembros de la facultad médica se realizará en un periodo no mayor de dos (2) años.
Rhode Island	No timeframe specified		C.The medical staff shall maintain standards of professional performance through staff appointment criteria, delineation of staff privileges, continuing peer review and other appropriate mechanisms.	216-RICR-40-10-4.5.5	

State	Recredentialing in years	Statute	Rule	Reference	Notes
South Carolina	No timeframe specified		Prior to a physician's initial appointment and periodic reappointment, the governing body shall assure itself that the physician is qualified and competent to practice in his profession. This organized group shall, with the approval of the hospital governing body, adopt bylaws, rules and regulations to govern its operation as an organized medical staff. Hospital bylaws shall contain renewal procedures, authority to limit or terminate staff privileges, and appeal procedures.	Regulation 61-16, Section 504	
South Dakota	2		The medical staff shall establish a credentials committee to review the qualifications of practitioners applying for admitting or patient care privileges and recommend to the governing body practitioners eligible for appointment to the medical staff by the governing body. The review shall include recommendations regarding delineation of admitting and patient care privileges. The medical staff shall conduct appraisals of its members at least every two years.	SD Admin. Rules 44:75:04:02	
Tennessee	No timeframe specified		The hospital and medical staff bylaws shall contain procedures, governing decisions or recommendations of appropriate authorities concerning the granting, revocation, suspension, and renewal of medical staff appointments, reappointments, and/or delineation of privileges.	0720-14-.06 B	
Texas	No timeframe specified		(A) The medical staff shall periodically conduct appraisals of its members according to medical staff bylaws.	RULE §133.41 Hospital Functions and Services	



State	Recredentialing in years	Statute	Rule	Reference	Notes
Utah	2		The medical and professional staff shall review appointments and re-appointments to the medical and professional staff at least every two years.	R432-100-7	
Vermont	No timeframe specified		To be licensed and retain licensure in Vermont, each hospital shall comply with all applicable CMS Conditions of Participation	CVR 13-140-019	
Virginia	No timeframe specified		B. The medical staff shall be responsible to the hospital governing board and maintain appropriate standards of professional performance through staff appointment criteria, delineation of staff privileges, continuing peer review, and other appropriate mechanisms.	12VAC5-410-210	

State	Recredentialing in years	Statute	Rule	Reference	Notes
Washington	No timeframe specified		The medical staff must: (1) Adopt bylaws, rules, regulations, and organizational structure that address: (a) Qualifications for membership; (b) Verification of application data; (c) Appointment and reappointment process; (d) Length of appointment and reappointment; (e) Granting of delineated clinical privileges; (f) Provision for continuous patient care; (g) Assessment of credentialed practitioner's performance; (h) Due process; (i) Reporting practitioners according to RCW 70.41.210; and (j) Provide for medical staff communication and conflict resolution with the governing authority; (2) Forward medical staff recommendations for membership and clinical privileges to the governing authority for action.	WAC 246-320-161 Medical Staff	
West Virginia	No timeframe specified		11.4. The medical staff shall examine credentials of candidates for medical staff membership and make recommendations to the governing body on the appointment of candidates.	64 CSR 12	



State	Recredentialing in years	Statute	Rule	Reference	Notes
Wisconsin	No timeframe specified	the department shall use and enforce the conditions for Medicare participation for hospitals as the minimum standards that apply to hospitals.		s. 50.36 (1), Stats.	
Wyoming	No timeframe specified		Medical Staff. The hospital shall have a medical staff organized under bylaws approved by the governing body and responsible to the governing body for the quality of all medical care provided patients and for the ethical and professional practices of its members.	Rule 048.0061.12.091220 12	

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