The Centers for Medicare & Medicaid Services (CMS) Medicare Condition of Participation (CoP) for critical access hospitals requires that an agreement be made with respect to credentialing and quality assurance:

§485.616(b) Standard: Agreements for Credentialing and Quality Assurance

Each CAH that is a member of a rural health network shall have an agreement with respect to credentialing and quality assurance with at least—

1. One hospital that is a member of the network;
2. One QIO or equivalent entity; or
3. One other appropriate and qualified entity identified in the state rural health care plan.

Although Leadership (LD) Standard LD.04.01.01, Element of Performance (EP) 5, already addresses this requirement, The Joint Commission recently revised the EP to clarify that a critical access hospital can make the agreement with one of the three sources listed rather than having to do so with all of them. This revision, effective immediately, will appear in the 2013 Update 2 to the Comprehensive Accreditation Manual for Critical Access Hospitals as well as the fall E-dition® update for critical access hospitals. The box below displays the revised requirement; the new text is underlined.

**ACCEPTED: Revised Requirement for Critical Access Hospitals**

The critical access hospital has an agreement with respect to credentialing and quality assurance with at least one of the following:

- One hospital that is a member of the network
- One QIO or equivalent entity
- One other appropriate and qualified entity identified in the state rural health care plan