



2025 Joint Commission *and* CMS Crosswalk

Comparing Hospital Standards and CoPs



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Introduction



The Joint Commission and the US Centers for Medicare & Medicaid Services (CMS) have a long history of working together on health care quality and safety issues.

The two entities share a common goal of helping health care organizations provide high-quality and safe care, treatment, and services for all patients and their families.

Hospitals that wish to be accredited by The Joint Commission must demonstrate compliance with its accreditation requirements. To participate in and receive payment from the Medicare and Medicaid programs, hospitals must meet federal requirements called Conditions of Participation (CoPs). Some believe that the two sets of requirements differ enough that they need separate activities, processes, and approaches to support compliance. In actuality, the two sets of requirements are equivalent in many ways.



The Joint Commission has achieved deeming authority from CMS for hospitals and psychiatric hospitals by demonstrating that the accreditation standards meet or exceed the Medicare Conditions of Participation, as well as demonstrating that

the survey process is comparable to that of CMS. Effective July 2022, CMS renewed The Joint Commission's deeming authority for hospitals, allowing it to evaluate compliance with the requirements set forth in federal regulations. This renewal is effective through July 2025. The Joint Commission submitted an application requesting renewed deeming authority in September 2024. CMS last renewed deeming authority for psychiatric hospitals in February 2023 for a six-year period. The Joint Commission's deeming authority means any hospital that selects the deemed status option and is found in compliance with Joint Commission standards can be "deemed" to be compliant with federal hospital requirements.

Purpose of the Book

The *2025 Joint Commission and CMS Crosswalk: Comparing Hospital Standards and CoPs* identifies equivalencies between Joint Commission standards and federal CoPs. Our three main objectives for this resource are to do the following:

1. Present a simple, straightforward introduction to CMS to help staff understand why a hospital would use Joint Commission accreditation for deemed status



terms & topics

Conditions of Participation (CoPs): A set of regulatory requirements with which a hospital must comply in order to participate in the Medicare program and to receive Medicare and Medicaid payments. Identification of noncompliance with a CoP during a survey may result in an on-site revisit survey to ensure that the facility has returned to compliance with the particular CoP.

Deemed Status: The finding by the Secretary of Health and Human Services (HHS) that accreditation of a provider entity by a national accreditation body demonstrates that all applicable Medicare Conditions are met or exceeded through the use of a survey process that is comparable to that of CMS.

Standard: An expectation of a CoP for which compliance is assessed by the degree and severity of any findings. Also called a regulation.

State Survey Agency (SA): A state health agency or other designated agency under contract with the HHS Secretary to survey for compliance with federal health and safety requirements.

2. Provide a map that your staff can use to walk through each CoP and relate it to the corresponding Joint Commission standards and elements of performance (EPs)
3. Help staff understand how your hospital's policies, procedures, and practices can support one or several Joint Commission standards while also demonstrating compliance with equivalent CMS regulations

Overview of Contents

This book provides your hospital easy access to the CMS requirements. Although two of the four crosswalks found in this publication are available on E-dition® (accessible through the accredited organization's *Joint Commission Connect*® extranet site), this handy reference goes a step further, providing critical information about CMS that allows your organization to identify correlations between the two sets of requirements from a starting point of the Joint Commission standard. The book's sidebars and tables provide additional information on Joint Commission accreditation for deemed status, access to CMS-related resources, and the ways both organizations survey for compliance.

2025 Joint Commission and CMS Crosswalk: Comparing Hospital Standards and CoPs

The book is divided into five parts:

1 UNDERSTANDING DEEMED STATUS This section takes an in-depth look at the Joint Commission accreditation process as it relates to CMS deemed status and answers some key questions your hospital may have about the process. More specifically, the chapter focuses on (1) the eligibility requirements for using Joint Commission accreditation for deemed status, (2) the use of the Joint Commission on-site accreditation surveys to assess compliance with Joint Commission standards, (3) the relationship with associated CoPs, and (4) the process to follow when a surveyor finds an area of noncompliance.

2 2025 JOINT COMMISSION AND CMS HOSPITAL CROSSWALK This section offers a complete comparison between the CoPs applicable to acute care hospitals and the equivalent Joint Commission standards and EPs.

3 2025 JOINT COMMISSION AND CMS PSYCHIATRIC HOSPITAL CROSSWALK This section compares the additional special CoPs for psychiatric hospitals relating to special provisions, medical records, and staff requirements to comparable Joint Commission standards. (Psychiatric hospitals must meet both the hospital CoPs and the special psychiatric hospital CoPs to be eligible for deemed status.)

INSTRUCTIVE INFOGRAPHIC

A Snapshot of the Crosswalk in Parts 2 and 3

CFR Number §482.13(a)(1)	Medicare Requirements	Joint Commission Equivalent Standards and Elements of Performance
§482.13(a)(1) TAG: A-0117 (1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.		RI.01.01.01 The hospital respects, protects, and promotes patient rights.
		EP 1 The hospital has written policies on patient rights. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital's written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations.
		EP 2 The hospital informs the patient of the patient's rights. Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of the patient's visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time. Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs each patient (or support person, where appropriate) of the patient's rights in advance of furnishing or discontinuing patient care whenever possible. (See also RI.01.01.03, EPs 1, 2, 3)
		RI.01.02.01 The hospital respects the patient's right to participate in decisions about their care, treatment, and services. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
		EP 2 When a patient is unable to make decisions about their care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions. Note: For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The selection of the surrogate decision-maker is in accordance with state law. (See also RI.01.03.01, EP 1)
		EP 3 The hospital provides the patient or surrogate decision-maker with written information about the right to refuse care, treatment, and services.
		EP 8 The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.
§482.13(a)(2) TAG: A-0118 (2) The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.		RI.01.07.01 The patient and their family have the right to have complaints reviewed by the hospital.
		EP 1 The hospital establishes a complaint resolution process for the prompt resolution of patient complaints that includes a clearly explained procedure for the submission of a patient's written or verbal complaint and informs the patient and the patient's family about it. Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee. (See also LD.04.01.07, EP 1; MS.09.01.01, EP 1)

In this snapshot of the crosswalk in Part 2, notice how the left column shows the US Centers for Medicare & Medicaid Services (CMS) requirements and the right column shows the associated Joint Commission standards and elements of performance (EPs). Documentation requirements © and risk status R icons will appear with applicable EPs.



The crosswalks in Parts 2 and 3 are the result of an iterative process between The Joint Commission and CMS during the deeming application process and are the only crosswalks reviewed and approved by both The Joint Commission and CMS (see the Instructive Infographic on the previous page).

The left-hand column includes the Medicare conditions and standards, including the Code of Federal Regulations (CFR) number—this is the number of the regulation published in the Federal Register—and the language of the condition or standard.

The right-hand column shows the associated Joint Commission hospital standard(s) and EP(s) used to demonstrate equivalency. This includes the standard and EP number, the language, any requirement, and the risk status of the EP.

4 JOINT COMMISSION HOSPITAL STANDARDS/EPs EQUIVALENT TO CoPs This section provides a reverse crosswalk listing Joint Commission hospital requirements with comparable CoP numbers, showing equivalencies in the opposite direction from the crosswalk provided in Part 2. Changes to these equivalencies over the last year are shaded to allow for quick identification of updates to the crosswalk in Part 2.*

5 JOINT COMMISSION PSYCHIATRIC HOSPITAL STANDARDS/EPs EQUIVALENT TO CoPs This section provides a reverse crosswalk listing Joint Commission psychiatric hospital requirements with comparable CoP numbers, showing equivalencies in the opposite direction from the crosswalk provided in Part 3. As with Part 4, changes are shaded to allow for quick identification of updates to the crosswalk in Part 3.*

What’s New

Changes to the *2025 Joint Commission and CMS Crosswalk* include the following new content:

- A new sidebar that summarizes CMS changes over the past year (see Sidebar 1-2, “Updates from CMS,” pages 19–20)

- Updated Joint Commission requirements and CoPs applicable to hospitals and psychiatric hospitals, effective January 1, 2025, in Parts 2 and 3
- Updated crosswalks in Parts 4 and 5 to align with revised standards and CoPs

How to Use the Crosswalks

To gain a full appreciation of how the two sets of requirements relate and to gain a better proficiency with the crosswalks, you must understand their differing structures. For the CMS requirements, *conditions* (that is, CoPs) are the major categories, whereas the *standards* detail specific requirements under a condition. Hospitals must meet CoPs. For The Joint Commission, a *standard* makes a principle statement, and the EPs detail the specific requirements related to a standard. So, Joint Commission standards and Medicare conditions are the “parents” that provide the overarching concepts, and Joint Commission EPs and Medicare standards are the “children” that contain the specific details required by the larger concepts (see the following Instructive Infographic).

Not every Joint Commission standard and EP map to one Medicare condition and standard. In addition, multiple Joint

INSTRUCTIVE INFOGRAPHIC

Comparing the Structure of the Requirements

Federal Requirement

Joint Commission Requirement

Condition of Participation ← ↔ Standard

Standard

Element of Performance

Standard

Element of Performance

* This crosswalk was published with Joint Commission standards effective January 1, 2025, and reflects *all* updates made in 2024.

INSTRUCTIVE INFOGRAPHIC

A Snapshot of the Crosswalk in Parts 4 and 5

<p>Standard MM.05.01.01 MM.05.01.01, EP 1 §482.23(c)(1) §482.25(b)</p> <hr/> <p>MM.05.01.01, EP 4 §482.23(c)(1) §482.25(b)(1) §482.25(b)(5)</p> <hr/> <p>MM.05.01.01, EP 11 §482.23(c)(1) §482.25(b)(1)</p> <hr/> <p>Standard MM.05.01.07 MM.05.01.07, EP 1 §482.25(b)(1)</p> <hr/> <p>MM.05.01.07, EP 2 §482.25(b)(1)</p>	<p>MM.05.01.07, EP 3 §482.25(b)(1)</p> <hr/> <p>MM.05.01.07, EP 4 §482.25(b)(1)</p> <hr/> <p>MM.05.01.07, EP 5 §482.25(b)(1)</p> <hr/> <p>MM.05.01.07, EP 6 §482.53(b)(1)</p> <hr/> <p>MM.05.01.07, EP 7 §482.25(b)(1)</p> <hr/> <p>Standard MM.05.01.09 MM.05.01.09, EP 2 §482.23(c) §482.25(b)(1)</p>	<p>MM.05.01.09, EP 3 §482.23(c) §482.25(b)(1)</p> <hr/> <p>MM.05.01.09, EP 10 §482.23(c)</p> <hr/> <p>Standard MM.05.01.11 MM.05.01.11, EP 2 §482.23(c) §482.25(a) §482.25(a)(3) §482.25(b)</p> <hr/> <p>MM.05.01.11, EP 3 §482.23(c)</p> <hr/> <p>Standard MM.05.01.13 MM.05.01.13, EP 1 §482.25(b)(4)</p>	<p>MM.05.01.13, EP 2 §482.25(b)(4)</p> <hr/> <p>Standard MM.05.01.17 MM.05.01.17, EP 1 §482.25(b)</p> <hr/> <p>MM.05.01.17, EP 3 §482.25(b)</p> <hr/> <p>MM.05.01.17, EP 4 §482.25(b)</p> <hr/> <p>Standard MM.05.01.19 MM.05.01.19, EP 2 §482.25(b)</p> <hr/> <p>Standard MM.06.01.01 MM.06.01.01, EP 1 §482.23(c)</p>
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This snapshot of the crosswalk in Part 4 lists Joint Commission hospital standards and EPs with their comparable CoP number(s) and allows you to look up equivalencies in the opposite direction from the crosswalk provided in Part 2.

Note: Parts 4 and 5 include shading to identify standards/EPs updated since the previous edition.

Commission standards and EPs can demonstrate equivalency with one Medicare condition and standard. In fact, Medicare conditions can contain several requirements in a single statement and may be associated with several Joint Commission EPs in the crosswalks. Using the crosswalks in Parts 4 and 5 of this publication can help staff see the relationship between the two sets of requirements. The crosswalks are designed to highlight these relationships (*see* the Instructive Infographic above).

Potential Limitations with the Crosswalks

Although this publication is designed to be a comprehensive and accurate resource, it does have some potential limitations, including the following:

- The crosswalks in Parts 2 and 3 were created to demonstrate equivalency with federal requirements as part of the deeming process. Any changes made after the deeming application was approved must be evaluated by CMS to determine whether the changes continue to meet or exceed the federal requirements.
- The crosswalks represent a point in time,* and as such they may not maintain 100% accuracy because Joint

Commission and CMS requirements are changed and updated. Any updates to the standards and EPs are published in *Joint Commission Perspectives*[®]—the official newsletter of The Joint Commission—or in updates to the *Comprehensive Accreditation Manual for Hospitals (CAMH)* and E-dition. Further, specific updates to a Joint Commission standard or EP may affect the equivalency with federal requirements. (Note that E-dition will include the most up-to-date version of the crosswalk through the course of the year.)

- Although the crosswalks demonstrate how Joint Commission standards and EPs are equivalent to CMS requirements, they are not meant to include a comprehensive list of Joint Commission standards and EPs. The Joint Commission has additional requirements that do not appear in the crosswalk to CMS requirements, as they are not used to demonstrate equivalency and they exceed the federal requirements (for example, most National Patient Safety Goals). Therefore, hospitals seeking Joint Commission accreditation must comply with more requirements than those listed here.

* This crosswalk was published with Joint Commission standards effective January 1, 2025, and reflects *all* updates made in 2024.

For a complete list of standards with which your hospital must comply, use the “Standards Applicability Grid” (SAG) chapter in the most recent edition of the Joint Commission’s *CAMH* or your organization-specific E-dition on your *Joint Commission Connect* extranet site.

- In some rare circumstances, hospitals meeting the exact crosswalk of Joint Commission language could still find that surveyors from their state survey agency or CMS will rule them out of compliance with a Medicare condition or standard by manner or degree (*see* “CMS Focuses on Manner

and Degree,” on page 28 for more information). In addition, a surveyor may decide that a Medicare condition is out of compliance even if the supporting findings do not identify an equivalency represented in these crosswalks.

Despite the potential limitations, we hope you find value in this publication. It is designed to help your organization understand how the two sets of requirements align overall, determine how you can maintain ongoing compliance, and help ensure that you are ready for a Joint Commission, state agency, or CMS survey.