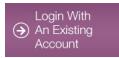




## Getting Started With NAMSS PASS (v3)

Prior to logging into the system, you will need the following information at hand:

- Your organization's TaxID number(if available, not mandatory).
- Your organization's NPI number(if available, not mandatory).
- The company logo that you normally use on your letterhead in JPG, GIF, or PNG format
- The signature of the person that normally signs your good standing letters in JPG, GIF, or PNG format
- Ability to generate an Excel file from your credentialing system. See following pages for fields needed.
- Review and decide which of the template good standing letters you decide to use for which practitioners. See last two pages of this document.

1. Go to NAMSS.org and click on the NAMSS PASS link on the right side of top menu bar. Then, if you are a NAMSS member, click on  and enter your NAMSS login and password. If you are not a NAMSS member, click . After the system verifies your credentials, you will see a green button  on the left. Click on that button and it will take you to the NAMSS PASS secure site.
2. For first time users, follow the screen instructions. 1) Read and agree to the Terms of Service and 2) Enter your Work Email and the system will send an Activation email to verify. You will be asked to login again through the NAMSS website. After logging in again, create your Health Care Entity with the TaxID and NPI (if available, it's not mandatory).
3. In the Account section, add any additional users that are a part of your organization. They will also need to follow steps 1 and 2.

### **Information below is only for those who will contribute data to NAMSS PASS:**

4. In the Your Data section, you upload your affiliation data file, logo, and signature. The following pages describe the format of the simple Excel file. The number of Affiliation Letters you create will depend on how you are structured. Here are some examples:
  - a. If you manage multiple facilities with multiple letterheads, you will create one Affiliation Letter per facility with a separate data upload file/logo/signature for each one.
  - b. If you manage multiple facilities but use a single letter/letterhead for all, and the data is all in one database, you can create just one Affiliation Letter with one data upload file but each practitioner has their facility designation in the data file.

Once you have the above completed, your data is live on NAMSS PASS and ready for others to query. If you have any questions or need assistance, email us at [support@namsspass.com](mailto:support@namsspass.com) or call us at (800) 995-4233.



## Excel Data File Definition

### 1) What fields are required for the data file?

The data file is just a simple Excel file, which most credentialing systems will be able to generate. The field definitions are listed below.

Field Name	Description	Required	Field Type
<b>First</b>	First Name of the practitioner	Yes	Text
<b>Middle</b>	Middle Name or Middle Initial of the practitioner	Optional	Text
<b>Last</b>	Last Name of the practitioner	Yes	Text
<b>Suffix</b>	Suffix of the practitioner	Optional	Text
<b>Title</b>	Title represents the degree or title such as MD, DO, DDS, etc.	Optional	Text
<b>NPI</b>	NPI of the practitioner. * Even though this is listed as a Required field, practitioners that retired or resigned prior to NPI implementation probably will not have NPI numbers and that's fine to leave blank.	Yes*	Number
<b>License</b>	State License number of the practitioner  <b>Note:</b> if the practitioner has more than one state license, list the primary one in your state	Yes	Text
<b>State</b>	2 Character State of the license. <b>Note:</b> if the practitioner has more than one state license, list the primary one in your state.	Yes	Text
<b>StartDate</b>	Start Date represents the original data for this practitioner at your facility.  <b>Note:</b> if they have been on staff a different times with "affiliation gaps," list each set of affiliation dates on a different row (see example below)	Yes	Date
<b>EndDate</b>	End Date represents the termination or resignation date for this practitioner.  <b>Note:</b> for current practitioners, this can be blank or date should be in the future like the Reappointment Date. If a practitioner is currently on staff and thus does not have an "end date," then you can instead use the word "Current" for the end date.	Yes	Date or Text
<b>Facility</b>	Facility is the name of the specific facility that this practitioner has affiliation  * If this is left blank then your organization's name will be used instead - this field is only necessary if your account / data file represents/contains more than one facility. You can setup a default Facility name for all practitioners in the file.	Yes*	Text
<b>FacilityCity</b>	City of facility where practitioner is affiliated.**	Optional	Text
<b>FacilityState</b>	State of facility where practitioner is affiliated.**  ** If your system cannot export City and State, we can automatically associate a City/ST based on the Facility Name. This is in the Advanced Options section of Your Data.	Optional	Text
<b>Department</b>	The Department at your facility which the practitioner has/had obtained privileges i.e.	Optional	Text
<b>Specialty</b>	Practitioner's primary specialty. If you want to list more than one, separate each specialty with a comma.	Yes	Text



<b>Status</b>	Affiliation status at your facility (i.e. Active, Inactive, Probationary, Resigned, etc.)	Yes	Text
<b>Letter</b>	Values are as follows: 0 - No letter available (no letter will be printed for this practitioner) 1 - Use Template Letter 1 ( <a href="#">see following pages for letter content</a> ) 2 - Use Template Letter 2 ( <a href="#">see following pages for letter content</a> )  ** If your system cannot output letter #, but it can output a Yes or No, we can translate that to letter # if you set a Default Template value in the Your Data section.	Yes	Number
<b>Photo</b>	The file name that matches a photo that you have uploaded to our system <b>Example:</b> if the file name is 1234567890.jpg, then this field should have the value of "1234567890" or "1234567890.jpg" <b>Recommendation:</b> we highly recommend that you use NPI for the file name so that you can ensure that there are no duplicates	Optional	Text
<b>Affiliation Comments</b>	Affiliation Comments are any comments/notes that you would like to display that are specific to this practitioner. Do not provide any comments which may be interpreted as a judgment of competency!	Optional	Text
<b>Privilege Notes</b>	Privilege Notes are any comments/notes that describe the specifics of what privileges this practitioner has at your facility. Do not provide any comments which may be interpreted as a judgment of competency!	Optional	Text
<b>Is Current?</b>	Identify if this practitioner is currently on your active medical staff, under any capacity. Value is Y or N.	Optional	Text

## 2) What does a sample file look like?

- \* The Excel file should only have one worksheet
- \* The first row should contain the header fields
- \* Data should start on the second row
- \* Order of fields does not matter
- \* Not all fields are included in the example below

First	Middle	Last	Title	NPI	License	State	StartDate	EndDate	Facility	Department	Specialty	Status	Letter	Photo
Jason	J	Smith	MD	1234567890	55555	CA	1/1/2005	5/12/2009	Memorial West	Medicine	Family-Medicine	Active	1	1234567890
Jason	J	Smith	MD	1234567890	55555	CA	1/1/2010	Current	Memorial West	Medicine	Family-Medicine	Active	1	1234567890
Jane	L	Robinson	MD	2222222222	11111	CA	4/6/2007	3/12/2009	Memorial North	Surgery	Orthopedic-Surgery	Active	2	2222222222

## 3) How do you handle practitioners with multiple dates on staff or Locums?

For any practitioners that have multiple dates of staff or changes to status or department/specialty different date ranges, simply include additional rows. As shown in the example above with "Jason Smith," you just need to include an additional row of data with all the fields. When we display a profile or print a letter for your facility, we automatically combine any rows with the same Name & NPI number.

**Good Standing Letter OPTION 1**

**Hospital Letterhead Graphic Header**

**CONFIDENTIAL PEER REVIEW DOCUMENT**

Date

Person Making Query  
Name of Querying Entity  
Address  
City, State, Zip

Picture of  
Practitioner  
(If Available)

RE: [Practitioner Name] (License Number: [License Number], State: [State])

To Whom It May Concern:

This letter is to respond to your request for primary source verification regarding the status of the above-referenced practitioner at [Hospital Name]. Please note the following information:

<u>Dates of Affiliation</u>	<u>Facility/Location</u>	<u>Specialty</u>	<u>Status</u>
Dates	Facility Name	Specialty	Status - Good Standing

“**Good Standing**” means that no adverse professional review action as defined in the Health Care Quality Improvement Act has been taken regarding this practitioner. Specifically, neither the practitioner’s staff membership nor clinical privileges have been reduced, restricted, suspended, revoked, denied, or not renewed. For purposes of this letter, “**restricted**” means that no mandatory concurring consultation requirement has been imposed upon the practitioner (i.e., the practitioner must obtain a consult and the consultant must approve the course of treatment in advance).

If this information does not agree with your records or if you need additional information, please feel free to contact me at [Medical Staff Office Phone] and/or [Email] and/or [Fax] or [URL by itself].

Sincerely,  
*Signature Graphic*

[Name of MSP]  
[Title of MSP]  
[Hospital Name]

Information in this letter last updated by [Hospital Name]: [Valid Date]  
Query Confirmation Number: [Confirmation Number]

Legend:  
Green – Info submitted by person making inquiry  
Red – Info submitted by your hospital  
Blue – Graphics/text submitted by your hospital  
Teal – Supplied by NAMSS PASS  
Black – Text on letter that never changes, except for Date

## Good Standing Letter OPTION 2

Date

**CONFIDENTIAL PEER REVIEW DOCUMENT**

Picture of  
Practitioner  
(If Available)

Person Making Query  
Name of Querying Entity  
Address  
City, State, Zip

RE: [Practitioner Name] (License Number: [License Number], State: [State])

To Whom It May Concern:

This letter is to respond to your request for primary source verification regarding the status of the above-referenced practitioner at [Hospital Name]. Please note the following information:

<u>Dates of Affiliation</u>	<u>Facility/Location</u>	<u>Specialty</u>	<u>Status</u>
Dates	Facility Name	Specialty	Status - Good Standing

“*Good Standing*” means as follows:

1. Our Hospital evaluates the six ACGME general competencies (patient care, medical/clinical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and system-based practice) as part of our appointment, reappointment, and privileging processes;
2. No adverse professional review action as defined in the Health Care Quality Improvement Act has been taken regarding this practitioner. Specifically, neither the practitioner’s staff membership nor clinical privileges have been reduced, restricted, suspended, revoked, denied, or not renewed. For purposes of this letter, “*restricted*” means that no mandatory concurring consultation requirement has been imposed upon the practitioner (i.e., the practitioner must obtain a consult and the consultant must approve the course of treatment in advance); and
3. Our Hospital is unaware of any health issues that might affect the practitioner’s ability to practice safely and competently.

If this information does not agree with your records or if you need additional information, please feel free to contact me at [Medical Staff Office Phone] and/or [Email] and/or [Fax] or [URL by itself].

Sincerely,  
*Signature Graphic*

[Name of MSP]

[Title of MSP]

[Hospital Name]

Information in this letter last updated by [Hospital Name]: [Valid Date]

Query Confirmation Number: [Confirmation Number]

Legend:

Green – Info submitted by person making inquiry

Red – Info submitted by your hospital

Blue – Graphics/text submitted by your hospital

Teal – Supplied by NAMSS PASS

Black – Text on letter that never changes, except for Date

**Letter OPTION 3\***

Date **CONFIDENTIAL PEER REVIEW DOCUMENT**

Picture of  
Practitioner  
(If Available)

Person Making Query  
Name of Querying Entity  
Address  
City, State, Zip

RE: [Practitioner Name] (License Number: [License Number], State: [State])

To Whom It May Concern:

This letter is to respond to your request for primary source verification regarding the status of the above-referenced practitioner at [Hospital Name]. Please note the following information:

<u>Dates of Affiliation</u>	<u>Facility/Location</u>	<u>Specialty</u>	<u>Status</u>
Dates	Facility Name	Specialty	Status

If this information does not agree with your records or if you need additional information, please feel free to contact me at [Medical Staff Office Phone] and/or [Email] and/or [Fax] or [URL by itself].

Sincerely,  
*Signature Graphic*

[Name of MSP]  
[Title of MSP]  
[Hospital Name]

Information in this letter last updated by [Hospital Name]: [Valid Date]  
Query Confirmation Number: [Confirmation Number]

Legend:  
 Green – Info submitted by person making inquiry  
 Red – Info submitted by your hospital  
 Blue – Graphics/text submitted by your hospital  
 Teal – Supplied by NAMSS PASS  
 Black – Text on letter that never changes, except for Date

\* Important Note about this Letter Option 3. This option should only be used by those organizations in situations where you need to confirm Dates of Affiliation for others but you are unable to determine good standing status. This could be from a variety of reasons such as old archived files that are incomplete and their standing is indeterminate, or good standing status is not applicable for your organization.