

# NAMSS 2020 Hospital Closure Toolkit

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# Disclaimer

**This document is a compilation of information from organizations, including state governments and accreditation agencies to assist Medical Services Professionals (MSPs) when a hospital announces its closing.**

**This information was collected by National Association Medical Staff Services (NAMSS) members and NAMSS staff and compiled by NAMSS and its strategic partners to provide a rapid-access Hospital Closure Toolkit for MSPs and hospitals.**

**This Toolkit is not intended as guidance from NAMSS. It does not replace or serve as a substitute for regulations, accreditation standards, or policy. This Toolkit is solely an informational product offered by NAMSS to MSPs and to hospitals.**

**NAMSS will update this document on an on-going basis to ensure all new and innovative approaches are reflected to provide states with strategies to continue addressing hospital closures. MSPs may submit updates to [namss@namss.org](mailto:namss@namss.org), ATN: Hospital Closure Toolkit.**

# Introduction

Health system consolidations, financial shortcomings, and low patient volume have forced many U.S. hospitals to close, often abruptly. Since 2010, over 110 hospitals have closed, most of which were in rural areas. The year 2019 set a record for closures, with 18 hospitals shutting their doors. The trend has continued into 2020, with eight hospitals closed by mid-March. This trend is projected to continue as various financial and utilization factors make it increasingly difficult for hospitals to thrive, or at minimum, survive.

The Guidehouse 2020 Rural Hospital Sustainability Index, estimates that over 350 rural hospitals are at risk for closing in the near future.<sup>1</sup> Hospital closures, however, are not limited to rural areas. In 2019, Hahnemann University Hospital in Philadelphia, Pennsylvania closed, disrupting the community, leaving 570 personnel without positions, and creating access issues for many patients.

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<sup>1</sup><https://www.prnewswire.com/news-releases/one-in-four-us-rural-hospitals-at-high-financial-risk-of-closing-as-patients-leave-communities-for-care-301037081.html>

## Preserving Practitioner Data During Closures

States primarily set retention policies for credentialing and clinical records, although the federal policy mandates minimum-maintenance periods for certain classes of patients and selected types of data information. State policies vary, but most jurisdictions permit healthcare entities to destroy many types of data after a specific period, usually within 10 years. Many healthcare organizations hold records longer than mandated, but over time, healthcare entities discard informational data, or the data becomes difficult to access.

To improve patient care, evaluate practitioner competence, and support research, healthcare organizations should recognize that information, both paper and electronic, constitutes a valuable asset that deserves long-term storage in archives that preserve both the records and access to the information. The cost of archiving data usually becomes the healthcare organizations' responsibilities.

The NAMSS Hospital Closure Toolkit helps MSPs prepare, communicate, and execute their facility protocol for preserving practitioner data during a hospital closure. The Toolkit will help specifically help MSPs:

- ▶ Understand and fulfil their responsibilities to protect hospital information data integrity
- ▶ Meet governmental practitioner-data preservation requirements
- ▶ Meet accreditation practitioner-data preservation requirements
- ▶ Collaborate with facility Legal counsel
- ▶ Communicate with the medical staff, provider enrollment personnel, and accounts entities
- ▶ Plan and take proactive steps for developing personal careers.

## Why are Hospitals Closing at Such an Alarming Rate?

In 2018, the U.S. Government Accountability Office (GAO) reported that 64 rural hospitals closed between 2013 and 2018. The GAO Report, *Rural Hospital Closures: Numbers and Characteristics of Affected Hospitals and Contributing Factors*, cited revenue pressure, complex patient populations, and clinician recruitment and retention challenges as factors contributing to the uptick of rural-hospital closures.<sup>2</sup>

According to the University of North Carolina's Cecil G. Sheps Center for Health Services Research, hospital consolidations, outpatient-service expansion, unsustainable financial positions, lost accreditations, and declining elective admissions also contribute to hospital closures.<sup>3</sup> Despite declining hospital volume, declining population-health places an additional strain on struggling hospitals, especially for facilities that care for older populations with greater rates or obesity, heart disease, and other underlying health conditions.<sup>4</sup>

<sup>2</sup>U.S. Government Accountability Office. *Rural Hospital Closures: Number and Characteristics of Affected Hospitals and Contributing Factors*. August 2018. <https://www.gao.gov/assets/700/694125.pdf>.



The hospital-closure trend continues to gain momentum, which results in patient-access issues, unemployment, and deteriorating population health. A sampling of headlines from 2020 provide an overview of the challenges and pressures facing hospitals:

- ▶ Florida Hospital Abruptly Closes, Lays Off 300
- ▶ Mayo Clinic Health System to close Hospitals in 2020 – Springfield and Lamberton, MN
- ▶ Tennessee Hospital Halts Admissions After Staff Doesn't Show Up
- ▶ Texas Health System Files for Bankruptcy, Owes BlueCross BlueShield \$29 Million
- ▶ Missouri Hospital Closes After Being in Community for 100 Years
- ▶ Pinnacle Regional Hospital in Overland Park, Kansas Closes its Doors
- ▶ Williamson Memorial Hospital (West Virginia) Closes after Bankruptcy

## Where are Hospitals Closing?

### Where rural hospitals are disappearing

At least 170 rural hospitals in 36 states have closed since 2005. More than half were in the southern United States.



Source: University of North Carolina Cecil G. Sheps Center for Health Services Research

<sup>3</sup>University of North Carolina. The Cecil G. Sheps Center for Health Services Research. "Rural Hospital Closures: More Information." <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/rural-hospital-closures/>

<sup>4</sup>U.S. Census Bureau. Older Population in Rural America. October 22, 2019. <https://www.census.gov/library/stories/2019/10/older-population-in-rural-america.html>

Hospitals need to be financially viable to fulfill their missions (whether it be service to indigents, a specific population, the community, or others). The maxim “no margin, no mission” holds true; a hospital that is not financially viable can no longer service its community. This inability to fulfill these missions sends a ripple effect through communities. Thus, it is especially critical that closing hospitals take the proper steps to preserve and protect practitioner data.

It is also important that the health systems, practitioners, and local health officials balance the tradeoff between financial viability and service so residents have appropriate and timely access to quality care. These efforts also help transition care to new service locations when hospitals close. The ideal response depends on the unique circumstances of the community. MSPs have an active role to play in ensuring the integrity of the hospital closure. This Toolkit outlines steps MSPs should take and questions and scenarios to consider if faced with a hospital closure.

## Future Outlook

COVID-19 and its aftermath will increase the extreme financial pressure that U.S. hospitals face. Hospitals that were previously struggling to survive have been pushed over the edge. Hospitals' financial futures may directly affect MSPs in the future. They should prepare for reduced budgets for education opportunities, as well as workforce reductions at each facility. This Toolkit provides guidance on how MSPs can continue their education through NAMSS and their state associations. Finding a mentor may be the best step MSPs can take to explore ideas, ask questions, and build a sustainable career for the future. Changes are difficult, but innovation may help MSPs get difficult times together.

## Resources

### **American Medical Association**

To establish a process for protecting and retrieving physician and resident personnel files, the American Medical Association (AMA) provides guidance on the appropriate method to dispose physician credentialing records during and after a hospital closure. The AMA recommends that a closing hospital's medical staff executive committee take part in closing patient-care operations. As such, the AMA provides the following guidance on preserving physician credentialing records in its policy, *Hospital, Ambulatory Surgery Facility, Nursing Home, or Other Health Care Facility Closure: Physician Credentialing Records H-230.956*.

- **Governing Body Arrangements:** The governing body of the hospital, ambulatory surgery facility, nursing home, or other healthcare facility shall be responsible for making arrangements to dispose of physician credentialing records or CME information upon a facility's closure.

- ▶ **Transferring to New or Succeeding Custodian:** Such a facility shall attempt to make arrangements with a comparable facility to transfer and receive physician credentialing records or CME information. In the alternative, the facility shall seek to make arrangements with a reputable commercial storage firm. The new or succeeding custodian shall treat these records as confidential.
- ▶ **Documenting Physician Credentials:** The governing body shall make appropriate arrangements so physicians make timely requests to obtain verification copies of their credentials, clinical privileges, CME information, and medical staff status.
- ▶ **Maintaining and Retaining Records:** Physician credentialing information and CME information transferred from a closed facility to another hospital, other entity, or commercial storage firm shall be maintained in a secure manner intended to protect the confidentiality of the records.
- ▶ **Determining Access and Fees:** The new custodian of the records shall provide access at a reasonable cost and in a reasonable manner that maintains the confidential status of the records.

The AMA's *Principles for Strengthening Physician-Hospital Relationships*, is a resource to help MSPs and physicians establish and strengthen relationships with hospital leadership and work together to develop protocol for preserving patient and practitioner records in the case of a hospital closure.

The American Medical Association developed a [guidance document](#) for physicians facing downsizing and underemployment as a result of the COVID-19 emergency.<sup>5</sup> This guidance is applicable to any downsizing or closure scenario and addresses the following:

- ▶ The effect of a current employment contract
- ▶ Severance
- ▶ The use of technology and other resources post-departure/closure
- ▶ The applicability/waiver of restrictive covenants, continuation (or not) of payment of professional liability/tail coverage premiums post departure, etc.

Hospital closures also impact its medical residents. In response to the 2019 Hahnemann University Hospital closure, which affected over 570 residents and fellows, the AMA House of Delegates passed Resolution No. 310, which called on the AMA to:

- ▶ Study and provide recommendations to improve the process of assisting displaced residents.
- ▶ Work with the Centers for Medicare and Medicaid Services (CMS) to adopt regulations that protect residents and fellows affected by program or hospital closures.

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<sup>5</sup>American Medical Association. Know Your Rights: Navigating Physician Employment During COVID-19. Prepared by the Polsinelli Law Firm. <https://www.ama-assn.org/system/files/2020-05/navigating-physician-employment-covid-19.pdf>

- ▶ Work with the Centers for Medicare and Medicaid Services (CMS) to adopt regulations that protect residents and fellows affected by program or hospital closures.
- ▶ Work with colleague organizations to ensure that displaced residents and fellows are directly represented in legal and other proceedings related to a hospital or training program closure.
- ▶ Work with colleague organizations to develop a process to assist residents and fellows to obtain new training positions.
- ▶ Address the immediate problem of displaced physicians, residents, and fellows not having professional liability tail coverage.

## **Health Information Management**

Hospitals remain liable for health information during, or after, a closure. A closing hospital must take appropriate actions to protect the integrity, retrieval, and storage of patient-health records and ensure that records are available for continued patient-care purposes. MSPs and Health Information Management personnel should check state-specific regulations, CMS requirements, and professional-organization guidelines for storing data, adhering to patient and practitioner needs, and reviewing hospital policies [via hospital bylaws].

## **Health Plans Contracts**

Hospitals must cancel all health plan contracts with a term date as stated in all other documents to the state. MSP and Provider Enrollment personnel should check state-specific regulations, as well as CMS requirements.

## **Provider Enrollment**

Closing hospitals must send letters to all contracted practitioners informing them of the termination date for all health plans contracts.

## **Telemedicine Services**

As of May 2020, no statutory or regulatory requirement exists that requires closing hospitals to provide a notice period or fee to telemedicine service providers. This is currently a contractual question, assuming a services contract between the closing hospital and the telemedicine service provider exists. These contracts will reflect what the parties agreed to during negotiations.



Most telemedicine contracts require an initial period between one to three years during which the hospital cannot terminate the contract, except for the provider's material breach. After this initial period, contracts would require anywhere from 90-180 days' prior written notice to terminate without cause or to not renew. Some reasons for these time periods include:

- ▶ The telemedicine provider has front-loaded costs and needs to have the contract in place for a particular period to become profitable.
- ▶ The telemedicine provider has time and/or financial commitments to its staff and vendors related to the hospital contract and cannot be released from those commitments until a certain date.
- ▶ The telemedicine provider has scheduled its staff out for a certain period of time.

The closing hospital could try to negotiate an early termination provision upfront. Most vendors will not agree to this, for the reasons stated above, without tying it to a penalty or termination fee. The fee would require negotiation. The provider will likely try to maximize the fee to receive what, or close to what, they would have received under the contract, had it not been terminated early. The hospital will try to reduce this amount, given that the provider is not delivering the service and the client is receiving services when the contract is terminated.

If there isn't a feasible early termination provision and the client needs/wants to terminate, it may be advisable for hospitals to have a conversation with the other party to see if they can establish an understanding. Under some circumstances, a third party may be willing to allow the client to terminate early without any fee or penalty. Under more typical circumstances, the third party is only willing to allow an early termination if the entity agrees to a fee. Regardless, whatever understanding the parties reach, the client should obtain the contractual release documented in a signed writing from the other party.

## **Medical Services Professional Checklist**

### **Successful Planning**

A hospital-closure plan with a timeline is essential to ensure that a hospital closure is smooth and complies with all relevant laws and regulations. A plan's timeline should include a specific plan for timing and implementing steps related to practitioner data.

Many U.S. states provide guidance on hospital closures. The New Jersey Hospital Association Health Planning Department's [\*Hospital Closure Guidelines: Best Practices from the Field\*](#). The National Organization of State Offices of Rural Health's [\*Regulatory Requirements of Closure of a Hospital\*](#) lists each state's requirements for hospital closures.



## Checklist, Responsible Party, Data Completed & Comments

This NAMSS Hospital Closure Toolkit's MSP Checklist below includes elements/requirements that MSPs may need to during a hospital closure.

Element	Responsible Party	Date Completed	Comments
<b>✓ MSP Staff</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Organize a staff meeting to notify coworkers of hospital closure.</li> <li><input type="checkbox"/> Contact MSP Temporary Service company if current co-workers leave prior to closing date.</li> <li><input type="checkbox"/> Post signage on your department door stating last date of business.</li> <li><input type="checkbox"/> Contact HR for employment info for co-workers.</li> </ul>			
<b>✓ Organization Notifications</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Credentialing organization; professional memberships.</li> <li><input type="checkbox"/> Termination of NPDB Entity<sup>2</sup></li> <li><input type="checkbox"/> ECFMB Closure of Account</li> <li><input type="checkbox"/> FSMB Closure of Account</li> <li><input type="checkbox"/> AMA Closure of Account</li> <li><input type="checkbox"/> AOA Closure of Account</li> <li><input type="checkbox"/> CAHQ Closure of Account</li> <li><input type="checkbox"/> CVO Contract Termination – Review Termination Contract Language</li> <li><input type="checkbox"/> Notify CME Contracts</li> </ul>			
<b>✓ Licensure &amp; Accreditation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Notify to Accreditation Organizations</li> <li><input type="checkbox"/> Submit closure plan to state regulatory agencies.</li> <li><input type="checkbox"/> Notify the state pharmacy board.</li> <li><input type="checkbox"/> Notify the DEA.</li> </ul>			
<b>✓ Health Insurance Companies</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inform all contracted payers of your intent to close your practice.</li> <li><input type="checkbox"/> Provide payers with a forwarding address to send payments that resolve after the hospital closes.</li> </ul>			
<b>✓ Medical Staff</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plan for a special meeting with the medical staff leadership.</li> </ul>			

<input type="checkbox"/> Notify medical staff and practitioners of decision to close. <input type="checkbox"/> Review medical staff bylaws regarding dissolution (if applicable). <input type="checkbox"/> Plan for weekly medical staff leaders meeting			
<b>✓ Suppliers &amp; Service Contracts</b> <input type="checkbox"/> Terminate software contracts; review termination contract language.			
<b>✓ Medical Records</b> <input type="checkbox"/> Arrange safe storage for both paper and electronic medical records. <input type="checkbox"/> Notify your state medical board of the storage location. <input type="checkbox"/> Determine the correct amount of time your medical records should be stored, as defined by your state law. <input type="checkbox"/> Establish a mailing address or PO Box for medical-record requests after closing.			
<b>✓ Medical Staff Information</b> <input type="checkbox"/> Determine Medical Staff Credentialing Files (Electronic and/or Hard Copies) location. <input type="checkbox"/> Determine Peer- Review/Quality Info location. <input type="checkbox"/> Determine Medical Staff Org. Minutes, Including Medical EC and Board Minutes, locations.			
<b>✓ NAMSS PASS</b> <input type="checkbox"/> Forward Information to NAMSS PASS <sup>3</sup>			

## **Hospital Record-Retention Policy**

State laws generally dictate the length of time facilities need to retain medical records. However, the [HIPAA Privacy Rule](#) does require covered entities to apply appropriate administrative, technical, and physical safeguards to protect the privacy of medical records and other protected health information for whatever period such information is maintained by a covered entity, including through disposal [45 CFR 164.530(c)].

## **Credentials Verification Organization Notification**

The credentialing verification organization's (CVO) and the hospital's service contract's "Termination" section will dictate notification requirements. The closing hospital should send a letter as soon as possible notifying the CVO of the hospital's closure and the contract's associated termination date. The closing hospital should also ask the CVO to send hospital credentialing data to NAMSS PASS.<sup>3</sup>

## **MSP & Legal Collaboration**

- ▶ Notifications
- ▶ Document Storage
- ▶ Affiliation
- ▶ Human Resources
- ▶ Disciplinary Actions Completion

## **MSP Career Development**

Most states require closing hospitals to give employees a 60-day "Warn" notice. MSPs at closing hospitals need to begin planning their search strategies for new positions and set or adjust career goals. Change can be difficult, and at times, overwhelming. Change can also be a good thing a career and happiness. The checklist on the next page provides MSP-specific career guidance.

Element	Responsible Party	Date Completed	Comments
<b>✓ Resume</b> <input type="checkbox"/> Past/Current Employment, Publications, Presentations, Professional References			
<b>✓ Social Media</b> <input type="checkbox"/> LinkedIn <input type="checkbox"/> Facebook <input type="checkbox"/> State MSS Association (New Address, Notify Officers, Post Resume) <input type="checkbox"/> NAMSS Job Posting			
<b>✓ Contacts</b> <input type="checkbox"/> Create list of all healthcare contacts. <input type="checkbox"/> Contact MSP Interim Temporary Services.			
<b>✓ Education</b> <input type="checkbox"/> Register for Online Learning Opportunities. <input type="checkbox"/> Enroll for Bachelor, Graduate, or Doctorate Degrees. <input type="checkbox"/> Continue to Keep CEUs current to maintain CPCS and CPMSM certifications. <input type="checkbox"/> Develop/Improve Interview Skills.			
<b>✓ Interview and Search for Position</b> <input type="checkbox"/> Contact a coach feedback on resume and interview skills. <input type="checkbox"/> Schedule time each day to search for new opportunities.			

## **Conclusion**

MSPs have a critical role in hospital closures and often become the stewards for their facilities' practitioner data.

This Toolkit provides MSPs guidance for developing and understanding their facilities' hospital closure policies, communicating and executing these policies related to preserving practitioner data, and revising career plans.

Diane M. Meldi, MBA, CPCS, CMPSM, Senior Consultant for Mercy, reflects on a hospital closure's impact:

*"Closing a hospital is always a very difficult decision. It affects the community, patients, practitioners, and most importantly the hospital personnel. I have been involved with two hospital closures and it is hard for the MSP to continue to work. There are feelings of sadness, anger and betrayal. Fortunately, in both hospitals, the MSPs were able to continue their careers without moving too far and seem to be happy. There is a loss of friendship and if you work for a faith-based facility, you may see differences in mission and leadership."*

Health care is rapidly changing and being prepared and informed will assist you in making decisions and fulfilling your responsibilities. If you have questions, please contact [NAMSS](#).

## **Reference Resources**

American Hospital Legal Attorneys (AHLA)

American Hospital Association

American Medical Association

Huron Business Advisory – 'When the Hospital is the patient: Closing a Hospital Requires Careful Planning'. Authors: Dawn Gideon, Brian Buebel and Nick Zaccagnini.

National Association Medical Staff Services

NAMSS PASS

National Practitioners' Data Bank Guidebook

<sup>3</sup> KCUR 89.3 (NPR affiliate in Kansas City, Missouri)

<sup>4</sup> Full story from WCTV.tv [here](#).

<sup>5</sup> Full story from WV Public Broadcasting [here](#).



# Appendix A: Hospital Closure Toolkit Checklist

Contact an accountant and attorney for specific business and legal advice when closing a medical practice.

## Notifications (60 to 90 days prior to closing).

### ✓ STAFF

- ☐ Organize a staff meeting to notify employees of practice closure.
- ☐ Prepare to hire temporary staff if current employees leave prior to closing date.

### ✓ PATIENTS

- ☐ Prepare and send notification to patients listing the closing date
- ☐ Include an authorization form to transfer medical records to your patients' new providers.
- ☐ Place a dated copy of the notification in each patient's medical record.

### ✓ THE PUBLIC

- ☐ Publish local newspaper ads with details about the closing.
- ☐ Post signage in your office to notify visitors of your last day of business.

### ✓ PROFESSIONAL ASSOCIATIONS

- ☐ Notify your state medical board, licensing board, credentialing organizations, professional memberships, etc.

### ✓ DRUG ENFORCEMENT AGENCY (DEA)

- ☐ Inform the DEA of your wishes to either continue or surrender your DEA registration.

### ✓ HEALTH INSURANCE COMPANIES

- ☐ Inform all contracted payers of your intent to close your practice
- ☐ Provide payers with a forwarding address to send payments that resolve after the office closes.

### ✓ HOSPITALS

- ☐ Notify the hospitals where you have privileges of your intention to close your practice.

### ✓ ANCILLARY SERVICES

- ☐ Contact ancillary services such as labs, MRI facilities, etc. that you refer patients to.

### ✓ SUPPLIERS/SERVICE CONTRACTS

- ☐ Inform medical suppliers, office suppliers, collection agencies, laundry services, housekeeping services, hazardous waste disposal services, magazine subscriptions, etc.
- ☐ Request final statements from these vendors to close your accounts with them.

### ✓ OTHER PHYSICIANS

- ☐ Let the colleagues that you work with, or refer to, know of your decision to close

### ✓ UTILITIES

- ☐ Notify all utility service providers of the day you wish to discontinue service.

## Tasks (30 to 60 days prior to closing).

### ✓ PATIENT SCHEDULING

- ☐ No new patients should be accepted once the closing date is announced.
- ☐ Start restricting nonemergent appointments as much as possible.
- ☐ Patients who need continual follow-up and care should be referred to another provider.

### ✓ ACCOUNTS RECEIVABLE

- ☐ Process your accounts receivable, as much as possible, to collect money owed to you.
- ☐ Consider employing a collection agency or staff member to reconcile accounts after the practice has closed.

### ✓ INSURANCE POLICIES

- ☐ Review your and your employees' insurance policies and update or cancel where appropriate: i.e., liability, health, life, disability, workers compensation, etc.
- ☐ Obtain tail coverage extended liability insurance if necessary, which provides coverage against claims reported after the liability

### ✓ MEDICAL RECORDS

- ☐ Arrange for safe storage for both paper and electronic medical records.
- ☐ Notify your state medical board of the storage location
- ☐ Determine the correct amount of time your medical records should be stored, as defined by your state law.
- ☐ Make sure the storage facility has experience handling confidential patient information and HIPAA agreements.
- ☐ Establish a mailing address or PO Box for medical record requests after closing.

### ✓ CLINICAL DOCUMENTS & EQUIPMENT

- ☐ Arrange for storage of personnel records according to your state law.
- ☐ Organize the disposal or proper storage of clinic documents such as financial records, patient education materials, brochures, etc.
- ☐ Plan to sell or lease office and medical equipment, if appropriate

### ✓ MEDICATIONS

- ☐ Follow the federal guidelines for disposing of prescription drugs and medications
- ☐ Contact drug representatives to determine what to do with unused samples, if applicable.
- ☐ Destroy all prescription pads.

### ✓ PHONE SERVICE

- ☐ Consider using an answering service or prepare messaging for office phone calls after the closing date.

### ✓ MAIL SERVICE

- ☐ Contact the U.S. Postal Service to coordinate mail forwarding details.

## Appendix B: 2018 Hospital Closure Data

2018 Hospital Closures	Location	Hospital System	Reason	Closure Date
Mercy Hospital Fort Scott	Fort Scott, KS	Mercy	Declining Patient volume, shrinking reimbursement	12/31/2018
Physicians Regional Medical Center	Knoxville, TN	Tennova Healthcare	Hospital system restructuring	12/28/2018
Lakeway Regional Hospital	Morristown, TN	Tennova Healthcare	Hospital system restructuring	12/28/2018
Little River Healthcare	Rockland, TX	Little River Healthcare	Bankruptcy	12/04/2018
Ripley County Memorial Hospital	Doniphan, MO	SoutheastHealth	Low patient-volume	10/15/2018
Pauls Valley Regional Medical Center	Pauls Valley, OK	Alliance Health Partners (Interim)	Bankruptcy	10/21/2018
Latminer County General Hospital	Wilburton, OK	Empower HMS	Financial Issues	10/01/2018
Northside Regional Medical Center	Youngstown, OH	Steward Health Care	Patient- Volume Decrease (70-percent decline/ 10 years)	9/20/2018
McKenzie Regional Hospital	McKenzie, TN	Quorum Health	Declining patient volume. Sold to Baptist Memorial	9/30/2018
Franciscan Chicago Heights	Chicago, IL	Franciscan Health	Hospital System restructuring toward Olympic Fields campus.	9/07/2018
Chestatee Regional Hospital	Dahlonega, GA	Durall Capital Holdings	Fraud	7/26/2018

Good Samaritan Hospital	Dayton, OH	Permier Health	Consolidation	7/23/2018
Community Medical Center	Long Beach, CA		Couldn't meet CA seismic standards	7/03/2018
Regional Medical Center	Jacksonville, AL	Healthcare Authority of the City of Anniston	Rising costs and insufficient revenue	6/30/2018
Coalinga Regional Medical Center	Coalinga, CA		Bankruptcy	6/12/2018
Florence Hospital at Anthem	Florence, AZ	New Vision Health (Affl. w/ Gilbert Hospital)	Bankruptcy	6/18/2018
Gilbert Hospital		New Vision Health (Affl. w/ Florence Hospital at Anthem)	Bankruptcy; CMS fines	6/16/2018
Twin Rivers Regional Medical Center	Kennett, MO	Community Health Systems	Lack of patient demand; consolidation	6/12/2018
Bay Area Regional Medical Center	Webster, TX		Managed-care contract disputes	
Baylor Scott & White Medical Center-Garland	Garland, TX		Financial Issues	2/28/2018
Affinity Medical Center	Massillon, OH	Quorum Health	Financial Issues	2/11/2018

## Appendix C: 2019 Hospital Closure Data

Hospital (Rural Only)	City	State	# of Beds	Closure Month
Ellwood City Medical Center	Ellwood City	PA	52	December
Haskell County Community Hospital	Stigler	OK	25	October
Texas General - Van Zandt Regional Medical Center	Grand Saline	TX	1	August
Hamlin Memorial Hospital	Hamlin	TX	25	July
Sitka Community Hospital	Sitka	AK	12	July
Chillicothe Hospital	Chillicothe	TX	21	July
Regional General Hospital	Williston	FL	20	June
Fayette Regional Health System	Connersville	IN	45	July
Albert Lea - Mayo Clinic Health System	Albert Lea	MN	142	June
Jamestown Regional Medical Center	Jamestown	TN	54	June
De Queen Medical Center	De Queen	AR	25	May
Mercy Hospital El Reno	El Reno	OK	48	April
Takoma Regional Hospital	Greeneville	TN	73	April
Georgiana Medical Center	Georgiana	AL	22	March
Horton Community Hospital	Horton	KS	15	March
I-70 Community Hospital	Sweet Springs	MO	15	February
Oswego Community Hospital	Oswego	KS	12	February
Doctors Hospital at Deer Creek	Leesville	LA	10	January

## Appendix D: National Practitioners Data Bank (NPDB) Closure Protocol

The NPDB requires a written request to deactivate an entity's registration. MSP may fax or email the request to (703) 803-1964 or [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov).

- ▶ The request needs to include the following information on company letterhead:
  - ☐ List the name of entity to be deactivated.
  - ☐ List the DBID number to be deactivated.
  - ☐ List the contact telephone number.
- ▶ State if there is to be a Successor of the account.
  - ☐ If "YES," the letter must include the successor's DBID number.
  - ☐ If "NO," it must include the statement, "No Successor".
  - ☐ Explain the reason for deactivation.
- ▶ The Certifying Official listed on the NPDB Entity Profile must submit the request.
  - ☐ If that Certifying Official is no longer in this position
  - ☐ The Entity Administrator must update the Certifying Official information in the Registration Profile.

If the Administrator listed for the account is not current, MSP should contact the Customer Service Center: 1-800-767-6732. Include a signature and the title of person sending the deactivation request.

Note: If there is a successor to transfer the subject database, please note this in the request.

### NAMSS PASS

As practitioners move from facility to facility, work history verification is a critical element to properly qualify a practitioner before the hospital grants him/her privileges to see patients. One common loophole is incomplete affiliation history, which the practitioner essentially self-reports. In certain cases, a physician may choose to omit an affiliation where they were involved in any activity deemed a competency, patient safety, or behavioral concern. Hospital closures also present a loophole for capturing such information if practitioner records are not properly obtained, stored, and made available post-closure.

NAMSS PASS facilitates the affiliation-verification process by displaying information the applicant may omit, intentionally or otherwise, through free roster uploads and queries. The database houses affiliation data and enables MSPs to identify potential red flags within an application and proceed appropriately.






- ▶ NAMSS PASS is the only national registry of primary source affiliation history for healthcare practitioners.
- ▶ Participants include hospitals, medical groups, surgery centers, behavioral-health facilities, and other healthcare entities (active and closed).
- ▶ Entities self-report data to NAMSS PASS, which qualifies as primary source.
- ▶ NAMSS PASS provides a free “Gap Analysis Profile” that MSPs can compare with information on the application.
- ▶ NAMSS PASS permanently stores uploaded affiliation histories for closed facilities that other MSPs may access.
- ▶ NAMSS PASS does not charge healthcare entities to upload and store data, which remains available in perpetuity.
- ▶ NAMSS PASS provides verifiable continuity and helps eliminate gaps in practitioners’ work history.

## **How does NAMSS PASS Secure the Data?**

Customer data security and privacy is critically important. NAMSS PASS takes the following steps to protect data:

- ▶ Hosts information in data center that is SSAE-16 Type II-compliant and provides 365/24/7 staffed security and facility monitoring.
- ▶ Keeps servers locked behind a firewall that only allows secure encrypted communication.
- ▶ Runs all web-traffic through the industry standard SSL to ensure that all authentication, uploads, queries, etc. are secure.
- ▶ Requires a secure login for every user and integrates with the NAMSS.org website to provide a straightforward and secure SSO experience.
- ▶ Provides automatic offsite backups of all data, which are encrypted at rest and in-transit.
- ▶ Uses a secure third-party processor for any billing transactions and does not store any credit card numbers on the server.
- ▶ Uses secure API Keys that users control and can reset or regenerated at any time.
- ▶ Does not contain any PHI, private, or confidential information.

## Appendix E: What is the Process to Upload my Data to NAMSS PASS?

Steps	Instructions
 <b>Step 1 - Create Account</b>	<ul style="list-style-type: none"> <li>▶ Go to <a href="http://www.NAMSS.org">www.NAMSS.org</a> and click on the NAMSS PASS link on the top menu bar.</li> <li>▶ NAMSS members click on <i>Login with an Existing Account</i> to log in.</li> <li>▶ Non-NAMSS members click on <i>Create an Account</i> to create a free account.</li> <li>▶ Then click on <i>Access the NAMSS PASS</i> and follow instructions to activate your email.</li> </ul>
 <b>Step 2 - Create Upload File</b>	<ul style="list-style-type: none"> <li>▶ From your credentialing software, export your practitioners affiliation history into an Excel file.</li> <li>▶ Contact your software vendor to export data to NAMSS PASS.</li> <li>▶ The format of the file is below.</li> </ul>
 <b>Step 3 - Email to NAMSS PASS</b>	<ul style="list-style-type: none"> <li>▶ Email the Excel file and your company logo (jpg. or png. format) to <a href="mailto:support@namsspass.com">support@namsspass.com</a>.</li> <li>▶ NAMSS PASS will contact you to finish the upload and setup.</li> </ul>

## WHAT FIELDS ARE REQUIRED FOR THE DATA FILE?

The data file is an excel file (or delimited CSV), which most credentialing systems can generate. The field definitions are listed below. Check with your software vendor first; they may have the NAMSS PASS format in their software's standard reports.

Field Name	Description	Required	Field Type
firstname	First Name of the practitioner	Yes	Text
middlename	Middle Name or Middle Initial of the practitioner	Optional	Text
lastname	Last Name of the practitioner	Yes	Text
Suffix	Suffix of the practitioner	Optional	Text
Title	Title represents the degree or title such as MD, DO, DDS, etc.	Optional	Text
NPI	NPI of the practitioner. * Practitioners who retired or resigned prior to NPI implementation probably will not have NPI numbers. In such cases, leave blank.	Yes*	Number
licensenum	State License number of the practitioner Note: if the practitioner has more than one state license, list the primary one in your state	Yes	Text
licensestate	Character State of the license. Note: if the practitioner has more than one state license, list the primary one in your state.	Yes	Text
fromdate	Start Date represents the original data for this practitioner at your facility. Note: if they were on staff at a different time with "affiliation gaps," list each set of affiliation dates on a different row (see example below)	Yes	Date
todate	End Date represents the termination or resignation date for this practitioner. Note: for current practitioners, this can be blank or date should be in the future similar to the Reappointment Date. If a practitioner is currently on staff and thus does not have an "end date," then use the word "Current" for the end date.	Yes	Date or Text

facilityname	Facility is the name of the specific facility that this practitioner has affl.	Yes*	Text
	* If this is left blank then your org's name will be used instead. This field is only necessary if your account/data file represents/contains more than one facility. You can set up a default facility name for all practitioners in the file.		
facilitycity	City of facility where practitioner is affl. **	Optional	Text
facilitystate	State of facility where practitioner is affl. **	Optional	Text
	** If your system cannot export City and ST, NAMSS PASS can auto associate a City/ST based on Facility Name. This is in the Adv. Options section of Your Data. Set this up before your first upload.		
Department	The Dept. at your facility with which the practitioner has/had obtained privileges.	Optional	Text
Specialty	Practitioner's primary SPLTY. If you want to list more than one, separate each SPLTY with a comma.	Yes	Text
Status	Affl. status at this facility (i.e. Active, Inactive, Probationary, Resigned, etc.)	Yes	Text
Letter	Values are as follows: 0 - No letter available (no letter will be printed for this practitioner and user is directed to contact you directly)	Yes	Number
	1,2,3, or 4 - (see following pages for letter content) ** 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. Template 4 is your own Custom format.		
photofilename	The file name that matches a photo that you have uploaded to our system. Ex. if the file name is 1234567890.jpg, then this field should have the value of "1234567890" or "1234567890.jpg"	Optional	Text
	Recommendation: we highly recommend that you use NPI for the file name so that you can ensure that there are no duplicates		
Affiliation Comments	Affl. Comments are any comments/notes that you would like to display that are specific to this practitioner. Do not provide any comments that may be interpreted as a judgment of competency!	Optional	Text

Privilege Notes	Privilege Notes are any comments/notes that describe the specifics of what privileges this practitioner has at your facility. Do not provide any comments that may be interpreted as a judgment of competency!	Optional	Text
Is Current?	Identify if this practitioner is currently on your active medical staff, under any capacity. Value is Y or N.	Optional	Text
Exportdate	The date the report/export was generated. This will be used as the last updated date.	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	MI	Last	Title	NPI	License	State	Start	End	Facility	Dept.	SPLTY	Status	Letter	Photo
Jason	J	Smith	MD	1234567890	55555	CA	1/1/05	5/12/09	Mem. West	Medicine	Family Medicine	Active	1	1234567890
Jason	J	Smith	MD	1234567890	55555	CA	1/1/05	Current	Mem. West	Medicine	Family Medicine	Active	1	1234567890
Jane	L	Robinson	MD	2222222222	11111	CA	4/6/07	3/12/09	Mem. North	Surgery	Ortho. Surgery	Active	0	2222222222

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

**NAMSS PASS simply includes 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.**