



Dear Doctor:

Thank you for your interest in North Kansas City Hospital. Our Hospital has adopted the following basic membership criteria to assist our Medical Staff to achieve a high standard of patient care. A potential applicant for Medical Staff membership must:

- Be a M.D., D.O., D.D.S., or D.P.M.
- Be Board Certified or be Board Eligible and be in the process of becoming Board Certified (within 6 years of completion of approved residency program)
- Hold a current state license in the state of Missouri
- Have a valid federal DEA Controlled Substances Registration Certificate that is registered in the state of Missouri, and a Missouri Bureau of Narcotics and Dangerous Drugs Controlled Substances Registration Certificate
- Maintain professional liability insurance in at least the amount that the state of Missouri requires (\$500,000 per occurrence)
- Have an intended practice plan to refrain from significant conflicts of interest with NKCH (refer to the attached Conflict of Interest Policy) and plan to establish an office within 30 minutes of the Hospital to allow for continuous patient care within the community that the Hospital serves

Medical Staff Services uses an online Pre-Application process to determine whether prospective applicants meet our basic criteria for Medical Staff membership and privileges, and to determine whether we can accommodate prospective applicants. Please complete the Pre-Application form and return it to Medical Staff Services along with a copy of your curriculum vitae.

The Medical Staff Services Department is a paperless department and has eliminated their paper-based application process using the AppCentral website. Now Medical Staff Services receives completed applications for membership online only through AppCentral.

Your Pre-Application form and accompanying documentation will be reviewed and if you meet our basic membership criteria, ***you will receive an “invitation” directing you to the AppCentral website*** so that you can complete the Application for Membership to the Medical Staff and the appropriate Delineation of Clinical Privileges request form online. You will also receive an invoice for a non-refundable application processing fee of Three Hundred Fifty Dollars (\$350) payable to North Kansas City Hospital by check. Your application is not considered ***complete*** until this fee has been received in Medical Staff Services.

We will review your credentials thoroughly before making a recommendation to the NKCH Board of Trustees regarding your appointment to the Medical Staff. All members of the Medical Staff are assessed annual dues in the amount of Three Hundred Dollars (\$300). Once appointed to the Medical Staff of North Kansas City Hospital, you will receive a dues notice by mail allowing you 30 days until your dues payment is due. Medical Staff dues are assessed at the beginning of each fiscal year on July 1st and each new applicant's dues is pro-rated depending on their actual appointment date.

Please do not hesitate to contact Medical Staff Services at 816.691.2050 if you need assistance.

PRE-APPLICATION FORM AND INTENDED PRACTICE PLAN
(Please note - this is **NOT** an application for Medical Staff Membership)

Name In Full: _____

Social Security #: _____ Date of Birth: _____

Credentialing Email: _____ Personal Email: _____

Office Address: _____

Office Telephone: _____

Residence Address: _____

Residence Telephone: _____ Check Here If Silent ()

Please Note: Should you be appointed to North Kansas City Hospital's Medical Staff, you will be assigned the category of "Active-Initial Appointment" and required to take ER call for a period of at least one year. This does not apply to Affiliate Staff. The following is an excerpt from North Kansas City Hospital's Medical Staff Bylaws regarding the Medical Staff Category for initial appointment:

"The Active-Initial Appointment Medical Staff category shall consist of physicians and dentists who are being considered for advancement to membership on the Active Staff, Courtesy Staff or Consulting Staff after membership on the Active-Initial Appointment Staff for a minimum of (1) year."

Please indicate the clinical specialty in which you desire appointment and clinical privileges:

SPECIALTY:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Allergy & Immunology | <input type="checkbox"/> Hospice & Palliative Medicine | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Wound Healing & Hyperbaric Med |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Perinatology | |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Periodontics | |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Internal Medicine/Pediatrics | <input type="checkbox"/> Physical Medicine & Rehab | |
| <input type="checkbox"/> Colon & Rectal Surgery | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Plastic Surgery | |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Neurology | <input type="checkbox"/> Podiatry | |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Psychiatry | |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Obstetrics & Gynecology | <input type="checkbox"/> Pulmonary Medicine | |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Radiology | |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Oral & Maxillofacial Surgery | <input type="checkbox"/> Rheumatology | |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Teleradiology | |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Therapeutic Radiology | |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Urology | |
| <input type="checkbox"/> Hematology/Oncology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Vascular Surgery | |

Other: _____

Place a check here to indicate if you are applying to Affiliate Staff (membership without privileges).

Please describe your medical education / training:

Medical School: _____

Date of Graduation: _____

Internship: _____
(Specialty)

Dates: From _____ To _____

Residency: _____
(Specialty)

Dates: From _____ To _____

Fellowship: _____
(Specialty)

Dates: From _____ To _____

Board Certification

Each applicant for membership to the Medical Staff shall have successfully completed a residency training program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association in a specialty in which the applicant seeks clinical privileges, or a dental surgery training program accredited by the Commission on Dental Education of the American Dental Association, or a podiatric surgical residency program accredited by the Council on Podiatric Education of the American Podiatry Association.

Each applicant for membership to the Medical Staff shall become certified within six years of completion of residency training by the appropriate specialty board of the American Board of Medical Specialties, The American Osteopathic Association, the American Board of Oral and Maxillofacial Surgery, or the American Board of Podiatric Surgery, as applicable, and shall maintain such board certification as a condition of remaining a member of the Medical Staff.

Are you Board Certified? ___ YES ___ NO

If "NO," are you eligible for Board Certification? ___ YES ___ NO

If Board Eligible, list date you anticipate sitting for the examination: _____

Where do you currently have medical staff appointment and clinical privileges?

Facility

Specialty

Category or Status of Appointment

Facility	Specialty	Category or Status of Appointment
_____	_____	_____
_____	_____	_____
_____	_____	_____

INTENDED PRACTICE PLAN

Expectations:

I intend to assist North Kansas City Hospital ("NKCH") to fulfill its mission in the following manner:

- YES NO 1. Meet community needs by providing medical services within the NKCH service area in a manner that takes into account the clinical needs of patients and the convenience of community residents.
- YES NO 2. Have at least the minimum number of patient contacts at NKCH necessary to enable the NKCH Medical Staff to evaluate and ensure clinical competence (the particular number necessary will be determined or approved by the Medical Executive Committee and shall have a reasonable medical basis).
- YES NO 3. Refrain from significant conflicts of interest with NKCH, including employment by a competing hospital or hospital-owned entity.
- YES NO 4. Take Emergency Call and assist NKCH to provide emergency services to patients in need.
- YES NO 5. Arrange for the availability of an alternate practitioner who is a member of the NKCH Medical Staff to provide ongoing care to my patients in the event of my absence or unavailability.
- YES NO 6. Participate in Medical Staff and NKCH committees if appointed or requested.
- YES NO 7. Comply with NKCH CME requirements.

Affiliations / Practice Information

- YES NO 1. I am employed or independently contracted by a hospital or hospital-owned entity other than NKCH or Meritas Health Corporation. If "Yes," please indicate your employer: _____
2. Please list the physician practice/group you will be joining:
Practice name: _____
Address: _____
3. If your practice is new to our community, please list the following:
Practice name: _____
Address: _____
Phone: _____ Fax: _____
List all physicians in the practice / group: _____

4. If not joining a group practice, do you plan to establish or have you established an office near NKCH?
Address: _____
When will you open this office: _____

5. I plan to have the following office hours on or near the NKCH campus:

Specify hours: _____

Days of week: _____

North Kansas City Hospital (NKCH) maintains a streamlined, clinically-approved product formulary of products and equipment that reflects our focus on quality, cost and variation. We participate in a group purchasing organization, a purchasing collaborative and make decisions through our Value Analysis process. This process includes clinician stakeholders, all relevant data and a transparent process. After appointment to the medical staff, the physician will be invited to a Perioperative Onboarding meeting which will include a discussion of the suppliers currently on contract in their practice area, the relationship with the GPO and Purchasing Collaborative and the Value Analysis Process.

Please return this form with copies of the following documents:

- a) Current license to practice
- b) Missouri BNDD Registration Certificate
- c) DEA Registration Certificate (you will need a DEA registered in Missouri for appointment)
- d) Proof of malpractice liability insurance coverage or eligibility, which indicates the effective date and amount. (Please note a minimum of \$500,000 coverage is required for each occurrence.)
- e) Curriculum Vitae (CV)

I agree to abide by the intended practice plan described in this pre-application form if I am granted Medical Staff membership at NKCH. I expressly agree that, in consideration for NKCH's willingness to review this intended practice plan and consider the information provided herein, I waive and release any claims, including but not limited to, any claim of entitlement to a hearing or appellate review, against NKCH, its Medical Staff and their officers, directors and agents, arising from a decision to not provide to me an application for membership on the Medical Staff. I expressly understand and agree that such a decision is an administrative and business decision which may be made by NKCH independent of any professional review action and that such a decision will not result in any report to the National Practitioner Data Bank or any other agency. I also agree that if I am offered an application and granted Medical Staff membership but fail to abide by this intended practice plan, I may be subject to an administrative determination that I cannot exercise my privileges at NKCH without resort to the peer review processes and without giving rise to any claim of any nature against NKCH, its Medical Staff and their officers, directors and agents. I understand that if I have a conflict of interest and, despite that fact, I am permitted to apply for membership on the NKCH Medical Staff, my admissions and utilization patterns may be monitored and I agree I may be subject to an administrative determination that I cannot exercise my privileges at NKCH if deemed appropriate by the NKCH without resort to the peer review processes and without giving rise to any claim of any nature against NKCH, its Medical Staff and their officers, directors and agents. I hereby attest that the information provided above is true and correct. I will immediately notify the NKCH Medical Staff Services office in writing of any changes to my hospital or institutional affiliations that may present a conflict as described in the Medical Staff Conflict of Interest Policy, including notification of the commencement of my employment by any hospital or hospital-owned entity. I certify that I meet the basic threshold criteria for membership on the Medical Staff of North Kansas City Hospital and request an application for appointment to the Medical Staff. I understand this is not an application for membership on the Medical Staff and I may not receive an application if it appears this pre-application form reveals that I do not meet the threshold requirements.

Signature

Date

Medical Staff Conflict of Interest Policy

Purpose

To enhance health care in the North Kansas City Hospital ("NKCH") service area by establishing guidelines under which the composition of the Medical Staff can be planned to ensure the optimum mix of services and the provision of on call coverage by a broad range of specialists. To attract and retain excellent physicians who are committed to meet community needs in the NKCH service area, who are committed to the mission and success of NKCH, and who can provide services at NKCH free of any conflicts of interest that may be to the detriment of NKCH or patient care.

Audience

NKCH Board of Trustees, Administration and Medical Staff members.

Policy

For purposes of this policy, a conflict of interest is present when a Medical Staff member or a potential applicant for appointment to the Medical Staff is employed by a hospital or hospital-owned entity that competes with NKCH because such individual owes a duty of loyalty to the individual's employer.

Subject to certain exceptions described herein, a potential applicant for Medical Staff appointment will not be permitted to apply if the potential applicant has a conflict of interest. NKCH may decline to provide a potential applicant a Medical Staff appointment application if the potential applicant has an intended practice plan or affiliations that, in the judgment of NKCH, present a conflict of interest. Any Medical Staff member with a conflict of interest may be subject to an administrative determination by NKCH that such Medical Staff member will not be permitted to exercise his or her privileges at NKCH until such time as the conflict of interest is eliminated.

Procedure

Step	Action
1	<u>Physician Services Needs Assessment.</u> NKCH will, on a regular basis, gather and analyze demographic and growth trend information for the NKCH service area. NKCH may use its Community Health Needs Assessment, Medical Staff Development Plan and Medical Staff Needs Assessments that are conducted from time-to-time as sources of information about the need for physician services in the NKCH service area. NKCH will then evaluate the composition of the existing medical staff, by type of practice, against community needs by physician type, taking into account the size of the community and scope of necessary services. Any other relevant factors or trends will be considered as well in deciding which physicians will be permitted to apply for appointment to the Medical Staff and in deciding which Medical Staff members with a conflict of interest will be subject to an administrative determination that privileges may not be exercised at NKCH.
2	<u>Medical Staff Pre-Application Process.</u> Any potential applicant to the Medical Staff shall be referred to the Medical Staff Services office and shall be required to complete a pre-application form and intended practice plan. NKCH may review the form and intended practice plan, conduct interviews or use such other methods as in its sole discretion that will assist NKCH to determine which physicians will be permitted to apply for Medical Staff membership. No physician (unless employed by NKCH in

Procedure

Step	Action
	<p>an administrative capacity) shall be involved in making decisions about eligibility to apply; however, physicians, including the Medical Staff Executive Committee, may be consulted to provide relevant information in the process. As part of the pre-application process, NKCH will review the potential applicant's intended practice plan to determine if the potential applicant has a conflict of interest with NKCH. An acceptable intended practice plan (one that does not indicate a conflict of interest), generally will display the following commitments:</p> <ul style="list-style-type: none"> a. A commitment by the potential applicant to have at least the minimum number of patient contacts at NKCH necessary to enable the Medical Staff to evaluate and ensure clinical competence (the particular number necessary to ensure clinical competence will be determined or approved by the Medical Staff Executive Committee and shall have a reasonable medical basis); b. A commitment to meet community needs by providing medical services within the community / NKCH service area in a manner that takes into account the clinical needs of patients and the convenience of community residents. The practice of requiring patients residing within the community to travel outside the community to obtain services that could be effectively provided within the community tends to be inconsistent with community needs and patient convenience; and c. An intent to refrain from significant conflicts of interest with NKCH, including employment by or significant independent contractor relationships with a competing hospital or hospital-owned entity. <p>If a potential applicant's intended practice plan does not reflect these commitments or indicates a conflict of interest, or otherwise does not meet the basic criteria for Medical Staff Membership, NKCH may decline to provide the potential applicant with an application for Medical Staff appointment.</p>
3	<p><u>Exceptions Permitting Medical Staff Application Despite Conflict of Interest.</u> Although potential applicants who are employed by a competing hospital or hospital-owned entity and whose intended practice plans do not reflect an intent to eliminate such conflict generally will not be permitted to apply for Medical Staff appointment, NKCH in its discretion may make exceptions to permit an individual with a conflict of interest to apply for Medical Staff appointment in any of the following circumstances:</p> <ul style="list-style-type: none"> a. New potential applicants who have a conflict of interest may be permitted to apply for Medical Staff appointment if they are joining a physician practice that includes physicians who are Medical Staff members as of the implementation date of this policy. Subsequently, unless an administrative determination that the individual may not exercise privileges as described in section 6 is in effect, such individuals shall be permitted to apply for reappointment provided that they continue to be affiliated with that same physician practice; or b. If the NKCH Board of Trustees and Medical Staff Executive Committee identify a critical patient care need for a certain physician or specialty, new potential applicants who have a

Procedure

Step	Action
	<p>conflict of interest will be permitted to apply for Medical Staff appointment if they will alleviate that need in the judgment of the Board of Trustees and Medical Staff Executive Committee. Subsequently, unless an administrative determination that the individual may not exercise privileges as described in section 6 is in effect, such individuals shall be permitted to apply for reappointment provided that the critical patient care need continues to exist in the judgment of the NKCH Board of Trustees and Medical Staff Executive Committee.</p> <p>Individuals who are permitted to apply for Medical Staff appointment or reappointment pursuant to one of the above exceptions and who are appointed to the Medical Staff will be subject to the ongoing review of practice patterns and administrative determinations described in Section 6 below.</p>
4	<p><u>Grandfather Provision for Existing Medical Staff Members as of Policy Implementation Date.</u> Existing Medical Staff members as of the implementation date of this policy who have a conflict of interest will be grandfathered and may retain their Medical Staff membership. Unless an administrative determination that the individual may not exercise privileges as described in section 6 is in effect, such individuals shall be permitted to apply for reappointment. Existing Medical Staff Members who are grandfathered will be subject to the ongoing review of practice patterns and administrative determinations described in Section 6 below.</p>
5	<p><u>Medical Staff Appointments Following Policy Implementation Date.</u> All Medical Staff members shall have an ongoing obligation to report in writing to the Medical Staff Services office any changes to the member's hospital or institutional affiliations that may present a conflict of interest as described in this policy, including the commencement of employment by a hospital or hospital-owned entity. A practitioner who is initially appointed to the Medical Staff or who is reappointed to the Medical Staff after the implementation date of this policy and who first develops a conflict of interest during the term of an appointment will be subject to the ongoing review of practice patterns and administrative determinations described in Section 6 below.</p>
6	<p><u>Ongoing Review of Practice Patterns and Administrative Determinations.</u> If a practitioner is a member of the Medical Staff and has a conflict of interest, the practitioner's admissions and utilizations patterns may be monitored and the practitioner may be subject to an administrative determination by NKCH that the practitioner may not exercise privileges at NKCH until such time as the conflict of interest is eliminated if deemed appropriate by NKCH and without resort to the peer review processes and without giving rise to any claim of any nature against NKCH, its Medical Staff and their officers, directors and agents. Any such determination that a practitioner with a conflict of interest may not exercise privileges at NKCH is an administrative and business decision that may be made by NKCH independent of any professional review action and such a determination will not result in any report to the National Practitioner Data Bank or any other agency. Such determination shall be communicated in writing by NKCH's President & CEO.</p>

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Step	Action
	Additionally, if the administrative determination continues in effect when notification of the expiration of a term is due and the conflict of interest is not eliminated by the practitioner, such practitioner will not be provided a reappointment application, and such practitioner will be deemed to have voluntarily resigned from the Medical Staff which shall result in automatic termination of Medical Staff membership at the expiration of the current term.
7	<u>Policy Review and Revisions.</u> This Medical Staff Conflict of Interest Policy may be re-evaluated and revised from time-to-time. The current policy is not guaranteed to remain in force for any particular time period.