



## NIW/HHS EXCHANGE VISITOR SUPPORT LETTER PHYSICIAN PRACTICE LOCATION TRANSFERS GUIDELINES AND PROCEDURES

The Florida Department of Health (FDOH) State Primary Care Office (PCO) administers Florida's visa waiver programs for foreign physicians. The goal is to improve access to primary health care services to Floridians residing in designated HPSA and to encourage the utilization of federally designated health facilities as sources of home medical care.

If a physician seeks to transfer to a new practice facility or employer, the physician must submit a formal request to the PCO prior to the transfer. The physician must also provide extenuating circumstance for the transfer in accordance with federal regulations.

### **Transfer Request Procedure**

Submit the following documents electronically in PDF format via email to: [FL.PCO@flhealth.gov](mailto:FL.PCO@flhealth.gov)

***For physicians remaining with the same employer and transferring to a new practice facility site, the physician must provide:***

- 1) NIW/HHS Exchange Visitor Support Letter Request Form
- 2) A cover letter from the employer indicating an agreement with the physician regarding the transfer.
- 3) Evidence that the new facility is located in a designated shortage area (copy of the HRSA "[Find Shortage Areas: HPSA & MUA/P by Address](#)" query result)
- 4) If the physician is transferring from a different state a cover letter from that state's Primary Care Office confirming the transfer.

***For physicians transferring to a new employer, the physician must provide:***

- 1) NIW/HHS Exchange Visitor Support Letter Request Form
- 2) A signed Employer Attestation Form [NIW Only] (DH8009-PHSPM-07/2021)
- 3) A cover letter from the current employer indicating the release of the physician and reasons for termination.
- 4) A cover letter from the new employer signed, dated, and stating:
  - a. The name, physical address, phone number, and email address of the facility
  - b. The HPSA ID number in which the facility is located
  - c. A minimum of 40 hours per week of direct patient care
  - d. The practice facility serves Medicaid clients
- 5) Employment Contract, which includes:
  - a. Signatures of both the physician and employer

- b. Date the document was signed and the expected employment start date
  - c. Name, physical address, phone number, and email address of the NIW physician
  - d. Name, physical address, mailing address, phone number, and email address of the practice facility
  - e. Minimum of 40 hours per week of direct patient care
  - f. The specific start and end dates of the employment service.
- 6) Evidence that the facility is located in a designated shortage area (copy of the HRSA “[Find Shortage Areas: HPSA & MUA/P by Address](#)” query result)
- 7) A copy of the facility’s sliding fee scale
- 8) If the physician is transferring from a different state a cover letter from that state’s Primary Care Office confirming the transfer.

### **Verification of Medical Practice, Monitoring, and Reporting**

The physician and employer must complete the Practice Status Report, available at: [FDOH PCO Visa Waiver Programs](#), by June 30<sup>th</sup> of each year during the three year waiver service period. Status reports may be submitted as a PDF document via email to: [FL.PCO@flhealth.gov](mailto:FL.PCO@flhealth.gov).

FDOH, or its representative, may conduct periodic monitoring through telephone calls or site visits to ensure compliance with federal and state policies and procedures. Violation of any of the agreed upon conditions by the employer may result in denial of future requests for visa waivers. Violation of any of the agreed upon conditions by the physician may result in referral of the physician to appropriate authorities.

Contract changes which result in termination of employment, a change in practice scope, or the relocation of the physician from the site approved in the application request to a new site must be presented in writing to FDOH prior to the change. The new practice facility must receive FDOH approval and be located within a designated shortage area.

The physician and employer shall, upon reasonable notice and during normal business hours, grant FDOH representatives, who shall maintain full confidentiality and comply with HIPAA regulations, reasonable access to all records maintained by the physician’s practice, which are pertinent to ascertaining compliance with these guidelines. FDOH representatives may also perform audits for compliance of these guidelines.

### **Additional Resources and Links:**

For additional information and supporting documents for Florida’s visa waiver programs, visit the Florida Department of Health State Primary Care Office website: <http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/conrad-30-program-j-1-visa/>

For information regarding health professional shortage areas, visit the Health Resources and Services Administration (HRSA) website: <http://www.hrsa.gov/shortage/>

For information regarding sliding fee scales, visit the HRSA website: <http://bphc.hrsa.gov/technicalassistance/taresources/slidingrequirements.html>