

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

VISA WAIVER PHYSICIAN TRANSFER REQUEST GUIDELINES AND PROCEDURES Conrad 30 and National Interest Waiver Transfers

The Florida Department of Health (FDOH) State Primary Care Office (PCO) administers the Florida Conrad 30/J-1 Visa Waiver Program. The intent of the Conrad 30 Program, the HHS (Health and Human Services) Exchange Visitor Program and the National Interest Waiver Program is to improve access to primary health care services to medically underserved Floridians in federally designated Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUAs/MUPs).

Florida's Transfer Request Guidelines:

Applicant

- 1) Physicians may only transfer to a new practice facility or employer after written approval by FDOH. The Transfer Request Form and all supporting documents, which are available at: [FDOH PCO Visa Waiver Programs](#), must be submitted to: FL.PCO@flhealth.gov prior to the transfer.
- 2) In accordance with federal guidelines, the physician must provide proof of a valid extenuating circumstance for the transfer to a new employer.
- 3) The physician must continue to practice clinical medicine full time (no less than 40 hours per week) in a designated primary care or mental health HPSA (for psychiatrist only) or MUA/P for the remainder of the obligation service period.
- 4) FDOH does not maintain a list of employers or vacancies for visa waiver physicians. Florida participates in the [National Rural Recruitment and Retention Network \(3RNet\)](#), which assists in matching physicians with possible employers.
- 5) Any violations of policy, including failure to provide status reports in a timely and accurate manner, or failure to demonstrate good faith in utilizing a J-1 physician's services in accordance with these policies will jeopardize future eligibility for placements and will cause for reporting to federal authorities or the Florida Board of Medicine.

Florida Department of Health

Division of Public Health Statistics & Performance Management • Bureau of
Community Health Resources • Health Resources and Access Section
4052 Bald Cypress Way, Bin A-05 • Tallahassee, FL 32399-1701
PHONE: 850/245-4009 • FAX 850/921-1898

www.FloridasHealth.com

TWITTER: HealthyFLA

FACEBOOK: FLDepartmentofHealth

YOUTUBE: fdoh

Employer

- 1) The recommending facility must accept Medicaid and employ a sliding scale based on federal poverty guidelines. For information on federal poverty guidelines please see: <http://aspe.hhs.gov/poverty/>.
- 2) Sliding fee scale signage must be posted in a conspicuous place in the lobby or waiting area that indicates all clients will be seen regardless of their ability to pay. Further information regarding federal poverty guidelines is available on the [U.S. Department of Human Services website](#)

Transfer Request Procedure:

Submit the following documents electronically in PDF format via email to:

FL.PCO@flhealth.gov (Contact information and supporting documents are available at: [FDOH PCO Visa Waiver Programs](#).)

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

- 1) Florida Visa Waiver Physician Transfer Request Form
- 2) 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) Copy of the facility's sliding fee scale
- 5) Photo evidence of the sliding fee scale public notice posted in the lobby or patient waiting room of the facility. The public notice shall include the facility's commitment to serve all patients regardless of their ability to pay or their enrollment in Medicare or Medicaid.

For physicians transferring to a new employer:

- 1) Florida Visa Waiver Physician Transfer Request Form
- 2) Signed Employer Attestation Form
- 3) Cover letter from the current employer indicating the release of the physician and reasons for termination.
- 4) Cover letter from the physician indicating the intent to transfer, reasons for the transfer and proof of the extenuating circumstance, intended date of transfer, and intent to continue upholding all FDOH program policies and procedures.

- 5) 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. Minimum of 40 hours per week of direct patient care
 - d. The facility accepts Medicaid clients, employs a sliding fee scale, and has posted a notice in a conspicuous place in the lobby or waiting area that all clients will be seen regardless of their ability to pay.

- 6) 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.

- 7) 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)

- 8) Copy of the facility's sliding fee scale

- 9) Photo evidence of the sliding fee scale public notice posted in the lobby or patient waiting room of the facility. The public notice shall include the facility's commitment to serve all patients regardless of their ability to pay or their enrollment in Medicare or Medicaid.

Verification of Medical Practice, Monitoring, and Reporting:

The physician and employer must complete the Florida Visa Waiver Physician Practice Status Report, available at: [FDOH PCO Visa Waiver Programs](#), by June 30th 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.

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

Transfer Request Checklist:

*(For use by attorney and or physician when completing application package; **not required** to be submitted with application.)*

New site with current employer:

- 1) Florida Transfer Request Form
- 2) Employer's Cover Letter
- 3) Employer Attestation Form
- 4) Evidence of health professional shortage area designation for the new site
- 5) Facility's sliding fee scale
- 6) Photo of the sliding fee scale public notice in facility patient waiting area

New site with new employer:

- 1) Florida Transfer Request Form
- 2) Physician's Cover Letter
- 3) New Employer's Cover Letter
- 4) Employer Attestation Form
- 5) Current Employer's Cover Letter
- 6) New Employment Contract
- 7) Evidence of health professional shortage area designation
- 8) Facility's sliding fee scale
- 9) Photo of the sliding fee scale public notice

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:

[FDOH PCO Visa Waiver Programs](#)

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 scale based upon the US Federal poverty guidelines can be found at the National Health Service Corps site: [National Health Service Corps Discounted Fee Schedule](#). In addition, please see: [Discounted /Sliding Fee Schedule Information Package](#)