



Employer's Request Letter Outline

ADDRESS TO:

The Honorable Gayle C. Manchin, Federal Co Chair
Appalachian Regional Commission
1666 Connecticut Avenue, N.W., Suite 700
Washington, D.C. 20009-1068

INCLUDE THE FOLLOWING:

- Name of doctor and medical specialty
- Address of the practice location or locations. Supply a schedule if multiple locations.
- A statement by the head of the health care facility at which the physician will be employed, that the physician will practice 40 hours a week at a facility located in an area designated by the Secretary of Health and Human Services as a Health Professional Shortage Area and provides medical care to both Medicaid or Medicare eligible patients and indigent uninsured patients. The statement shall also list primary care Health Professional Shortage Area, Mental Health Professional Shortage Area, or Medically Underserved Population identifier number of the designation (assigned by the Secretary of Health and Human Services), and shall include the FIPS county code and census tract or block numbering area number (assigned by the Bureau of the Census) and the 9-digit zip code of the area where the facility is located.
- If the HPSA designation is based on a special population, the request for waiver should include the sponsoring State Medicare, Medicaid and no ability to pay percentages and the sponsor's record over the previous three years of serving Medicare, Medicaid and the medically indigent patients including the percentage of patients served by the practice who are provided health services at a reduced, or no charge because of an inability to pay, as outlined. Such demonstrations will not be required for Community Health Centers (CHC) and other Federally Qualified Health Centers (FQHC) that are otherwise required to serve the target population. Such sponsors should submit a copy of their Notice of Grant Award, instead.
 - The percentage of patients served by the practice who are providing health **services at a reduced, or no charge** because of an inability to pay for services is equal to or greater than the percentage of the patients unable to pay for services in the State in which the practice is located; and
 - The percentage of patients under **Medicare** for whom assignment is accepted is not less than 80 percent of the percentage of patients under Medicare in the State in which the practice is located; and

- The percentage of patients under **Medicaid** for whom assignment is accepted is not less than the percentage of patients under Medicaid in the State in which the practice is located.
- Physicians who wish to practice specialty medicine must provide the following information: (1) A letter from the sponsor outlining the reasons a physician with this particular specialty is needed in this area to include, but not limited to: information concerning the impact of this service not being adequately available to the area, the closest location where the specialty is available and evidence that the specialty would be viable in the service area. (2) A description of the service area demographics and any other supporting information the Federal Co-Chair may require in determining the exceptional need for the specialty. (3) Local community support letters and additional evidence from representatives of primary care centers and primary care physicians not affiliated with the sponsor in the area speaking to the need for this specialty.
- Employer identity (ie. CHC, FQHC, for-profit, not-for-profit)
- Must include statement as follows: "I hereby certify that I have read and fully understand and will comply with the ARC Federal Co-Chairman's J-1 Visa Waiver Policy, and that all of the information contained in this letter is true to the best of my knowledge and belief."

Revised: September 2022