

Visiting Resident Rotation Policy

September 26, 1994

*Rev. June 2003 **

Medicare allows hospitals to claim for reimbursement any resident who rotated to their facility within a calendar year. Therefore, residents from outside institutions (hospitals not affiliated with the University at Buffalo [UB]) who rotate to any hospital affiliated with UB should have their time reported on the same basis as University at Buffalo (UB) residents.

Prior to accepting trainees in your department, obtain written verification that:

1. they are covered by their employers malpractice insurance (for FMG's who do not have malpractice insurance from their country of origin please contact the Office of Graduate Medical Education.
2. the facility that is paying them understands that they will be claimed for Medicare reimbursement by UB.

This includes:

- Social Security Number
- Copy of Medical School Diploma
- Copy of ECFMG certificate if applicable
- List which would indicate all other residencies they have done
- A Health Data Summary

All of this information should be submitted to the Office of Graduate Medical Education for review prior to the visiting residents starting (a sample letter requesting all of the above information as well as optional departmental requirements is attached). Any visiting resident who has not completed all of the above will not be permitted to train within UB.

Dear Resident,

Thank you for considering a rotation in the _____ Department at the University at Buffalo (UB).

Residents who are visiting the University at Buffalo (UB) must provide the following documentation to my office prior to your arrival in Buffalo:

- ✓ 1. Social Security Number
- ✓ 2. copy of your Medical School Diploma
- ✓ 3. copy of ECFMG certificate if applicable
- ✓ 4. list which would indicate all other residencies completed in the United States (or a completed UB application).
- ✓ 5. Completed health Data Summary (attached).
- ☒ 6. A letter from your program director indicating that he/she grants permission for you to rotate to UB.
- ☒ 7. A copy of the facesheet of your current malpractice carrier with a letter indicating that they will be responsible for your malpractice coverage while you are rotating within the University at Buffalo (UB).
- ☒ 8. A letter from the hospital facility that is currently paying you indicating that they understand that UB will be claiming you for medicare reimbursement during your entire rotation here and that they will continue to be responsible for your salary and benefits (including health insurance).
- ☒ 9. A copy of your current Curriculum Vitae

All of the documents listed above must be available PRIOR to your start date.

Sincerely,

Program Director

✓ = required

☒ = optional

UNIVERSITY AT BUFFALO
The State University of New York
Office of Graduate Medical Education and Resident Services
School of Medicine and Biomedical Sciences

HEALTH DATA SUMMARY

NAME _____

SOCIAL SECURITY NUMBER _____

RESIDENCY PROGRAM _____ YEAR _____

1. Date of physical exam _____

2. This individual is free from any health impairment which is of potential risk to patients or which might interfere with the performance of his/her duties, including the habituation or addiction to alcohol, drugs, or other "substances" that may alter the individual's behavior.
_____ YES _____ NO

3. Rubella Status: _____

Measles Status: _____

Varicella Status: _____

4. Date of PPD test: _____ Result: _____

Chest x-ray (if + PPD) Date: _____ Results: _____

5. Hepatitis B status
_____ HBsAB _____ HBcAB _____ HBsAG

Dates of hepatitis B vaccine:

Physician's Signature

Date

Cary Hall Rm. 117, 3435 Main St. Bldg. 23, Buffalo, NY 14214-3013
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*Sponsoring Institution: University at Buffalo (UB) December 19, 2004