



Providing Support-for-Service to Health Care Practitioners

Quarterly Work Report Signature Page

Purpose:

Alaska's SHARP Program requires that all Practitioner and Site participants submit Quarterly Work Reports (QWR), as indicated in the MOA service contract. These reports are prepared and reviewed jointly by the Practitioner and Site Representative, with the latter actually sending the QWR.

The QWR serves several purposes, one of which is to generate a payment voucher. Each quarter, a QWR must be submitted and approved in order for the Practitioner's quarterly support-for-service payment to be issued.

Another purpose is to verify and document that the Practitioner has fulfilled contract terms during the preceding 3 months of employment, having provided required healthcare services, at the specified site(s). The QWR presents total patient headcounts and visits according to payer-type. It also states the number of work-days that Practitioner was away from healthcare duties for any reason (excluding scheduled "weekends").

This Signature Page requests the initial signature of both Practitioner and corresponding Site Representative. Thereafter, this attestation provides the "on-file signature" such that ensuing Quarterly Work Reports can be filed electronically.

Responsibilities:

In the MOA, the Practitioner has agreed to:

- Maintain healthcare and employment documentation for audit purposes and to actively cooperate with SHARP staff and/or designee(s) in program monitoring & evaluation.
- Submit complete and accurate Quarterly Reports to SHARP, on a form provided by DHSS, and understands that SHARP payments are based on those QWR's. These must be endorsed by both the Practitioner & Site Representative.

In the MOA, the Site has agreed to:

- Ensure that the Practitioner performs his or her service obligation to provide healthcare, and, that this occurs at an eligible Site appropriate to the Practitioner's

discipline, and, that SHARP-required patient encounter data are reported to SHARP on no less than a quarterly basis.

- Maintain healthcare and employment documentation for audit purposes & to actively cooperate with SHARP staff and/or designee(s) in program monitoring and evaluation.
- For both the Practitioner and the Site Representative, active cooperation means both periodic and as-requested direct correspondence and meetings between the Practitioner, the Site Rep. and AK DHSS. Contacts may include: phone calls, emails &/or in-person discussions.
- Exclude from QWR all care provided by other(s) (e.g. supervisees), and to only include those clients that the Practitioner has directly provided care to.
- Insure that no HIPPA-relevant data are submitted to SHARP via the QWR.

Alaska DHSS will conduct regular monitoring and program evaluation to ascertain the effectiveness of SHARP, which may include the role and service delivery of Practitioner.

Quarterly Schedule:

Pertinent dates regard: (a) service during calendar-quarters, (b) quarter end-dates, (c) QWR due-dates, and (d) loan repayment mail-out dates. NLT means “not later than.” Sites are allowed and encouraged to submit their Reports as soon as convenient.

<u>Quarter</u>	<u>Quarter End-date</u>	<u>Report - NLT</u>	<u>Payment - NLT</u>
Q-1: Jan-Mar	31-Mar	30-Apr	31-May
Q-2: Apr-Jun	30-Jun	31-Jul	31-Aug
Q-3: July-Sept	30-Sep	30-Oct	30-Nov
Q-4: Oct-Dec	31-Dec	31-Jan	28-Feb

Service Credit:

Practitioner’s service credit accrues per calendar quarter, and those start & end dates of service for the quarter are stated on the QWR by the respondents. Usually service will be for the full quarter. There are circumstances, however, where the Practitioner may begin healthcare work later in the quarter, or end work earlier in the quarter, thus yielding a “partial quarter.” Those atypical dates must be stated on the QWR. Less than full quarterly service yields a corresponding prorated payment amount for the quarter.

About the Data:

The QWR requests two types of patient encounter data: (a) patients seen (unduplicated within quarter), and (b) healthcare visits (unduplicated). These two data sets are to be reported according to “payer type” (e.g. Medicaid, Medicare, Indian Health Service, etc.). These data are important for both service monitoring, and for overall program accountability. Opinion leaders & decision makers often ask about these outcomes, and in particular, about healthcare delivery to priority populations.

How to file:

Submit the Quarterly Work Report form to the SHARP program office. Both the Practitioner and site representative must provide attestation, initially by signing this signature page, and subsequently by clicking the specified locations on the wholly electronic QWR form. The site is the entity that should submit the Report, following each quarter's completion. A new Signature Sheet must be submitted for each Practitioner & Site Representative pair, and this sheet is only required once.

The QWR form is available for download via the SHARP program's website at: <http://dhss.alaska.gov/dph/HealthPlanning/Pages/sharp/report.aspx>

Practitioners and Site Reps must enter the data electronically on the provided QWR form, and then perform a "Save As" to your computer. To use this QWR form, you will need to complete the form electronically in Adobe Reader. Note that downloading the Adobe Reader application is widely available, and is free.

For each Practitioner, send in the QWR by: (a) filling-out the PDF form, (b) having both Practitioner and Site Representative provide attestation, (c) then attaching the completed PDF document to an email, and (d) then emailing it to: robert.sewell@alaska.gov. Once completed, send us that document with its properties *retained* (i.e. as a clickable, hot document), and ***not*** as a dead PDF (i.e. due to having previously printed & scanned, etc.).

Entitle the file name that you submit as an attachment. If possible, it will help if the filename includes three items in the file name:

- (a) Site name (your agency's abbreviation is fine)
- (b) Calendar quarter-of-service (year, then quarter)
- (c) Practitioner's first and last name

For example: "Work Report – YKHC – CY14-Q2 – Lastname, Firstname"

Any questions about the Quarterly Work Report process should be direct to:

Robert Sewell, MA, Ph.D., SHARP Program Manager
Health Planning and Systems Development, Alaska DHSS
Phone (907) 465-4065
E-mail: robert.sewell@alaska.gov

**SHARP Quarterly Work Report
Signature Page**

Site Healthcare Practitioner:

I certify via my signature here that all data contained in any Quarterly Work Report(s) that I submit, and any other documents that I submit, are accurate and can be substantiated by a record review.

I hereby certify, under penalty of revocation of my Alaska SHARP MOA service contract, that the here-specified Practitioner will have personally delivered the health care services for which the SHARP award was approved.

Practitioner's Name – Print

Practitioner's Signature & Date

Authorized Site Representative (Administrator or Healthcare Supervisor):

As an authorized site (agency) representative, I certify via my signature here that all data contained in any Quarterly Work Report are accurate and can be substantiated by a record review.

The healthcare Practitioner here-named provides, or is scheduled to provide, direct patient care as specified in his/her the signed MOA, at the stated at the healthcare site(s) in accordance with his/her SHARP MOA.

Site Representative's Name – Print

Site Representatives Signature & Date

Site (Agency): _____

Representative's email: _____

Representative's phone: _____