

Alaska SHARP Program

Providing Support-for-Service to Healthcare Practitioners

Glossary of Terms

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Administrative Duties: These activities include, but are not limited to, program management, administration, medical director or clinical director functions, or supervisory tasks, including clinical supervision, which are not direct patient care.

Commercial Loan: A loan made by a bank, credit union, savings and loan association, insurance company, school, or other financial or credit institution which is subject to examination and supervision in its capacity as lender by an agency of the United States or of the State in which the lender has its principal place of business.

Concurrent Service Obligation: These are other outstanding contractual obligation to Federal Government (e.g., active military obligation, National Health Service Corps Loan Repayment Program, National Health Service Corps Scholarship Program, NURSE Corp Loan Repayment Program, Nursing Scholarship Program, or Indian Health Service Loan Repayment Program obligation), or to any other State or any other entity, whether it be public, private, employer, state or federal, for provision of health professional service(s). This includes, but is not limited to, loan repayment, signing bonuses, a service-option loan(s), moving expense agreement(s), and/or similar financial benefit(s) that entail service obligation. If incurred, the Clinician and the Site must immediately declare in writing to SHARP program any healthcare profession service obligation of any nature.

Direct Care: This is the direct delivery of healthcare services to a patient (a.k.a. direct patient care) the occurrence of which is not mediated by others, including clinical supervisees. Only direct care service contacts are to be reported on SHARP-required Quarterly Work Reports regarding the Practitioner's delivery of healthcare.

Employer Match: This is the amount of funds that each participating healthcare employer (a.k.a. Site) is specified to contribute on a Quarterly basis, as a portion of the Clinician's specified support-for-service payment. The employer is not allowed to reduce the Clinician's level of either regular wage and/or benefit(s) levels due to either the Clinician's participation in the SHARP program, or the employer's required provision of matching funds. Payment of Employer Match is due upon receipt of SHARP invoice net 30 days.

Eligible Site: A public or nonprofit private entity located in and providing health services in a current DHSS-designated Healthcare Shortage Service Area (HSSA). HSSA designation includes, but is not limited to, federal HPSA designations.

For Non-Tribal Healthcare Sites: The Site must provide health services to any individual seeking care, accept Medicare and Medicaid assignment rates, and treat patients regardless of their ability to pay (i.e., discounted sliding fee schedule). The Site cannot

discriminate on the basis of the patient's ability to pay for such care or on the basis that payment for such care will be made pursuant to Medicare (established in Title XVIII of the Social Security Act), or Medicaid (Title XIX).

For Tribal Healthcare Sites: The Site must provide health services to any individual seeking care who is also eligible for services under 25 U.S.C. 1680c, accept Medicare and Medicaid assignment rates, and apply the Site's charity care policy to all qualifying individuals. The Site cannot discriminate on the basis that payment for such care will be made pursuant to Medicare (established in Title XVIII of the Social Security Act), or Medicaid (Title XIX of such Act).

Full-Time and Half-Time Clinical Practice (aka service):

Full-Time Clinical Practice: A minimum of 40 hours per week of patient care at the approved service Site, with no more than eight of those 40 hours devoted to practice-related administrative activities or other non-clinical activities (e.g., research or teaching). The Practitioner will provide at least 45 weeks of healthcare per service year. The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period.

- For OB/GYNs, Certified Nurse Midwives, and Family Medicine Physicians who practice obstetrics on a regular basis: At least 21 of the minimum 40 hours per week must be spent providing direct patient care during normally scheduled clinic hours in the ambulatory care setting at the approved service Site. The remaining hours must be spent either providing clinic-based direct care or providing inpatient direct care to patients of the approved Site, and/or in practice-related administrative and/or other non-clinical activities not to exceed 8 hours per week.
- For all other Practitioners: At least 32 of the minimum 40 hours per week must be spent providing direct patient care during normally scheduled healthcare delivery hours in the healthcare setting at the approved service Site(s). The remaining hours must be spent either providing clinic-based healthcare or providing inpatient direct care to patients of approved Site, and/or in practice-related administrative and/or other non-clinical activity.

Half-Time Clinical Practice: Practitioner works a minimum of 20 hours per week, but not exceeding 39 hours per week, for a minimum of 45 weeks per service year. The Practitioner must work no fewer than two workdays per week, and perform no more than 12 hours work in a 24-hour period.

- For OB/GYNs, Certified Nurse Midwives, Family Medicine Physicians who practice obstetrics on a regular basis, providers of Geriatric Services, Pediatric Dentists, and Behavioral & Mental Health Clinicians: At least 11 hours/week are spent providing direct patient care in the healthcare setting(s) at the approved service Site(s) during normally scheduled healthcare delivery hours. The remaining nine hours/week are spent providing healthcare services for patients or teaching at the approved Site(s), providing clinical services in alternative settings

(e.g., hospitals, nursing homes, shelters) as directed by the approved Site(s), or performing practice-related administrative activities. Teaching and practice-related administrative activities shall not exceed a total of four hours/week.

- For all other Practitioners: At least 16 hours per week are spent providing direct patient care in the healthcare setting(s) at the approved service Site(s) during normally scheduled office hours. The remaining four hours per week are spent providing healthcare services for patients or teaching at the approved Site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved Site(s), or performing practice-related administrative activities. Teaching and practice-related administrative activities shall not exceed a total of four hours/week.

Subject to Section VI of this MOA, no more than seven weeks (35 work days) per year may be spent away from the practice for any reason. Absences greater than seven weeks in a SHARP service year will extend the service commitment end-date proportionately. Hours worked in excess of that number of hours required for the minimum work week will not be applied to any other work week. Time spent “on call” does not count toward the minimum number of hours required per work week. If necessary, the practice will include hospital treatment coverage appropriate to meet the needs of the Practitioner’s patients of the approved Site and to ensure continuity of care. If the Practitioner’s submitted Quarterly Work Report indicates that less than “Full-Time” direct delivery of healthcare service occurred during the prior period (or less than “Half-Time,” if specified in MOA), then the SHARP payment amount may be prorated.

Government Loan: A loan made by a federal, state, county, or city agency that is authorized by law to make such loans.

Health Professional Shortage Area (HPSA): A geographic area, population group, public or nonprofit private medical facility, or other public facility designated by the United States Secretary of Health and Human Services to have a shortage of primary health care, dental health or mental health professionals & thus designated a “HPSA.”

Healthcare Service Shortage Area (Alaska HSSA): A geographic, population group or healthcare facility designated by Alaska DHSS as having a shortage of specified medical, dental or behavioral health practitioners, and thus yielding the designation of Healthcare Service Shortage Area (“HSSA”).

Loan Repayment: Support-for-service payments sent to eligible lenders or holders of eligible education loan debt(s), which are paid on behalf of a participating SHARP Clinician in exchange for his/her documented delivery of eligible healthcare services.

Nonprofit Private Entity: A non-governmental entity that is legally organized as a non-profit corporation pursuant to state or federal law.

Practitioner or Clinician: A health care professional, who is licensed by the State of Alaska to practice a clinical healthcare occupation, or who is formally exempted from licensure in

the state, and who otherwise meets criteria set forth in Section II of this MOA, and who practices the delivery of healthcare in a DHSS-designated Healthcare Services Shortage Area, & who thus receives support-for-service payments, pursuant to a signed SHARP MOA.

Primary Care: Primary care is the delivery of professional, comprehensive health services that include health education and disease prevention, initial assessment of health problems, treatment of acute and chronic health problems, and the overall management of an individual's or family's health care services. It entails first-contact care of persons with undifferentiated illnesses, comprehensive care that is not disease or organ specific, care that is longitudinal in nature and care that includes the coordination of other health services. Primary care dental services and primary care behavioral health services are here-included.

Qualifying Educational Loan: A government or commercial loan for actual costs paid for tuition & reasonable educational and living expenses related to the undergraduate or graduate education of the participant leading to a degree in the health profession in which the participant will satisfy his or her SHARP service commitment.

Quarterly Work Report: A required report submitted jointly by the Site and Clinician that attests to the occurrence of the Clinician's delivery of healthcare services during the preceding calendar Qtr, amongst other worksite details. The report presents total patient headcounts and visits according to payer-type. It also states the total number of work-days that Clinician was away from clinical duties for any reason.

Reasonable Educational Expenses: The costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program & for the year(s) of that participant's enrollment.

Reasonable Living Expenses: The costs of room and board, transportation and commuting costs, and other costs which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment.

Site: The particular location where an agency provides healthcare services.

Site Representative: An employee of the Site (participating healthcare employer) that is employer-authorized to officially represent the healthcare Site in all programmatic and administrative contacts with the SHARP program. This includes, but is not limited to: (1) the authorized signing of all Memorandum of Agreement documents; (2) submission of all Quarterly Work Reports for participating Clinician(s); and (3) being knowledgeable about, and able to attest regarding each Clinician's work-load and days present in delivering healthcare. SHARP only recognizes one Site Representative for each participating agency.

Support-for-Service: The SHARP-provided delivery of either loan repayment and/or direct incentive payment to participating Clinician(s), or on the Clinician's behalf. Support-for-service payments are made only after the SHARP program's receipt of each completed Quarterly Work Report.