

## **Alaska SHARP Program**

### **FAQs for SHARP-II**

**IMPORTANT NOTICE:** The application period for SHARP-II (Solicitation-2) is now open through September 30. The program is soliciting for another 45 candidates.

Clinicians applying for the program will use the new web-based application available on the SHARP website. Employer sites will continue to use the same application used in SHARP-II Solicitation-1. Go to the SHARP website (<http://dhss.alaska.gov/dph/HealthPlanning/Pages/sharp/>) for more information.

#### **KEEP CHECKING THE WEBSITE**

The SHARP Program does not maintain a contact or mailing list of prospective applicants. It is up to you to check the website frequently for updates.

#### **THINKING ABOUT APPLYING?**

**Q. If I am interested in applying in the second round of SHARP-II applications, does this mean I can't apply for other support for service programs?**

A. All SHARP applicants are definitely welcome to apply for support-for-service benefits elsewhere, as well, and are encouraged to do so. However, no clinician is allowed to actually participate in more than one support-for-service program (e.g. loan repayment) concurrently. That is, "double-dipping" is disallowed, by SHARP, by NHSC, and by virtually all other similar opportunities (e.g. I.H.S.). So, yes, apply to more than one, but you can only participate in one, once admitted (much like in tradition college applications).

**Q. If I apply for other support for services programs while waiting for SHARP-II awards to be made, will that make me ineligible should I be granted loan repayment through SHARP? I do not want to jeopardize the possibility of participating in SHARP in any way.**

A: No, applying for other support for service programs will not make you ineligible once you've applied for SHARP-II. However, the clinician cannot have another servicer obligation at the time the SHARP benefit is awarded. All current SHARP-II applicants will be notified, once the vetting and decision process is complete. At the time of signing the Memorandum of Agreement the applicants reaffirms that he/she does not have another service obligation of any sort.

**Q. What eligible practitioner categories are available in SHARP-II**

A. Tier-1:

- Doctor of Allopathic Medicine (M.D.)
- Doctor of Osteopathic Medicine (D.O.)
- Dentist (D.D.S. or D.M.D.)
- Pharmacist

Tier-2:

- Nurse Practitioner
- Physician Assistant
- Registered Clinical Dental Hygienist
- Clinical or Counseling Psychologist (Ph.D. or equivalent)
- Licensed Clinical Social Worker (master's or doctorate in social work)
- Registered Nurse (R.N.)
- Physical Therapist

**Q. What is the maximum award per year for SHARP-Option II loan repayment recipients?**

(SHARP-II contains a two-tiered system of professions. Tier I includes physicians, pharmacists and dentists. Tier II includes physician assistants, psychologists, social workers, dental hygienists, nurse practitioners, registered nurses, and physical therapists.)

A. For regular positions:

- Tier I Professional: \$35,000
- Tier II Professional: \$20,000

For very hard-to-fill positions:

- Tier I Professionals: \$47,000
- Tier II Professionals: \$27,000

Part-time positions are calculated at 50 percent of the above amounts.

**Q. Are chiropractors eligible clinicians in the SHARP program?**

A: No, chiropractors are not considered a primary care occupation and thus are not eligible for either SHARP-I or SHARP-II.

**Q. Will the SHARP Program pair up applicants with eligible practice sites?**

A. No. It is the applicant's responsibility to find a job. The SHARP Website contains a link to some of those sites seeking clinicians, but it is by no means exhaustive. It is up to the applicant to contact these sites to determine where he/she would like to work. Here is the link to some of those sites seeking clinicians:

<http://dhss.alaska.gov/dph/HealthPlanning/Pages/sharp/match.aspx>

Many other sites may be allowed to become eligible now for the first time under SHARP-II.

## **STILL IN SCHOOL? NOT LICENSED?**

**Q. Would I be eligible for SHARP II if I am still completing my education and planning to work in Alaska?**

A. No. SHARP-I and SHARP-II program benefits - loan repayment, and/or direct incentive - are only for those who have finished their degrees, have a license, and are ready to work in a healthcare setting. Payments are only provided on a quarterly basis during the time that the clinician is actually working.

The SHARP program benefit, whether for SHARP-I or SHARP-II, is not a service-option loan or scholarship, meaning that SHARP does not provide financial assistance before the clinician is ready to begin service (e.g. in training, etc.).

**Q: Do I have to be a graduate and licensed before applying or can I apply beforehand?**

A: You can apply before you are either graduated or licensed. You should keep in mind, though, that others will be applying who will be “work-ready” in any given occupation, and application is competitive. Although you do not need the graduation or the license in order to apply, you do need to have both in order to participate in the program.

**Q. Are medical school graduates who have not yet completed their residency eligible for the SHARP Program?**

A. No. Only candidates with full and unencumbered professional licenses are considered for the SHARP Program.

For SHARP-II, there is an exception that relates specifically to tribal health entities, and some other federal facility practitioners, and that is for those who practice as otherwise exempt from state licensure, which is generally understood to mean as licensed in another state.

## **SHARP CLINICIANS and EMPLOYERS**

**Q: Do I need an employer lined up before applying?**

A: Both yes, and no. The clinician can apply on his or her own, but in the end, you must have an employer to submit a site application. In order to actually participate, one must sign a memorandum of agreement, which is a three-way agreement between the practitioners, the employer and the State. As a result of that contract, the employer agrees to pay a certain portion of the clinician payments via an “employer match” which they formally agree to.

**Q. Is the service contract for all of Alaska or a specific site, hospital, or practice?**

- A. Service contracts apply to specific service sites selected by the applicant from possible eligible sites.
- All of those practice-sites that are currently eligible, and located within HRSA-designated Health Profession Shortage Areas (HPSAs) will be grandfathered in.
    - The list of those sites that are currently eligible appears on the SHARP web-site in a link (on the right), “Sites Seeking Clinicians”
  - For much more information about federal HRSA-designated Health Professional Shortage Areas see the “HPSA Finder” website. <http://hpsafind.hrsa.gov/>
  - Many more sites will be eligible, following their application.
    - Basically, those will be the sites that are found to be within the Alaska-designated Health Care Service Shortage Areas” (HCSSA).

**Q. What is the process for finding a designated employer within the SHARP II Program?**

- A. There is a listing of all health care sites that have been determined as eligible located on the SHARP Website. Here is the link:  
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/sharp/match.aspx>
- More generally, there are many locations that are potentially eligible. Talk to your agency (employer’s) HR or leadership about SHARP eligibility.

**Q. If I am currently working as a clinician in Alaska and am interested in the SHARP Program, how would I know if my work site would be eligible?**

A: If you are working in a rural setting the chances are better that your site would be considered a Health Care Services Shortage Area (HCSSA). Also, if your site has been previously designated as a federal Health Professions Service Area (HPSA), then it is very likely it will be designated a HCSSA. You should carefully read the SHARP Website, the application form, as well as the Memorandum of Agreement for more information.

**SHARP II AND ALASKA RESIDENCY**

**Q. Does the SHARP Program apply to Alaska residents as well as non-residents?**

A: The SHARP program is for both residents and non-residents, and does not discriminate based on either community of origin, or the type/location of the lender/holder of the loan(s). That’s true for both SHARP-I and SHARP-II.

**Q. Is the new loan forgiveness program (SHARP-II) just to bring in new out of state practitioners or can someone already in Alaska qualify? If someone is from Alaska can they come back after their studies and get in on the program?**

A. The new loan repayment program is not restricted to just new, out of state practitioners. A provider who was a resident but studied outside of Alaska and is currently practicing in Alaska could be eligible.

### **SHARP II AND NURSING**

**Q. Would an RN in a specialty field like pediatric oncology be eligible for SHARP-II?**

A. RNs are an eligible practitioner category under SHARP-II. The type of work is “direct clinical care” and is thus eligible. The only other issue would be site eligibility and whether the associated site is in a Health Care Services Shortage Area. This is determined after the site applies.

**Q. Are Alaska Public Health Nurses eligible under SHARP-II and are the Public Health Clinics eligible service sites?**

A. The RN-nurse occupation is eligible, and the direct clinical care scope of work is eligible. The type of clinic (Public Health Nursing) has now been found eligible. Like always, however, prioritization is another separate set of considerations.

**Q. Are nurses who work for the State of Alaska (Public Health Nursing, Department of Corrections, etc.) eligible for the SHARP-II Program?**

A: Yes, registered nurses are a qualifying clinician group under Tier II. There are, however, other qualifying factors in eligibility such as whether the work site is in a designated Health Care Services Shortage Area.

### **FOR SHARP-II NOT ALL AREAS OF THE STATE ARE CREATED EQUAL**

**Q. Are qualifying clinician types under SHARP-II who live in Anchorage or the other major Alaska cities eligible for SHARP-II loan repayment and direct incentive?**

A: The answer to that question may depend on the practitioner’s specialty and whether the work site is designated a Health Care Services Shortage Area (HCSSA) for that specialty. In many cases Anchorage and other cities would not be considered HCSSAs because they are populated areas that do not have a shortage in health services. Specifically clinicians who work for one of Anchorage’s major hospitals – Alaska Regional Hospital, Providence Alaska Medical Center – would likely not qualify because of the close proximity of these hospitals to one another.

### **PAYMENTS AND SCHEDULES**

**Q. How are the SHARP service start and end dates established?**

A: Both the start date (or, effective date) and the end date of the MOA (aka contract) are specified in the MOA that is offered to each selected finalist. There are several factors which set the initial effective date, and these include, but are not limited to: current licensure, all three parties having signed the MOA, availability and start of eligible clinical employment. There are factors that may delay the start date, and those include but are not limited to: request for delay, e.g. finishing military service or FML, delay in graduation or licensure, or, factors internal to DHSS which slow down the process by which the Department agrees to sign the document, including additional questions about clinician's eligibility for the program, or aspects of funding availability, if relevant.

**Q. How would the finances be managed? For example: is it a lump-sum payment or monthly?**

A: All SHARP payments are made on a quarterly basis only, and only for service that has already been provided and documented on a required Quarterly Work Report. In SHARP-II there are two possible methods of payment. One is "loan repayment" and that payment check is sent directly to the eligible lender or holder of the education loans. The other (which is more competitive) is "direct incentive," and in that case the quarterly payments are sent directly to the participating clinician.

**Q. Is there a renewal cap/ maximum number of years/ amount of money the one individual can receive through SHARP-II?**

A: There is an option for a second three-year continuation award for a total of six years.

### **SHARP FOR SERVICE SITES**

**Important: There is a SHARP-II Site Application form that prospective employer sites must fill out. Employers who competed an application for "traditional" SHARP-I must complete the SHARP-II application to be considered for the new program.**

**Q. What must a health care facility do to be considered eligible for SHARP-II?**

A: For a site to be considered eligible it must accept patients covered by Medicare, Medicaid, and provide services free or charge patients according to a reduced fee (sliding) schedule.

**Q. Is a sliding fee schedule a requirement for SHARP-II eligibility? What if a facility doesn't have one?**

A: An alternative to a sliding fee schedule for the uninsured would be an explicit charity care policy.

**Q. Would a private medical or dental practice qualify for student loan repayment under SHARP-II?**

A. Yes, it is possible for a private practice to be eligible under SHARP-II. The key element in this question is whether the practice is determined to be within a State-designated Health Care Services Shortage Area by the state.

**Q. Are Division of Juvenile Justice facilities and employees eligible for the SHARP Program?**

A. Keep in mind that SHARP-I and SHARP-II are for selected types of health care clinicians. As regards site eligibility, we do expect that some of the DJJ facilities will be eligible, and here we are speaking of those clinicians that provide healthcare, and who are in the eligible occupational licensure groups. The specific sites must be in a designated Health Care Service Shortages Area, which is determined once the sites apply for SHARP-II.

**Q. Is there a stipulation in the contracts of SHARP-II clinicians that they must be current with charting? The clinician may be seeing a certain number of patients, but if they don't complete their charts, we can't bill for the services.**

A: There are several items in the required Memorandum of Agreement that specify that the clinical and employment records can be audited. One of the main reasons is that there needs to be assurance that the clinician is seeing the priority populations (e.g. Medicaid, Medicare, Uninsured on sliding fee, etc.), and that requires veracity of the Quarterly Work Report's contents. For specifics, review both the "Practitioner" and the "Site sub-sections within the MOA:

<http://dhss.alaska.gov/dph/HealthPlanning/Documents/sharp/assets/SHARP-MOA.pdf>

If the situation is egregious, DHSS/SHARP is allowed to audit. Whether the clinician remains in "good standing" with the program is dependent upon several things, but one of those is conducting his/her practice in accord with generally accepted standards of his/her profession. Note that the Quarterly Work Report requests counts of patients seen and patient visits, according to payer type. One of the several reasons why there is alignment of patients seen with billing is that healthcare entities must have a match-up between clinical records and billing records. There is a definite premium on having the correct and maximum acceptable billing.

**Q. If I have a provider who (a) puts in all hours worked at the beginning of the pay period, but (b) may not be a true reflection of when they worked, then I may not be able to answer the question, "...practitioner was off work... for a total of \_\_\_ days". Does that matter? If so, I may have to go back to that provider and ask that they put in actual time worked.**

A: There appear to be two issues: (1) Is the clinician fulfilling the letter of “full-time clinical practice” according to the signed MOA? For that definition, see the definition section of the MOA (last sub-section). You will note that it is disallowed for the clinician to just pile up hours in one part of the month, then be off from the clinic. Rather, there must be a regular, routine, clinic presence. If the clinician has several days off, that’s fine, but that is considered time away from clinic and is to be counted in “total absences.” Please review MOA definition of “full-time.”

**Q. For SHARP-II is there a financial commitment from the employer site? If so, what is the estimated dollar amount?**

A: Yes, there is a financial commitment on the part of the employer. The employer is required to pay a matching amount as follows:

- Government agency: 10 percent of total award
- Non-profit organizations: 25 percent of total award
- For-profit organizations: 30 percent of total award.

The maximum amount available to loan repayment recipients depends on whether the position is Tier I or Tier II.

- Tier I Professional: \$35,000
- Tier II Professional: \$20,000

For very hard-to-fill positions:

- Tier I Professionals: \$47,000
- Tier II Professionals: \$27,000

Part-time positions are calculated at 50 percent of the above amounts.

- Consequently, government agencies would be required to pay \$3,500/year for a Tier I professional, and \$2,000/year for Tier II, or \$4,700 and \$2,700 for very hard-to-fill respectively.
- Non-profit organizations pay \$8,750 for Tier I and \$5,000 for Tier II, or \$11,750 and \$6,750 for very hard-to-fill respectively.
- For-profit facilities pay \$10,500 for Tier I and \$6,000 for Tier II, or \$14,100 and \$8,100 for very hard-to-fill respectively.

**FEDERAL AND STATE DESIGNATED SHORTAGE AREAS**

**Q. How do I determine if an area or facility is considered a federal HPSA?**

A. The link <http://hpsafind.hrsa.gov/> will take you to the HRSA website where you can find shortage areas by both geographic region and facility address.

**Q. What are the eligible areas for SHARP I and SHARP II placement?**

A. SHARP-I offers loan repayment for primary care clinicians working in federal HRSA health profession shortage areas (HPSAs), largely with underserved populations. SHARP II expands the available sites to include additional Health Care Services Shortage Areas (HCSSAs) not included in the HPSAs. Which areas are HCSSAs will be determined by the Department of Health & Social Services based on a variety of factors ranging from population density to health factors like low birth weight and mortality from heart disease and strokes. Behavioral health factors like suicide rate, tobacco use, and alcoholism will also be considered.

**Q. Is Anchorage considered an area or population with a health care shortage?**

A: Based on the SHARP-II site application, the Department of Health & Social Services will determine whether the site is a “Health Care Services Shortage Area” as regards the specialty.

Any of those healthcare sites that are already designated by the federal Health Planning and Services Administration as HPSAs are automatically basically eligible.

**Q. How do we know if our clinic is eligible as a state-designated Health Care Services Shortage Area?**

A.

- The general factors upon which site eligibility is scored consist of :
  - Population to provider ratio
  - Remoteness/Isolation
  - Health status
  - Economic status
  - Impact of seasonal population
- Our DHSS Section of Health Planning & Systems Development is producing those metrics now. Some of the factors are very site-specific, and your anticipated Site Application will provide some of the information that will be needed.
- Both HPSAs and Alaska-designated Health Care Services Shortage Areas are designated in three sub-categories: Primary Care, Behavioral Health Care/Mental Health, and Dental Care. In addition to designation as a Health Care Services Shortage Area, a site must meet other eligibility requirements as outlined in the site application.
- In sum, each Site Applicant will end up receiving a score, and those scores will then be rank-ordered. The selection process for the initial group will depend, in part, on who applies, and which occupations are sought.

**Q. What scoring system does SHARP use for service sites?**

A. Traditionally SHARP has only required that an eligible service area be a federally designated HPSA, irrespective of the HPSA score. All of those sites will be “grandfathered” into the new HB-78 option, SHARP-II. Prioritization of the sites is a different matter, however, and will be determined in large part by the Alaska needs assessment process.

**Q. How is the needs assessment score calculated?**

A. The needs assessment score will be calculated using data from a number of state and national sources, including the Alaska Department of Labor, Bureau of Vital Statistics, Alaska Cancer Registry, Alaska Trauma Registry, American Community Survey, and Alaska Behavior Risk Factor Surveillance System. The needs assessment score is comprised of the following elements:

- 35% - Population-to-Provider Ratio
- 30% - Remoteness/Isolation
- 15% - Health Status
- 15% - Economic Status
- 5% - Impact of seasonal population

Note that for population-to-provider ratio and health status elements of the score, sub-category-specific (Primary Care Medical, Behavioral Health, & Dental) criteria will be counted. Therefore, a single site may have different needs assessment scores in these sub-categories which may affect the provider types they are eligible to support under the program.

While many sites may be considered eligible, state law stipulates that eligible sites be prioritized based on needs assessment score and percentage of underserved patients treated at the site. For purposes of SHARP-II, an underserved patient is defined as a patient who is uninsured or who receives or is eligible to receive Medicare, Medicaid, or other federal health program benefits.

**Q. Do the larger communities in Alaska contain at least some eligible SHARP-II sites if they are not otherwise included in federal Health Profession Service Area (HPSA) designations?**

A. The statute that established SHARP-II requires the Department of Health & Social Services to designate Health Care Services Shortage Areas (HCSSAs). Federally designated HPSAs are “grandfathered” into the state’s HCSSAs. The Department has the responsibility of adding underserved areas to those already designated HPSAs. The State is busily preparing HCSSA determinations at this time. It is unclear as to whether relatively urban and high-resource areas such as Anchorage, Fairbanks, and Juneau, or other large communities will be found geographically eligible. In addition, government (public) healthcare sites, non-profit sites, and for-profit sites are also allowed to become eligible.

**Q. How do I know if regions and sites already designated as federal Health Profession Service Areas (HPSAs) will qualify as very hard-to-fill sites under SHARP-II?**

A: Having a federal HPSA status does not necessarily mean that either the site overall, or the given position in particular, will be considered very hard-to-fill. Site designations will be established by the SHARP-II Advisory Body.

### **FILLING OUT THE SHARP SITE APPLICATION**

**Q. In Section II – Part B of the Site Application, it states that one of the required attachments is a twelve-month billing summary. Does this mean the amount received from the payers (insurance payments, Medicaid payments, etc.) or the total amount of what was billed to these payers?**

A: It is important that the billing summary present billings by payer type. The reason is that the program must be able to ascertain the Site’s participation in Medicare and Medicaid program billing. A revenue statement that provides this information will work.

**Q. What is the definition of the various staff members listed on the site application?**

A:

- Agency Administrator (pg. 1):
  - This could be (and often is) the same as the CEO
  - However, this could be a mid-manager, such as Hospital Administrator or CFO
- Site Manager (pg. 1):
  - This could be (and often is) a Unit, or Facility Supervisor, depending on size of agency
  - This could be the same role as the person you authorize as “Site Representative”
- Immediate Supervisor (pg. 2):
  - This one is self-explanatory
  - If the agency is tiny, it’s possible that this role may ALSO be in some of other roles as well
- Site Representative (pg. 4):
  - This is the one that the organization (the CEO) must formally endorse, and there’s only one per agency
  - In small agencies that might be the same person as the CEO
- Chief Executive Officer (pg. 4):
  - This one is self-explanatory

**Q. Can a site representative have the site’s clinician applicants go ahead and submit their SHARP-II applications even though the site application is still in progress?**

A: Yes, the clinicians can go ahead and apply. Please note, however, that it is ideal for the clinician and site applications to be submitted together, but not necessary.

**Q. Do the clinician applications and the site applications need to be submitted together?**

A: It is ideal to submit the clinician and site applications together, if possible, but it isn't necessary. Clinicians and sites without matches are still encouraged to apply. If there is an existing match, however, it is best if the applications are submitted together. If a clinician has been specified by a site to fill a position, but the clinician's application will be delayed, it is alright for the clinician to submit his/her application separately.

**Q. Why are employer sites urged to prioritize the applicants for their organizations?**

A: By statute (HB-78), the state is authorized to fill up to 90 FTEs for service at any one time under SHARP-II. Those 90 practitioner FTEs are spread across 10 eligible occupations, and thus loosely (on average) nine practitioners per occupational type. There are other considerations that need to be addressed by the SHARP Advisory Body such as broad distribution across regions of the state, type of organization, and the clinician-occupations themselves. This means that the employer site's leadership will be called on to state in writing its own preferences as to prioritization either between occupation licensure groups or between clinicians within a group. It is possible that the site itself does not have a further prioritization, and that's fine. The SHARP Advisory Body would be remiss, however, by not having asked for information about that site-level prioritization.

**Q. For SHARP Site Applications what information needs to be provided to show that a position should be designated as very hard-to-fill?**

A.

- 1) The employer must state how long it has taken to fill this position and support this assertion with the following:
  - Has the position been open 12 months or longer?
    - Attach evidence of postings (in any media) for last 12 months.
  - Has the position been filled by a locum tenens or other short term practitioner during the last 12 months or more?
    - Attach evidence of prior fill by locum tenens or other short-term practitioner.
- 2) Length of time of active recruitment:
  - What are the actual dates of posting?
    - Attach copy of actual posting showing dates.
  - Where did the posting appear in the last 12 months? Journals, newspapers, and/or internet website(s)?
    - Attach evidence of each type of posting that is asserted.
- 3) Interviews conducted during most recent 12 months.
  - Name of person interviewed, data, and why not hired.

**Q. If multiple clinicians are applying for positions at an employer site, does the site need to submit a separate site application for each clinician?**

A:

- The site must submit separate site applications for each named clinician associated with the request. Note, however, that if the site is trying to fill more than one position in the same occupations (i.e. pharmacist) but have no identified candidate in mind, only one application is necessary.
- The site must submit separate applications for each service site if there are multiple sites involved.
- If an employer is trying to fill more than one occupation (e.g. LCSW and RN), a separate application must be submitted for each occupation.

**Q. On the site application form, what do you mean by billing summary?**

A: The phrase “billing summary” means total amounts billed for services rendered, during the preceding 12 months. One useful period might be for Calendar Year 2012. The financial billing information is for the purpose of determining the size of the revenues, and the composition of those revenues. This means, for instance, how much was billed to Medicaid, Medicare, other federal health benefit programs, such as the I.H.S., and how much was pro bono or gratis (charity care). The employer must demonstrate that they bill for and accept payment for services covered by those health care benefit programs.

**Q. Does the employer site need to complete the Memorandum of Agreement (MOA)?**

A: No. The MOA example is presented on the SHARP website for inspection purposes only. Each applicant should take the opportunity to read and carefully understand the MOA, as it contains important information about the program. Once the finalists are identified, then a completed MOA will be sent by DHSS to the Clinician, and then the site for their own entries on the MOA documents. It is then signed and dated, then sent back to DHSS. We review and sign, and then it’s done.

**Q. Some of our providers spend 1-3 days/month providing service at a clinic at another location. Do we need to submit this as a practice site and/or do the providers need to indicate a second practice site?**

A:

- Having more than one practice-site for a given clinician is not a problem.
- For the Clinician: He/she should declare on the clinician application all those sites at which practice is expected; there is the option to list several, within a given application
- For the Site: The site should declare on the site application all those sites at which practice is expected; there is the option to list several, within a given application.

**Q. What is required for the 12-month billing summary? Is there a good template to use for a 12-month billing summary required by the Site Application?**

A:

- The billing summary is just that: summary of billings over a recent 12-month period (e.g. CY'12).
- We are looking for summary (totals) of billings by “payer type” (e.g. Medicaid, Medicare, etc.).
- An example of a simple table, which is highly adequate, is shown below.
- If you have further data to present, e.g. receipts/revenues, and level of bad debt or other non-receivables, that’s even better, but not requested for “billing summary” report.

Table: Billing-Summary - 12-Month

	Total	1	2	3	4	5	6	7	8	9	10	11	12
Medicaid	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicare	0	0	0	0	0	0	0	0	0	0	0	0	0
Self-Pay: Sliding Fee Scale	0	0	0	0	0	0	0	0	0	0	0	0	0
Self-Pay: Full Fee Scale	0	0	0	0	0	0	0	0	0	0	0	0	0
No Charge or No Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Private Insurance	0	0	0	0	0	0	0	0	0	0	0	0	0
I.H.S. Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (explain)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0

**Q. Regarding the Site Application Section II, Part C-Declaration of Intent: The question re: investigation/conviction for Medicaid or Medicare fraud – is there a timeline, or is this question intended as “ever”? Asking because we were investigated and cleared 7 years ago...I need to know if indeed we need to disclose and submit brief explanation.**

A: There is no time limit specified. A simple solution is to include a one-page (or less) letter or statement that states what occurred and when, and what the findings/results were.

**Q. Who is responsible for completing Part 2 of the Quarterly Work Report, Site Information?**

A: Part 2, Site Information, is typically submitted by the site representative.

**Q. Is the site application period only open when the clinician application period is open?**

A: No. Any site can submit an application at any time on a rolling, or open, basis.

**SHARP OPTIONS**

**Q. What are some main differences between traditional SHARP I and SHARP II?**

A.

- SHARP II distinguishes between Regular Fill (at up to \$35,000/yr.) and Very Hard-to-Fill (at up to \$47,000/yr) positions.
- SHARP II contracts are for three years, not just two, with re-appointment for another three years possible based on applicant status.

- There are two alternatives for benefit: (a) loan repayment, and (b) direct incentive (LRP is tax-exempt and paid to lender; the incentive is regular income).
- For the first time, SHARP-II now allows for some for-profit primary care entities to also be found eligible.
- There is a required employer match, which varies for government agencies, non-profit organizations and for-profit organizations.
- Both full-time and half-time slots are available under SHARP I (as well as under SHARP-I).
- SHARP II allows for a wider range of medical professionals. While SHARP-I supports medical practitioners, pharmacists, dentists, and behavioral health professionals; SHARP-II contains a two-tiered system of professions. Tier-1 includes physicians, pharmacists and dentists. Tier-2 includes physician assistants, psychologists, social workers, dental hygienists, nurse practitioners, registered nurses, and physical therapists.
- In SHARP-II practitioners may also be specialists or hospitalists (in some cases), while in SHARP-I only primary care clinicians are allowed.
- Under SHARP-I all sites had to be in federally designated HPSAs. However, in SHARP-II not only are federal HPSAs eligible, but also much more inclusive state-designated Health Service Shortage Areas.

**Q. When is the next opportunity to apply for SHARP-I?**

A: The next SHARP-I opportunity (i.e. the 50% HRSA-funded option, with 2-year contracts) is anticipated (at present time) to open about May 2014

- We have been told by HRSA that their RFP funding cycle will be announced in January 2014, so we'll see
- That SHARP-I opportunity will also be including Physician Assistants, and service credit would start about Sept. 1<sup>st</sup>, 2014

**SHARP FOR CLINICIANS**

**Q. What are things to consider if I want to select direct incentive rather than loan repayment?**

A.

- For the direct incentive option greater consideration will be given to applicants with more experience. The reason for this is to encourage more experienced clinicians, who have already paid off their student loans, to practice in underserved areas or with underserved populations.
- Direct incentive payment is treated as income and subject to income tax withholding.

**Q. Can participants in the SHARP-I Program be eligible for SHARP-II?**

A. No, SHARP-I clinician-participants are not allowed to drop their signed two-year service commitment. Once the SHARP-I clinician is done with his/her SHARP-I two-year contract, then yes, the clinician is eligible to apply for SHARP-II.

**Q. What are the penalties if a practitioner defaults on his/her SHARP-II contract?**

A. A Practitioner who fails to begin or complete his or her SHARP-II service obligation or otherwise breaches the terms and conditions of the Memorandum of Agreement (MOA), shall be in default of the MOA and liable for damages. Damages for default shall be an amount equal to the total amount paid by the Alaska SHARP Program to, or on behalf of, the participant for any period of obligated service not served. Also, no further payments will be made to or on behalf of the participant. In addition to financial consequences, the following will also occur:

- 1) the Clinician will be recorded as having left the program with the status of Not In Good Standing;
- 2) the Clinician will be recorded as having defaulted on his/her SHARP service contract;
- 3) the signed MOA allows the SHARP program to report this contractual default status to future potential employer(s) and other support-for-service program(s) (e.g. to NHSC, HIS, and others); and
- 4) upon default the Clinician will not be allowed to reapply to the SHARP program or subsequent State of Alaska support-for-service opportunities. (MOA pg. 11, Section VI, Item D)

**Q. If a provider is either not retained or quits at some time during of one of their service years, is there any requirement for him/her to pay back any of the loan repayment/incentive already paid to him/her?**

A: No. Payments are not made in advance. Rather, SHARP only pays after services are rendered. Thus, SHARP never is in a position of needing to chase clinician-participants for payments that were made, but for which services have not been provided. This is one of the key benefits of paying-after-service.

**Q. If my work under the SHARP Program requires me to work periodically at other sites within my employer organization, will this be considered time away from my full-time position, or will it be considered SHARP-eligible service?**

A. The time served at other eligible sites and agreed upon sites within your agency is acceptable service.

**Q. Is it possible, part way through my three-year SHARP obligation, to transfer to a different position within my employer organization or am I obligated to remain at the same position for the entire three years?**

A. Yes, approved transfer to an eligible site and position within your agency could be a possibility. The requirement is specifically that you conclude a signed MOA Amendment with us and your site.

**Q. Is there a specific deadline for a SHARP-II clinician to begin working on site after signing the contract (MOA)? What if there are delays due to licensing or other concerns?**

A. The SHARP-II Advisory Body has not determined a cut-off date, so there is some uncertainty as to the answer to this question. The Body is at liberty to assign a cut-off date at any time. The main point of the program is to get support to clinicians who are ready to work, and in general delays should be avoided. If you were selected then there is a final step for all candidates that includes negotiating and codifying the start date (effective date), but that comes later, after the clinician is selected. In general, the sooner the better for a start date following the signed MOA.

**Q. What is the definition of full-time and half-time clinical practice under SHARP?**

A: *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 eight 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 activities.

*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 the program's 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.

**Q. What does the future funding for the program look like?**

A. Very stable. The statute established the funding through 2018, the program is very popular, and the state is doing well financially.

**Q. How is eligible education debt defined under the SHARP Program?**

A.

- All/any potential eligible education debt is identified as part of the SHARP application process.
- The definition of eligible debt is based on guidelines developed by the Health Resources & Services Administration.
- That educational debt must be from an eligible lender or holder of the clinician's loans.
- Those lenders or holders are either approved commercial lenders or public (government) lenders.
- For Alaska's SHARP Program, all of those payees are approved by the Alaska Commission on Post-Secondary Education.
- Payments are only made directly to the eligible lenders or holders of loans.
- The SHARP Program understands that all payments are exempt from federal personal income tax.
- All taxation issues should be addressed to the clinician's own professional tax consultant. The SHARP Program does not provide financial or tax advice.

**Q. What kinds of loans are eligible for repayment under SHARP-II? Does it only apply to federal student loans, or can it be considered for private loans?**

A. The SHARP loan repayment program has loan and lender eligibility requirements, but they are not limited to federal student loans. A range of commercial lenders (e.g. Wells Fargo, Sallie Mae) are also eligible lenders. Private loans, however, do not include practices such as borrowing from friends or family, or paying off credit cards, or other examples of consumer (personal) debt.

Some relevant definitions are:

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.

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

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.

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.

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.

**Q. How often are payments made to the lending agencies?**

A. Payments are made on a quarterly basis.

**Q. If a job consists of a set number of hours of primary care weekly with an ER shift weekly, with an additional weekly on-call period, how can this be determined to qualify as a full-time position?**

A: Applicants should read the definitions of full-time and half-time service, which appear in the memorandum of agreement and also in this FAQ list. On-call time does not count toward the hours required per work week. Under our “traditional” SHARP-I option, the ER would NOT count. However, under SHARP-II the ER work is potentially allowed. That is, both hospital duty, and hospitalists are not disallowed, but rather may be considered. Please carefully review both the regulations and the application for more information.

**Q. If I need to take time away from the SHARP Program once I have begun my service (as for the birth of a child or military service, for instance), how will this affect my loan repayment program?**

A: The clinician would need to execute an MOA Amendment, which provides for a scheduled hiatus away from clinical duties for some specified period of time.

**Q. If I am a SHARP-eligible clinician working in a practice, but also spend a certain number of days each year at another community that is considered underserved for my specialty, could I qualify for the SHARP-II program for the time I spend in the other community?**

A: You should review the definition of full-time and half-time service (included in this FAQ list) to see if your service at the second site would qualify as a half-time position under SHARP-II. Also, you need to consider which site would be the sponsoring

agency, your regular work site of the other site. This is critical for determining which site would be designated a Healthcare Services Shortage Area, which should submit a Site Application and be required to pay the employer match.

**Q. Can a clinician working part-time at two unrelated sites participate in the SHARP Program for both sites?**

A. At this time the answer is no. However, it is not disallowed by the statute or regulations per se. An applicant could submit an application or applications for the two sites to see if the SHARP-II Advisory Body would approve them.

**Q. Are clinicians notified when the SHARP office has received confirmation that a lender has received the LRP check?**

A: No. Clinicians are not notified when the LRP checks have been deposited by their lender/holders into their accounts. However, clinicians are notified initially via email when all LPR checks have been mailed out.

We recommend that all participating clinicians regularly check with their own lender/holders to determine when their LRP payments, mailed from SHARP, are posted to their own accounts.

**Q. I am a still early in my school program for becoming a clinician and I am interested in the SHARP program! Do you have any advice for me about the best approach to "getting noticed"?**

A: By far, the best approach is to begin your search now for suitable employment in Alaska. You still have considerable time to line-up your options. This means finding an (eligible) employer in Alaska, probably in rural or remote Alaska, and most likely though not necessarily, in a "safety-net" type of healthcare organization.

**Q. How are participants in the SHARP-II Program selected?**

A:

- The selection recommendations are issued by the SHARP Advisory Body, a deliberative and oversight group which is required by HB-78, and adopted into the Regulations. The Advisory Body receives the final list of eligible candidates from the SHARP-II Program Manager, then in public meeting the Body reviews and issues recommendations for support, and other findings.
- The group is made up of 15 standing agency-level members, with a representative being sent to the process from each member-agency. Invitations have now been extended by the Commissioner, and there are several large entities that are anticipated to be members, that do represent your assorted stakeholder groups/occupations/settings.
- Once the findings are issued, there is a final vetting process within DHSS.
- In the past, and most likely in the future, factors may include but are not limited to elements such as: geographic distribution, level of focus on priority populations, distribution across the eligible occupations, level of established need, level of

profession shortage, portion of applicant pool that is very hard-to-fill, and several other considerations.

**Q. How many individuals are able to participate in the SHARP-II Program?**

A: The statute (HB-78) specifies that the SHARP-II option can support up to 90 participants at any one time.

**Q. Is there a list of which areas are considered regular-fill and very-hard-to-fill?**

A: No, we do not have a list of which positions are regular fill or very hard-to-fill. That determination is based upon data that the individual site – applicant organization, or employer – provides to SHARP on its Site Application. Whether the site wants any of its positions designated as very hard-to-fill is a decision that the site makes, then submits required information. Then the SHARP program decides if there is enough information to justify a very hard-to-fill designation.

**Q. I have been informed that the facility where I work will not participate in the Sharp II program. I am willing to re-locate to a facility that is participating in the program. Is this a possibility?**

A: Yes, it is possible to participate in SHARP-II at another practice site. More generally, the process is for purposes of both recruitment and retention of clinicians. Therefore, some sites and some clinicians are encouraged to apply “solo.” As the program matures we are hoping and expecting that some clinicians and sites will individually apply, and then possibly find a match in those pools.

**Q. Can I change the company that the loan payment is scheduled to be sent to? I borrow from two different companies, and I'd like to send this upcoming payment to the second company.**

A: Typically, the program pays to one priority lender/holder, and often until that one is paid off. Thereafter, it switches to a second lender/holder, if there is one. I can understand the interest in fulfilling some loan-debt with the second lender so as to stave off making any more payments to that second lender. While we can make a switch, we cannot switch back and forth continuously. The reason is basically staffing capacity, with the number of participating clinicians rising rapidly. So, we can make a shift to a second lender, and then later on back to the first lender. But that will be basically it. If you want to have some number of upcoming payments sent to your second account, you will need to provide the same lender information for that company as you submitted for the first one.

**Q. Is renewing my SHARP-I contract at one-year intervals still a possibility?**

A: Yes, SHARP is very interested in clinicians who are retention candidates. Toward that end, the Continuation Awards process remains in place.

For SHARP-I clinicians who remain in good standing, they may request a Continuation Award on a year-to-year basis. All else being equal, all other terms remain the same. Currently, there are about eight SHARP clinicians who have a Continuation Award, and that number is expected to rise. In terms of timeline, we expect to offer upcoming Continuation Award candidates their next MOA on or about end-of-June.

**Q. When does the SHARP application process start for 2014?**

A: It is very likely that there will be a second solicitation period for SHARP-II later this summer 2013. Beyond that, we again anticipate another round of SHARP-I applications, with announced opening as early as May 2014. There are differences in opportunity between SHARP-I and SHARP-II, but for now one thing to know is that “regular fill” in each case has basic terms of up to \$35,000 for each service year. SHARP-I is a two-year contract and SHARP-II is a three year contract.

**Q. Can I transfer my SHARP-I enrollment to a hospital or other health care facility if I am changing jobs? I am assuming that this means that if I transferred positions to the hospital that my Alaska sharp enrollment would also transfer seamlessly.**

A: No, the assumption is not correct that the transfer of the SHARP benefit to an in-hospital position (or any other) is automatically available. Were a “transfer” to be approved, it would occur only via a jointly signed Memorandum of Agreement, with is a set of fairly straightforward established steps. However, the hospital job that you note sounds like it is an in-hospital on-the-floor position. That is, it is a “hospitalist” job and not a “primary care” job. If so, then that hospital job is not eligible for the SHARP-I benefit.

**Q. My facility is reconsidering submitting a site application. Is it a three-year commitment from both parties (the hospital and myself)?**

A: Yes, the SHARP-II service contract is for three years. That is, for 36 months from date that contract becomes fully executed, and service credit starts. The contract (aka Memorandum of Agreement, or MOA) is a three-way agreement, between the program SHARP/DHSS, the clinician, and the healthcare site (employer).

**Q. If I am currently participating in the “traditional” SHARP-I program, is the programmatic designation very hard-to-fill (VHTF) something I could upgrade to?**

A: At this point, no. The VHTF classification was created by the legislature as part of the statute (HB-78) that established the SHARP-II Program. It is different from “traditional” SHARP both in its regulations and funding mechanism. Any current SHARP clinician already has a standing service contract, which must be honored until it is concluded, and thus is not eligible for SHARP-II. Following your SHARP-I commitment it is plausible that you might be able to participate in SHARP-II. However,

it is uncertain when the next SHARP-II enrollment opportunity will open up. It is certain; however, that there will be more such opportunities to enroll in SHARP-II since HB-78 legislation has a time-span through 2018.

**Q. How long after the end of service quarter can I expect my loan holder to receive a payment?**

A: Calendar quarters occur in the increments of Jan-March, April-June, July-Sept., and Oct.-Dec. The SHARP clinician must submit a Quarterly Work Report during the first month following the service quarter and due by the last day of that month, so reporting months are April, July, October, and January. The following month after the reporting month is the payment month. SHARP program staff prepares a payment voucher on the clinician's behalf. The Department of Health & Social Services has until the end of the payment month to issue a check, which is mailed to the loan holder by US Mail. There will be a delay of about a week for the check to reach the loan holder and be posted. In total, the interval between the service calendar quarter and when the loan holder receives the payment can be a little over two months.

In the case that the clinician does not begin service at the beginning of a calendar quarter, the payment for that quarter will be prorated to reflect the amount of service time during that quarter.

**Q. Does the 35-day maximum that a full-time SHARP clinician can be away from clinical practice in a year include holidays?**

A: Yes. The memorandum of agreement (MOA) signed by the participant, the employer, and the state specifies that the annual 35-day away-from-practice allowance includes vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than seven weeks in a SHARP service year will extend the service commitment end date proportionately.

**Q. If I am selected as a SHARP-II participant and I then change jobs, can I transfer my SHARP benefit to my new job, or do I need to reapply?**

A: No. The SHARP support-for-service award is executed through a three-way contract between Alaska DHSS, the clinician, and the site. There are certain relatively rare circumstances in which the clinician might change employers and those are for compelling reasons. There is no option by which the clinician-participant can simply switch jobs and take the **applicant's** support-for-service benefit with him or her.

**Q. If I am receiving loan repayment through SHARP, do I still need to pay my minimum monthly payments toward the student loans? Can I make extra cash payments to the loans?**

A: This depends on two things. SHARP makes only one check-payment per quarter per clinician. That usually works fine for clinicians that have consolidated their education debt into one lender. However, if there is more than one lender or holder of the loans, then one will be paid-down rapidly and the others will remain as not addressed until the first lender is paid off and SHARP can shift to the second lender.

The other factor depends totally on your lender/holder. Some might allow for “forward payments” (that is the quarterly large payment can be spread out over the previously scheduled future monthly payments that you would have ordinarily been required to pay. However, other lenders place the whole quarterly payment against the principal, and the next month’s payment is still as scheduled. Only you as debtor can discuss the pattern that is best or allowable for you. All that SHARP does is to make one quarterly payment.

The clinician/debtor is welcome to make additional payments as well. Details about this should be discussed with your lender/loan holder. Keep in mind, however, that SHARP funds are exempt from personal income tax.

**Q: What is your advice regarding timing and possible continuation awards of SHARP-I participants vs. application for SHARP II?**

A: A lot depends on when the SHARP-I obligation ends. There can be no service commitment overlap. The SHARP-II opportunity will only open once more during this coming year (SFY’14), and that will begin this summer and will remain open about 1.5 months. The selected candidates are expected to start service during early fall of 2013. SHARP-I clinicians with end dates well beyond that time may be able to participate if the SHARP Advisory Council and corresponding service site accept a late start.

As for continuation awards for SHARP-I clinicians, it’s becoming difficult to advocate for Continuation Awards that are wholly State-GF funded. There is no telling what spring 2014 budget discussions will look like.

We thus far strongly expect that we will have another SHARP-I (traditional option) available during May-June 2014, and expect that to be the regular two-year commitment.

## **FILLING OUT THE SHARP CLINICIAN APPLICATION**

### **Part B – Loan Information**

**Q: When filling out the loan-lender form in the SHARP-II Clinician Application I see they are asking for the Lender Name and the Holder Name. What if my loans have been consolidated and are now held by a different lender?**

A: Section B – Loan Information provides a Current Loans section to be completed. On the right end of the Current Loans box you can check a box to indicate it is a

consolidation loan. Once that is checked an Original Loans That Have Been Consolidated section appears where you can list your original loan names. The most important thing here is to show that school debt has not been co-mingled with any other consumer debt such as credit card payoffs, mortgages, car payments, etc.

**Q. If an applicant uses a different name on the SHARP-II Clinician Application from the one used when taking out the student loans, what is the best way to deal with that?**

A: If any of your dealings with SHARP are under another name, then you must provide clarification of that. In particular, you need to provide clarity as to whom, and for whom (correct name), the payments would be made. In that instance, you would likely provide things like evidence of formal name change, if that has occurred. In any case, if an applicant goes by more than one name the relation is documented.

**Q. The instructions for Part B of the clinician application states that the Loan – Lender/Holder Information Form needs to be sent to the organization that holds the loans to be completed and returned. In some cases the holding organizations only provide a verification letter or printout of the loans. Is this adequate?**

A: Yes. Completion and signature on the verification form sent to the lender and inclusion of the screen print of the loan information is adequate. The new Web-based clinician application makes it possible to attach loan documents.

**Q. I am not able to get my loan lender/holder to complete the Verification Form on the clinician application Part B – Loan Information section. What can I do in this situation?**

A: An acceptable proxy, in this circumstance, is for you to complete and sign the top portion of the lender verification form. Then, also print off and initial the loan information (e.g. last statement) from your lender which shows your account number and total loan debt for education with that lender. Then scan and include as a loan attachment with your SHARP-II application.

### **Identifying a Practice Site**

**Q. How important is it to list a specific site I am interested in?**

A: It is not necessary to list a specific work site on the clinician application, but you should definitely be looking for one. Every applicant must have a corresponding worksite and the applicants are responsible for finding their employers. Sometimes it is possible to find a suitable employer in the process of applying for SHARP. You should check the “Sites Seeking Clinicians” link on the SHARP homepage or go to:

<http://dhss.alaska.gov/dph/HealthPlanning/Pages/sharp/match.aspx>

**Q. What is the definition of primary care as it pertains to the question, “Is this a primary care position?” in Part A(2) of the Clinician Application.**

A: 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 also included.

## **MEMORANDUM OF AGREEMENT**

**Q. How can I get a hold of a copy of the Memorandum of Agreement (MOA) and Quarterly work report to see what they require?**

A. This link leads to the Quarterly Clinician Work Reports page, which also contains a link to the MOA.

<http://dhss.alaska.gov/dph/HealthPlanning/Pages/sharp/report.aspx>

**Q. On Page 10, Section III of the Memorandum of Agreement (MOA), who determines the Total MOA amount paid.**

A: The Department of Health & Social Services fills in all the information that is related to the state’s offer. That state-completed document is then extended to the clinician, who reviews and signs it in presence of a Notary. The clinician then takes that document to the practice site representative for signature. The MOA is then returned to the SHARP office.

## **EMPLOYER MATCH PAYMENTS**

**Q. Under the SHARP Program are employers required to pay a matching amount?**

A. For “traditional” SHARP-Option I there is no employer match.

However, for SHARP-Option II:

- Government agencies pay 10 percent of the total award;
- Non-profit organizations pay 25 percent of total award; and
- For-profit organizations pay 30 percent of total award.

**Q. Are waivers available to reduce the matching amount?**

Yes, a reduced matching amount is allowable with an approved waiver.

- Government agencies are not eligible for a reduced match waiver
- Non-profit organizations pay 10 percent of the total award with an approved waiver.

- For-profit organizations pay 15 percent of the total award with an approved waiver.

## **SHARP-II and LICENSED PROFESSIONAL COUNSELORS/ SOCIAL WORKERS**

### **Q. Are Licensed Professional Counselors (LPCs) included in the occupations under SHARP-II?**

A. The LPC is not one of the occupations included in SHARP-II. However; it remains included in our traditional SHARP-I opportunity. LPCs were not identified by the legislature as a group to receive funding under SHARP-II.

### **Q. Who is qualified to work as a behavioral health clinician under SHARP-II?**

A. In both “traditional” SHARP-I and the SHARP-II, the social worker clinician must be a social worker providing clinical services. In most instances that means they must be licensed as an LCSW. Exemptions to the licensure requirement may include social workers that are working in a State of Alaska funded mental health center.

### **Q. I received my MSW and am now working as a clinician. I am currently not receiving licensure supervision, although I will continue to seek means to obtain supervision eventually, and have not received any licensure at this time. I want to apply for SHARP-II but noticed that licensure is a requirement. Are there any exceptions in order for me to be eligible?**

Answer: All clinicians are welcome to submit their application materials. The situation described above is somewhat ambiguous but it is reasonable that you apply to the program. The Department remains in process of determining the eligibility of master’s level social workers who are not licensed.

## **CONCURRENT SERVICE OBLIGATIONS**

### **Q. Can you use SHARP-II in conjunction with other service-for-repayment obligations?**

A. No. Holding any other concurrent service obligations is specifically disallowed.

### **Q. If applicants receiving SHARP benefits can’t have any other service obligations, does that apply to commitments I have to my current employer?**

A. If you have service obligations with your current employer such as signing bonuses or moving expenses, they can be revoked by the employer in the form of a short letter to the employee with a copy to the SHARP office. It is not necessary to return the service or benefit to the employer as long as the employer relinquishes the service obligation.

**Q. If I received WWAMI loans, does this service obligation make me ineligible for the SHARP Program?**

A. WWAMI constitutes another service obligation under the SHARP Program. The WWAMI service obligation must be deferred during the SHARP contractual period. This can be done by contacting the Alaska Commission on Post-Secondary Education and requesting a waiver form.

**Q. Are there exceptions to the concurrent service obligation rule?**

A. The applicant is not barred from a concurrent service obligation if the obligation consists of service in:

- 1) The reserves of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard;
- 2) The National Guard; or
- 3) The commissioned corps of the United States Public Health Service.

**Q. Am I eligible for the SHARP-II Program if I am a U.S. Public Health Service Commissioned Officer?**

A. Yes. U.S. Public Health Service Commissioned Officers are one of the allowed current service obligations under the SHARP Program. Language contained in the Memorandum of Agreement states:

- "... Individuals in the Reserve Component of the U.S. Armed Forces or National Guard or USPHS Commissioned Officers Corps are eligible to participate in SHARP. If the SHARP Practitioner's military or USPHS-related training and/or service, in combination with the participant's other absences from the service Site, exceed 35 workdays per service year, the SHARP service obligation end-date will be extended to compensate for the break in "full-time" service."

**Q. It's my understanding that if a provider is currently in the SHARP program, they are not eligible for another type of loan repayment until they've completed the current program, is that correct?**

A. Yes, that is correct. For detail, see below.

- Language in the Statute:  
(e) A loan or interest on a loan is not eligible for repayment under this section if the loan or interest is to be repaid by another source, including another loan repayment or forgiveness program or an employer-sponsored repayment program;
- Language in the Regulations:

7 AAC 24.080. Employee eligibility to participate. The department will not consider a participant that has a simultaneous contract or service obligation with another entity for loan repayment. However, a participant is not subject to the limitation in this section if the obligation consists of service in (1) the reserves of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; (2) the National Guard; or (3) the commissioned corps of the United States Department of Health and Human Services, Office of the Surgeon General, Public Health Service.

- **Language in the Contract (MOA):**  
The Practitioner agrees and certifies that he or she: Has no outstanding contractual obligation for health professional service to the Federal Government (e.g., an active military obligation, National Health Service Corps Loan Repayment Program, National Health Service Corps Scholarship Program, Nursing Education 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. This includes, but is not limited to, loan repayment, signing bonuses, a service-option loan, moving expense agreements, and or similar financial benefits that entail a service obligation. If incurred, the Clinician and the Site must immediately declare in writing to the SHARP program any healthcare profession service obligation of any nature. The clinician-applicant will declare if he or she does hold another service obligation.

**Q. If I am currently completing a repayment-for-service obligation but I will be done with that obligation in the coming months, can I still apply for SHARP-II?**

A: It is possible to apply for SHARP-II even though the applicant is currently satisfying another loan repayment obligation. However, the applicant cannot participate in the SHARP Program until the other obligation is completed. The applicant should contact the service site to verify if a later start date is possible. Also, the SHARP Program prioritizes applicant based on their work readiness. If the applicant's field is competitive as regards applications to SHARP, then those who must wait until they can begin work under the program will receive a lower priority.

**Q. Can I apply for other loan repayment programs if I am also applying for SHARP?**

All SHARP applicants are definitely welcome to apply for support-for-service benefit elsewhere, as well, and are encouraged to do so. However, no clinician is allowed to actually participate in more than one support-for-service program (e.g. loan repayment) concurrently. That is, "double-dipping" is disallowed, by SHARP, NHSC, or the IHS. So, yes, apply to more than one, but you can only participate in one, once admitted.

**Q. As the employer, do we need to issue the letter rescinding the service obligation at the time of candidate application, or can this be done following submission of the application? (We almost always have a service commitment tied to relocation and/or signing bonus)**

A: Yes, you do. It can be a simple “conditional” letter that relinquishes the service obligation part of those benefit-arrangements stating that if the SHARP award is given, you will issue a letter that relinquishes the service obligation.

**Q. If my current contract obligation ends on August 1, 2013, will this affect my ability to participate in SHARP-II?**

A: SHARP-II participants cannot have a concurrent service obligation (e.g. I.H.S. LRP and SHARP simultaneously). So the basic issue is end-date of the first loan repayment program, which is 8/1/13, and the subsequent start-date of SHARP-II, which could be set as 8/2/13. Given other aspects of our SHARP-II roll-out timeline, the 8/2/13 start-date idea is not unreasonable. The process is this: (a) Application is submitted, (b) Council meets and recommends awards and priorities, and then (c) Clinicians who are finalists are offered service contracts (MOAs) to consider and sign. It is at this last step that the effective date of contract is set. Thus we are probably looking at about the end of April or early May for setting those.

## **LICENSING**

### **U.S. Public Health Service Commission Officer Corps**

**Q. Can practitioners working for federal programs such as the U.S. Public Health Service Commission Officer Corps, who are licensed in another state other than Alaska, still participate in SHARP-II?**

A. Clinicians in the SHARP program must be licensed in Alaska. However, practitioners who are seeking Alaska licensure are encouraged to apply even if they don't have their Alaska license yet. Practitioners can apply without it, but cannot participate and receive service credit until full licensure is obtained.

**Q. If I am very close to receiving my Alaska license, how can I indicate this on the application that I will be receiving my license soon?**

A: If you have received an emailed form-response or letter from Occupational Licensing as to status of your application for license, you can scan and email it to the SHARP program office to [Robert.Sewell@alaska.gov](mailto:Robert.Sewell@alaska.gov). You can apply without a license, but you cannot participate in the program without the license.

## **SHARP FOR PHARMICISTS**

**Q. I looked at the list of “Sites Seeking Clinicians” and did not see any sites looking for pharmacists. Is there any way to get a list of employers looking specifically for a pharmacist?**

A: At this point there is no list of eligible locations seeking pharmacists for the SHARP Program. There is an Alaska Pharmacists Association (<http://www.alaskapharmacy.org/>), which may be able to assist in locating employer sites. The executive director is Nancy Davis ([akphrmcy@alaska.net](mailto:akphrmcy@alaska.net)). The Alaska Native Tribal Health Consortium (<http://www.anthctoday.org/>), a consortium of tribal health organizations throughout Alaska, may be able to provide guidance to possible employer sites. The Workforce Coordinator is Doug Miller ([dmiller@anthc.org](mailto:dmiller@anthc.org)). The State of Alaska participates in 3-RNet, the Rural Recruitment and Retention Network, which helps health professionals locate jobs. Alaska’s liaison to 3-RNet is Triptaa Surve ([Triptaa.surve@alaska.gov](mailto:Triptaa.surve@alaska.gov)). Finally, the Alaska State Hospital & Nursing Home Association is in frequent contact with its members’ clinician needs. A good contact there is Dennis Murray ([dennis@ashnha.com](mailto:dennis@ashnha.com)).

**Q: I will be starting a pharmacist job in Juneau soon and I was wondering if I would qualify for the SHARP-II benefit?**

A: Alaska’s SHARP Program includes pharmacists, however, the focus is on support-for-service mostly for those clinicians that work either (a) in rural and remote locations, or (b) with high-priority, underserved populations. Whether you fit into those requirements depends specifically on where you are planning to practice (both location and employer), and with whom (Native population, economic status, etc.)