

**Quarterly Work Report**  
SHARP Program – Alaska Department of Health & Social Services

**Guidance / Instructions – Edition-3 (2014)**

This provides description and guidance for completing and submitting the Quarterly Work Report form, via which support-for-service payment occurs.

**Purpose:**

Each SHARP practitioner, via his/her respective site, must submit a brief “Quarterly Work Report” (Report, or QWR) in order to have quarterly support-for-service payment sent as loan repayment to his/her eligible lender/holder(s), or to receive direct incentive. This requirement is one of the terms for SHARP participation, as specified in the Memorandum of Agreement (MOA) (and elsewhere). The Report serves several purposes, one of which is that of invoice. Another is documentation that the practitioner fulfilled contract terms during the preceding 90-days of employment (or parts thereof), having provided required clinical services, at the specified site(s).

**Medicaid, Medicare and the Uninsured:**

The SHARP program must ascertain that the Practitioner has charged for his or her professional services at the usual and customary prevailing rates in the area in which such services are provided, except that if a patient/client is unable to pay such rate, then such person(s) were charged at a discounted rate (i.e., sliding fee scale) or not charged any fee.

In addition, the practitioner must have provided primary health services to any individual seeking care, and must accept Medicare and Medicaid assignment rates, and must have treated patients regardless of their ability to pay (i.e., use of discounted sliding fee schedule). The Practitioner has agreed to not 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 Social Sec Act), or Medicaid (Title XIX of such Act).

**Definition of Full-Time Clinical Practice:**

Expectation of the contract (MOA) is for “full-time” clinical employment, unless “half-time” is specified. Full-time clinical practice (aka service) is defined as a minimum of 40 hours per week of patient care at the approved service site, with no more than 8 of those hours per week devoted to practice-related administrative activities or other non-clinical activities (e.g., research or teaching). If necessary, the practice will include hospital treatment coverage appropriate to meet the needs of his or her patients of the approved service site and to ensure continuity of care. The Practitioner will provide at least 45 weeks of primary care per service year. This full-time primary health care service must occur in a public or non-profit entity located in a current federally designated HPSA appropriate to the Practitioner’s discipline.

- a. For all health professionals except obstetrician/gynecologist (OB/GYN) physicians, family practice physicians who practice obstetrics on a regular basis, and certified nurse midwives (CNM), at least 32 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(s). The remaining hours must be spent either providing primary care, or providing inpatient care to patients of the approved site, or in practice-related administrative and other non-clinical activities.
- b. For OB/GYN physicians, family practice physicians who practice obstetrics on a regular basis, and CNMs, 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 primary care, or providing inpatient care to patients of the approved site, or in practice-related administrative and other non-clinical activities not to exceed eight hours per week.
- c. Time spent “on call” does *not* count toward the minimum 40 hour per week requirement.
- d. No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in a SHARP service year will extend the service commitment end date proportionately.
- e. 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. Time spent in “on-call” status will not count toward the 40-hour week. Hours worked over the required 40 hours per week will not be applied to any other workweek.

If the submitted QWR report indicates that less than full-time clinical employment occurred during the prior period then the LRP payment amount may be prorated in accordance with the stipulations above. For detail, see:

<http://www.hss.state.ak.us/dhcs/healthplanning/sharp/assets/SHARP-MOA.pdf>

### **How to file:**

#### **Quarterly Work Report**

Submit the Quarterly Work Report (QWR) form to the SHARP program office, and do so as soon as possible after the calendar-quarter ends. Both the Practitioner and Site Representative must provide attestation, initially by signing this signature page, and subsequently on the (separate) QWR, by clicking the specified locations on the wholly electronic QWR form. The Site Representative is that person who should actually submit the QWR form, following each quarter’s completion.

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 (interactive) 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) including having both Practitioner and Site Representative provide attestation within that, (c) then attaching the completed PDF document to an email, and (d) then emailing it to: [robert.sewell@alaska.gov](mailto: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 and scanned, etc.).

Give a descriptive filename to the attachment that you submit. If possible, it will help if the filename includes three items in the filename:

- (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”

### **Signature Sheet**

A new Signature Sheet must be submitted for each Practitioner and Site Representative pair, however note that this sheet is only required once. Both the Practitioner and Site Representative must sign. The Site Rep is the person who should submit the Signature Sheet following signatures. The Signature Sheet should be sent as an attachment to: [robert.sewell@alaska.gov](mailto:robert.sewell@alaska.gov). A copy of the Signature Sheet form is available at: <http://www.hss.state.ak.us/dhcs/healthplanning/sharp/default.htm>

### **Payment process:**

Subsequent to receipt of acceptably completed Quarterly Work Report, the program will: (a) in the case of loan repayment, send payment to the Practitioner’s eligible lender/holder, or (b) in the case of direct incentive, send payment directly to the Practitioner. The Practitioner will be informed as to occurrence of payment. Amount of payment is described for each Practitioner in his/her MOA, and if necessary, is further detailed via individual correspondence.

### **Timeline:**

Pertinent dates appear in the table below: (a) calendar-quarters, (b) quarter end-dates, (c) Report due-dates, and (d) payment mail-out dates. NLT means “not later than.” Sites are *strongly encouraged* to submit their QWR reports as soon as possible following quarterly service end-date. Typical dates for Items (c) and (d) are subject to revision as the program continues to develop. If these dates change, then prior written notice will be served.

(a) Quarter	(b) End-date	(c.) Report - NLT	(d.) Payment - NLT
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

**Payment planning:**

Inspection of this table indicates considerable wait-time should be expected between (1) quarter end-date, and (2) each ensuing payment date. Therefore, it is necessary that each practitioner take this schedule into account, especially for those receiving “loan repayment.” We strongly recommend that those clinicians who are to receive loan repayment should plan to continue their OWN loan repayments during the interim months which lapse until his/her first SHARP payment occurs. Each practitioner is advised to continue making his/her regular monthly loan payments at least until he/she is notified by respective lender/holders (e.g. via statements, etc.) that the first full quarterly disbursements have been received by the lender/holder.

Know that SHARP typically makes only one payment per quarter per Clinician-participant. That is, if the Clinician holds loan debt with several creditor-agencies (which is fairly common), then know that SHARP will only be paying ONE of those per quarter. That sequence will continue across quarters, until Lender-1 is paid off, at which time SHARP will shift ensuing quarterly payments to Lender-2, etc. The program does not typically pay to more than one lender in a quarter. The sole exception to this is on that occasional quarter when one lender’s debt is totally paid off, and there remains a partial balance available to begin applying to a second lender’s balance, etc. In addition, know that SHARP does not “hop back and forth between lenders” across quarters. This means that any Clinician with more than one lender/holder should prioritize which lender that he/she wishes to pay off first, etc.

**Start-date:**

Know that “service credit” for the SHARP benefit begins on the date that the Practitioner’s SHARP MOA award is signed by the SHARP/DHSS program manager or the date that the Practitioner is licensed by the State of Alaska and begins full-time practice consistent with his/her MOA-specified service requirements at the approved site, whichever is later. This date is known as the “effective date” (aka start-date). There are some exceptions to this standard method of setting “effective date of contract,” and on those occasions the Clinician and site will have been notified in writing as to contract-date.

**Questions and addressee:** Send the completed Quarterly Work Report form, as well as questions, to Robert Sewell (email: [robert.sewell@alaska.gov](mailto:robert.sewell@alaska.gov)). The Work Report form should be sent via e-attachment. For more information about SHARP, interested persons should also check our website at: <http://www.hss.state.ak.us/dhcs/healthplanning/sharp/default.htm>