

Employer Reference Guide

Healthcare Workforce Enhancement Program

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Office of
Healthcare
— Access —
Workforce
Incentives

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Section 1 Introduction

1.1 Purpose of the Manual

This Employer Reference Manual serves as the official operational and compliance guide for employers participating in the Healthcare Workforce Enhancement Program (HWEP). It provides comprehensive instructions, procedural requirements, and compliance standards to ensure eligible organizations can successfully onboard, support, and retain healthcare professionals through HWEP.

This manual is designed for use by employer leadership, human resources, finance and compliance staff, program coordinators, and administrators engaged with HWEP processes.

1.2 Scope and Use

This manual:

- Details the lifecycle of employer participation, from pre-enrollment through active support and program completion.
- Explains documentation and reporting requirements in alignment with Alaska Statutes (AS 18.29), Alaska Administrative Code (7 AAC 24), and HWEP policies.
- Provides step-by-step guidance on sponsor responsibilities, including recruitment, reporting, financial contributions, and separation protocols.
- Supports preparation for compliance audits and performance reviews conducted by the Department of Health.

This document is a living reference and will be updated periodically in alignment with regulatory or policy changes. Employers are responsible for ensuring they are referencing the most current version.

1.3 Program Overview

The HWEP is administered by the Alaska Department of Health, Division of Public Health, Office of Healthcare Access, to address persistent healthcare workforce shortages throughout Alaska. HWEP provides financial incentives to eligible healthcare professionals in exchange for service at approved healthcare sites. Participating employers must meet site eligibility criteria, support professionals' participation, and contribute financially toward incentive awards.

HWEP aims to:

- Improve recruitment and retention of healthcare providers in underserved and rural communities.
- Increase access to primary, behavioral, dental, and specialty care across Alaska.
- Support long-term workforce development through collaboration with qualified healthcare organizations.

1.4 Program Contacts

- **Office of Healthcare Access – Workforce Incentives**
 - **Email** – oha.wi.info@alaska.gov
 - **Phone** – 907-465-4065
 - **Mailing** – 3601 C Street, Suite 300, Anchorage, AK 99503

Section 2 Program Foundations and Regulatory Authority

The Healthcare Workforce Enhancement Program is governed by Alaska statute, administrative code, and policies. This section identifies the legal framework, defines program intent, and outlines the respective responsibilities of the Department of Health, employers, and healthcare professionals under HWEP.

2.1 Statutory Authority – AS 18.29

HWEP is established under Alaska Statute Chapter 18.29, which authorizes the Alaska Department of Health to operate a healthcare workforce enhancement program that provides:

- Direct incentive payments;
- Student loan repayment assistance;
- Program eligibility frameworks.

The statute outlines eligibility requirements, professional program duration limits (up to 12 years), and financial structures to ensure sustainable workforce development in Alaska’s underserved and rural areas.

Key legislative goals include:

- Expanding the availability of healthcare services statewide;
- Supporting service delivery in healthcare professional shortage areas;
- Facilitating recruitment and retention of licensed and support-level professionals.

2.2 Administrative Code – 7 AAC 24

Administrative procedures for HWEP are governed by 7 AAC Chapter 24, which further defines operational protocols, site eligibility, payment structures, and compliance enforcement. Critical provisions include:

- Criteria for classifying positions as “Regular” or “Very Hard to Fill” (7 AAC 24.031);
- Quarterly Work Report and employer payment requirements (7 AAC 24.071);
- Credentialing, licensure, and documentation standards for sites (7 AAC 24.021);
- Penalties and appeal rights for non-compliance (7 AAC 24.081);
- Employer administrative fees (7 AAC 24.061).

Employers must comply with both the statute and regulations as conditions of participation.

2.3 HWEP Goals and Policy Intent

The Healthcare Workforce Enhancement Program supports the long-term improvement of Alaska’s healthcare delivery system by addressing persistent workforce shortages. The program’s objectives include:

- Increasing access to high-quality healthcare for underserved Alaskans;
- Improving staffing stability in critical shortage areas;
- Providing sustainable financial incentives to support long-term service.

2.4 Roles and Responsibilities

Participation in HWEP requires coordinated efforts between the Department of Health, healthcare professionals, and participating employers. The table below summarizes primary responsibilities:

Entity	Primary Responsibilities
Department of Health (DOH)	Administers HWEP; evaluates applications; issues payments; monitors compliance; conducts reviews and audits.
Advisory Council	Provides strategic recommendations; identifies workforce shortages; advises on policy and payment adjustments.
Participating Employers	Sponsor eligible professionals; verify credentials; maintain site eligibility; submit documentation; pay quarterly contributions.
Healthcare Professionals	Fulfill service commitments; maintain licensure; comply with reporting; notify DOH of job or site changes.

Table 1: Roles and Responsibilities

All program activities must be conducted in alignment with applicable Memoranda of Agreement (MOAs), statutes, administrative code, and HWEP policies.

Section 3 Eligibility and Enrollment

To participate in HWEP, employers must meet organizational and site-level eligibility standards and complete required enrollment documentation. This section defines eligible entities, approved service sites, and the documentation employers must submit before sponsoring healthcare professionals.

3.1 Employer Eligibility

To participate in the Healthcare Workforce Enhancement Program (HWEP), employers must meet specific criteria outlined in Alaska Statutes (AS 18.29), Alaska Administrative Code (7 AAC 24), and HWEP Policy 6.

3.1.1 Eligible Organization Types

An employer must be one of the following:

- **Tribal Health Organization** recognized under 25 U.S.C. 1680c;
- **Governmental Entity**, including municipal, state, or federal agencies;
- **Non-Profit Healthcare Organization** (e.g., FQHC, hospital, clinic);
- **For-Profit Healthcare Organization** operating qualifying service sites.

3.1.2 Eligible Site Types

Organizations must operate one or more of the following approved service sites:

- Assisted Living Homes
- Behavioral Health Clinics
- Correctional Facilities
- Dental Clinics
- Developmental Disability Services
- Long-Term Care Facilities
- Medical Clinics or Hospitals
- Schools and Educational Institutions
- Substance Use Treatment Facilities
- Other healthcare entities approved by the Department of Health

3.1.3 Authorized Representative and Designated Contacts

Each participating employer must designate an Authorized Representative to serve as the primary point of contact for all HWEP-related responsibilities. This individual must have legal authority to act on behalf of the organization and be empowered to:

- Review and sign HWEP-related forms and agreements, including the Employer MOA;
- Submit and certify Quarterly Work Reports and other required documentation;
- Communicate with the Alaska Department of Health on compliance matters;
- Oversee internal coordination among HR, finance, and site personnel to ensure HWEP obligations are met.

The Authorized Representative must be identified by name, title, email, and phone on both the Employer Affiliation Request and Employer Sponsorship Form. Employers are responsible for notifying the Department of Health within 10 business days if the designated representative changes.

In addition to the Authorized Representative, employers must identify:

- **Reporting Contact** – Manages the preparation and timely submission of Quarterly Work Reports (QWRs), Annual Patient Impact Summaries, and site-level data reporting.
- **Finance Contact** – Oversees employer contributions, processes quarterly invoices, and communicates with DOH regarding financial matters or hardship requests.

Each secondary contact must be listed in the Employer Affiliation Request with name, title, phone, and email.

3.2 Site Eligibility Criteria

3.2.1 Service Area Designations

To qualify as a participating site, each facility must satisfy at least one of the following criteria (per 7 AAC 24.011 and Policy 6.4.1):

- 30% or more of the site’s service population is uninsured, covered by Medicaid, or receives federally funded healthcare.
- The site is located in a rural community, as defined by AS 18.29.190.
 - Community with 5,500 or fewer residents **not** connected by road or rail to Anchorage or Fairbanks;
 - Community with 1,500 or fewer residents connected by road or rail to Anchorage or Fairbanks.
- The site has a federal designation as a:
 - Health Professional Shortage Area (HPSA),
 - Medically Underserved Area (MUA), or
 - Medically Underserved Population (MUP).
- The site is affiliated with an accredited educational or training program for healthcare professionals.

3.2.2 Service Requirements

Sites must:

- Provide services to patients regardless of ability to pay.
- Accept Medicaid and Medicare.
- Charge usual and customary fees, with sliding scale or no-cost options.
- Maintain credentialing processes, including licensure and NPDB checks.

3.3 Pre-Enrollment Requirements

Before an employer or any of its affiliated sites can participate in HWEP, specific documentation and approvals must be completed and submitted to the Department of Health. These requirements ensure that each employer and site meet program eligibility criteria and are prepared to sponsor healthcare professionals compliantly.

3.3.1 Required Forms

The following forms must be completed and submitted online:

- **Employer Affiliation Request** – Establishes the employer’s intent to participate in HWEP and confirms administrative responsibilities, financial obligations, and staffing plans.
- **Employer Site Request** (one per service location) – Verifies that each service site meets eligibility standards such as population served, services offered, payer mix, and billing practices.

No healthcare professional may receive HWEP credit for service hours worked at a site until the Employer Site Request is approved and included in their respective MOA.

Required Attachments

- **Credential Verification Process** – Must include license validation, NPDB query procedures, and residency checks.
- **Recruitment and Retention Plan** – Demonstrates strategy to hire and retain healthcare staff in underserved areas.

Section 4 Sponsorship of Healthcare Professionals

To receive HWEP support, a healthcare professional must be actively sponsored by an approved employer. Sponsorship affirms the professional's eligibility, employment status, and alignment with program service goals. Employers serve as key facilitators of program compliance, credential verification, and operational readiness.

All sponsorships must comply with HWEP regulations (AS 18.29, 7 AAC 24), program policies, and the terms outlined in the Employer MOA.

4.1 Eligibility of Professionals

Employers may sponsor healthcare professionals who meet all of the following criteria:

- Are U.S. citizens or lawful permanent residents;
- Are domiciled in Alaska for the duration of their HWEP service;
- Are employed or conditionally hired at a DOH-approved site;
- Belong to an eligible tier:
 - **Tier 1 or 2:** Must hold an active, unrestricted Alaska license or applicable exemption;
 - **Tier 3:** Licensure is not required unless specific to the role.

The Department will determine the tier classification and eligibility of each professional upon application review.

4.2 Position Classifications (Regular vs. Very Hard to Fill)

HWEP classifies positions based on staffing difficulty and service needs. Classifications impact incentive levels and program priority.

4.2.1 Regular Position

- The default classification for all positions unless designated otherwise.
- Must still meet eligibility standards for employer site and service role.

4.2.2 Very Hard to Fill Position

A position may be designated "Very Hard to Fill" if it meets the following:

- Vacancy has existed 12 months or longer;
- Documented active recruitment efforts (e.g., job postings, outreach);
- Use of temporary or locum staff;
- Interviews conducted but no hires made.

To request this classification, employers must submit a Very Hard to Fill Position Request Form with supporting documentation.

4.3 Award Types and Service Levels

4.3.1 Incentive Award Types

Employers may sponsor professionals for:

- **Direct Incentive:** Payment made directly to the professional.
- **Loan Repayment:** Payment made to the professional or directly to the verified loan holder. Only qualifying educational loans are eligible.

A healthcare professional may only receive one type of award per MOA term.

4.3.2 Service Levels

Employers must indicate the professional’s service level:

Service Level	Weekly Minimum	Annual Minimum	Annual Maximum	Allowed Time Away
Full-Time	36 hours per week, in no less than three days	1,592 hours	1,872 hours	Up to 280 hours
Half-Time	20 hours per week, in no less than two days	900 hours	1,040 hours	Up to 140 hours

Table 2: Service Levels

4.4 Employer Sponsorship Form and Documentation

The professional is responsible for submitting the following to DOH as part of the professional’s application:

- **Employer Sponsorship Form** – Documents employment details, award preferences, service level, and position type.
- **12-Week Work Hours Schedule** – Shows standard weekly schedule with hour breakdowns.
- **Employer Worksites Form** – Lists all locations where the professional will perform creditable service. Please note any time spent working at sites not listed will NOT count toward service level requirements.
- **Position Description** – Includes scope of work, licensure requirements, and core duties.
- **Very Hard to Fill Request** (if applicable) – Provides evidence of recruitment efforts and vacancy duration.

Professional Verification Requirements

In addition, employers must verify and retain documentation for:

- Licensure (if required for tier);
- National Practitioner Data Bank (NPDB) query;
- Professional references;
- Alaska residency;
- U.S. citizenship or permanent residency.

4.5 Application Cycles

HWEP operates on a quarterly application cycle to align review processes, award schedules, and MOA start dates. Each cycle includes a three-month application window, a one-month review period, and a fixed MOA start date.

Cycle	Application Window	Review Period	MOA Start Date
Cycle 1	December 1 – February 28/29	March	April 1
Cycle 2	March 1 – May 31	June	July 1
Cycle 3	June 1 – August 31	September	October 1
Cycle 4	September 1 – November 30	December	January 1 (following year)

Table 3: Application Cycles

Important: Late or incomplete applications are automatically deferred to the next available cycle. MOA service start dates are not retroactive.

Section 5 Program Participation and Operational Compliance

This section outlines the employer’s responsibilities once a healthcare professional begins HWEP service. Ongoing compliance ensures timely payments, accurate reporting, and sustained eligibility for both the employer and sponsored professionals.

5.1 Service Verification and Reporting

Employers are responsible for regularly documenting and verifying the service activity of sponsored healthcare professionals.

5.1.1 Quarterly Work Reports (QWR)

Employers must submit a Quarterly Work Report (QWR) for each active professional within 30 calendar days following the end of each calendar quarter. Reports must:

- Be completed by the employer;
- Be approved and signed by the professional;
- Include actual hours worked, direct patient care hours, and telehealth utilization;
- List each approved worksite and service breakdown;
- Report payer mix and patient caseload by age and gender.

Important: No incentive or loan repayment disbursement will be issued unless the QWR is submitted and approved by both parties.

5.1.2 Annual Payer Type Summary

Employers must submit a Payer Type Summary by March 31 of each year for every approved HWEP site. The report must include:

- Medicaid/Medicare billing totals;
- Payer mix data (IHS, self-pay, private insurance, etc.).

This data supports federal and state reporting, funding analysis, and site compliance reviews.

5.2 Communication and Change Notifications

Employers are required to notify the Department of Health of changes that may affect a professional’s service compliance or site eligibility.

5.2.1 Employment Separations

If a sponsored healthcare professional separates from employment prior to fulfilling their service obligation, the employer must submit a Notice of Employment Separation form within 10 business days of the separation date, which includes the reason and effective date of separation.

5.3 Recordkeeping and Audit Preparedness

Employers must maintain all HWEP-related records for a minimum of six years, or longer if required by law. These documents must be made available for audit or review upon request.

5.4 Site Monitoring and Compliance Reviews

The Department of Health may conduct routine or for-cause monitoring of participating sites. Reviews may include:

- Site visits;
- Remote audits of documentation and service logs;
- Verification of patient service and financial data.

Employers must cooperate fully and respond promptly to any documentation requests or corrective action plans.

Section 6 Financial Obligations and Invoicing

Participating employers are required to make quarterly financial contributions to the Department of Health in support of the professionals they sponsor. These contributions cover program administration costs and fund direct incentives or loan repayment awards. This section outlines the employer’s financial responsibilities, deadlines, and procedures for adjustments.

6.1 Employer Contribution Requirements

Each quarter, employers must pay a non-refundable contribution for each participating healthcare professional. This amount includes the professional’s financial incentive or loan repayment (based on service level, tier, and position classification) and applicable administrative fees.

6.1.1 Award Structure

Tier	Service Level	Regular Position	Very Hard-to-Fill Position
Tier 1	Full-Time	\$35,000	\$47,250
	Half-Time	\$17,500	\$23,625
Tier 2	Full-Time	\$20,000	\$27,000
	Half-Time	\$10,000	\$13,500
Tier 3	Full-Time	\$15,000	\$20,250
	Half-Time	\$7,500	\$10,125

Table 4: Award Structure

Note: No HWEP payments to professionals will be released until the full employer contribution is received.

6.1.2 Administrative Fee

Per 7 AAC 24.061, a 5% administrative fee is assessed on the total contract value of each healthcare professional. This covers reporting, invoicing, and operational expenses incurred by the Department. These fees are itemized in the quarterly invoice issued to each employer.

6.2 Payment Schedule and Deadlines

Invoices are issued quarterly, following the Department’s review of each approved Quarterly Work Report (QWR). Employer payments are due within 30 calendar days of the invoice date.

Service Period	QWR Due	Employer Payment Due	Incentive Issued
Jan 1 – Mar 31	Apr 30	May 30	June 30
Apr 1 – Jun 30	Jul 31	Aug 31	Sept 30
Jul 1 – Sep 30	Oct 31	Nov 30	Dec 31
Oct 1 – Dec 31	Jan 31	Feb 28	Mar 31

Table 5: Payment Schedule

Payments must be submitted via the method designated by the Department of Health and must clearly reference the employer and invoice number.

6.3 Proration, Adjustments, and Late Payments

6.3.1 Proration

If a professional works less than the full number of required hours in a quarter (due to leave, late start, or partial credit), payments may be prorated accordingly. The prorated amount will be reflected in both the employer invoice and the professional's award payment.

6.3.2 Adjustments

The Department may correct billing errors, credit overpayments, or reissue invoices if service levels are amended or documentation is updated. Employers are notified in writing of any such changes.

6.3.3 Late Payments

Late payments may result in:

- Suspension of incentive or loan repayment disbursements to the healthcare professional;
- Delays in MOA processing for new sponsorships;
- Civil penalties for repeated or unresolved non-payment.

Employers who miss three or more payments may be deemed in breach of the Employer MOA and disqualified from future participation.

6.4 Financial Hardship Adjustment Requests

Employers experiencing financial difficulty may request temporary relief by submitting a Financial Hardship Adjustment Request. This request must include:

- A written explanation of the hardship;
- Recent financial statements, budgets, or relevant supporting documentation;
- A proposed modified payment schedule (if applicable).

Requests must be submitted to the Department in writing. All adjustments are subject to available HWEF funds and DOH approval.

Note: Hardship adjustments do not reduce the total amount owed – only the timing or structure of payments.

Section 7 Optional Requests and Special Procedures

While HWEP participation follows structured timelines and requirements, employers may initiate certain optional requests or adjustments under specific conditions. This section outlines the procedures for requesting site additions, service level changes, suspensions, or waivers related to extraordinary circumstances.

7.1 Site Additions

Employers may request to add new service sites after initial enrollment. Each proposed site must meet HWEP eligibility standards and be approved by the Department before a healthcare professional can claim service hours there.

Required Steps:

1. Submit a new Employer Site Request form.
2. Receive DOH approval and amend Employer MOA to include new site.

Note: Service hours will not be credited retroactively, if a professional worked at a new site prior to approval.

7.2 Service Level Changes

Employers may support a professional's request to change their service level (from full-time to half-time or vice versa). These changes affect award amounts and MOA terms and must be approved by the Department.

Required Steps:

1. The professional must submit a Change of Service Level Request with:
 - a. Justification (e.g., medical, family, educational reasons);
 - b. Proposed effective date.
2. The employer must endorse the request.
3. The Department will review the request and, if approved:
 - a. Amend the MOA;
 - b. Update financial obligations and reporting thresholds.

Changes are not retroactive. The updated service level begins only after DOH approval and MOA amendment.

7.3 Suspension of Service Requests

In cases of extended leave or circumstances affecting a professional's ability to meet service obligations, a temporary suspension of their HWEF term may be requested.

Qualifying Reasons:

- Medical leave;
- Family caregiving or parental leave;
- Military deployment;
- Other exceptional events (with justification).

Required Steps:

1. Professional submits a Suspension Request form;
2. DOH reviews and, if approved:
 - a. Amends the MOA to pause the term (up to 12 months);
 - b. Suspends employer payments and service hour tracking for the duration.

7.4 Waivers and Exemptions

In rare circumstances, a professional may request a waiver to be released from their service obligation due to:

- Permanent medical disability;
- Extreme personal hardship;
- Other non-remediable barriers to continued participation.

Although employers are not responsible for waivers, they may be contacted by DOH to confirm:

- Employment separation details;
- Site closures;
- Other relevant conditions.

The waiver process does not absolve the employer of previously invoiced contributions unless the Department determines otherwise on a case-by-case basis.

Section 8 Non-Compliance and Termination

Participating employers are required to comply with all HWEF program policies, reporting obligations, financial commitments, and contractual terms outlined in their Memorandum of Agreement (MOA). Non-compliance can result in penalties, suspension, or termination from the program.

8.1 Employer Non-Compliance Criteria

An employer may be deemed non-compliant for any of the following violations:

- Failure to submit required documentation, including:
 - Quarterly Work Reports;
 - Annual Patient Impact Summary;
- Late or missing payments;
- Failure to maintain site eligibility;
- Missing or outdated Recruitment and Retention Plan;
- Failure to respond to Department of Health communications, audits, or corrective actions.

8.2 Penalties and Enforcement

The Department of Health may take the following actions based on the severity and recurrence of violations:

- **Civil Penalty** – Up to \$1,000 per violation for breaches of AS 18.29, 7 AAC 24, or MOA terms;
- **Suspension** – Temporary removal for failure to meet basic program standards;
- **Termination** – Permanent removal due to serious or repeated non-compliance;
 - **Disqualification** – Employers terminated will be ineligible for future participation in HWEF or similar Department administered programs.

All enforcement actions are communicated in writing, and employers are given a defined period to respond or remedy violations where applicable.

8.3 MOA Termination Procedures

8.3.1 Department-Initiated Termination

The Department may terminate an Employer MOA with 30 days' written notice:

- For cause (e.g., repeated violations, breach of contract, failure to cooperate);
- If termination serves the best interest of the State.

In both cases, the employer will be given a chance to resolve the issue or present mitigating documentation prior to final termination.

8.3.2 Employer-Initiated Termination

Employers may voluntarily terminate their MOA with 30 days' written notice to DOH. Termination does not relieve the employer of any outstanding financial obligations or documentation responsibilities.

8.3.3 Post-Termination Obligations

Termination does not release the employer from existing obligations. Employers remain responsible for:

- Outstanding financial commitments under existing MOAs;
- Continued support of healthcare professionals as outlined in executed agreements;
- Submission of all required documentation.

8.4 Appeal and Reconsideration Process

Employers have the right to appeal adverse decisions related to eligibility, penalties, or termination.

Steps for Appeal:

1. Initial Appeal must be submitted within 30 calendar days of the date of the DOH decision letter. The appeal must include:
 - a. A copy of the contested decision;
 - b. A written justification citing errors of fact, policy, or procedure;
 - c. Supporting documentation.
2. Reconsideration Request may be submitted if the initial appeal is denied. This must also be filed within 30 days and addressed to the Commissioner of Health.

The Commissioner's decision is final and concludes the administrative review process.

Note: Use the Appeals and Reconsideration Request Form, available through the official HWEP online portal.

Section 9 Employer Memorandum of Agreement (MOA)

All HWEP employers must execute a formal Memorandum of Agreement (MOA) with the Alaska Department of Health (DOH) as a condition of participation. This legally binding agreement outlines the employer’s obligations related to compliance, financial contributions, site eligibility, and professional sponsorship.

9.1 Overview and Legal Purpose

The MOA establishes:

- The legal framework for employer participation in HWEP;
- Accountability for timely and accurate reporting, credential verification, and site maintenance;
- Financial and administrative responsibilities for incentive and loan repayment programs;
- The terms under which the employer may sponsor healthcare professionals at approved sites.

9.2 Amendment Process

Amendments to the MOA must:

- Be submitted in writing;
- Be signed by both the Department and the Employer.

Required amendments include:

- Changes in payment structure due to approved hardship adjustment;
- Modification of any key terms.

Amendments are not retroactive and take effect only upon DOH approval.