

EXHIBIT-D
SHARP-3: Definitions

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

Benefit Type: There are two types of support-for-service benefit payments available: (1) education loan repayment (LRP); (2) direct incentive; or (3) both loan repayment and direct incentive. If the benefit-type is LRP then the payment is sent on behalf of the practitioner directly to the lender or loan holder. If the benefit is direct incentive, then payment is sent directly to the practitioner.

Blended Funding: This is the practice of funding individual service contracts by use of more than one source (e.g. federal grant, and employer match, etc.). This is the funding of a service contract by use of more than one source of cash resource. All program contracts are resourced by use of blended funding since some funding is from the employer and some is another contributor.

Blind Case-Code: A method of presenting relevant data about practitioner-applicants under consideration without exposing the names or other identifying aspects of the applicant. The individual is simply referred to by alpha-numeric code. This method minimizes any untoward bias due to demographic features, system-gossip, animosities, etc.

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.

Commissioner: The term commissioner means the commissioner of the Alaska Department of Health and Social Services.

Concurrent Service Obligation: This is the situation when participant simultaneously holds more than one loan repayment service obligation or service option loan(s) at any time during the contract period. The participant must accurately and immediately report if there is a concurrent service obligation. If incurred, the participant and the employer must each immediately declare in writing to program the occurrence of the concurrent service obligation. The exceptions to disallowance of concurrent service obligation include: (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

1 Services, Office of the Surgeon General, Public Health Service. The program allows for the employer to provide to the
2 practitioner various other ancillary employment benefits, such as signing bonuses, service-option loan(s), moving expense
3 agreement(s), productivity bonuses or similar financial benefit(s) that entail a service obligation. This does not include
4 education loan repayment that is concurrent with program's contract benefit.
5

6 **Continuation Award:** Continuation contracts (aka renewals) are allowed for a practitioner to be awarded an ensuing service
7 contract after the first contract is completed. However, the receipt of an ensuing contract only occurs through the standard
8 competitive council process. In order to receive an ensuing contract, the practitioner must again apply to program, and the
9 application will then be reviewed along with any others, including new applicants. A continuation contract extends the
10 practitioner's service for another specified period, which is typically another two years (24-month), via fully signed contract.
11 The public policy value of continuation awards is that they support practitioner retention. If there is a break-in-service
12 between the initial contract and the ensuing continuation contract, the resulting interim period does not count as program
13 service-credit.
14

15 **Contract Default:** A practitioner who fails to begin or complete his or her program service obligation or otherwise breaches
16 the terms and conditions of the contract will be in default of this contract and liable for damages. In addition, the remaining
17 planned but yet-to-be-distributed balance of contract's funds will not be paid to or on behalf of the practitioner. The following
18 will also occur: (1) the practitioner will be recorded as having left program in the status of "not in good standing;" (2) the
19 practitioner will be recorded as having defaulted on the contract; (3) the program may report this contractual default status to
20 future or potential employer(s) or other support-for-service program(s) regardless of whether those program(s) are state,
21 federal, private or blended; and (4) the practitioner will be barred from future participation in the program or any similar
22 department program.
23

24 **Contract-A:** This is the first of three specified funding proportionalities with which to resource service contracts. It is
25 available to all healthcare employer types and is the default expectation, and the only option for-profit entities. In contract-A,
26 the employer pays 80% and the contributor pays 20%. This is the default expectation. Contract-A is an option that is available
27 to all three employer types: public (government), private non-profit and for-profit entities.
28

29 **Contract-A Waiver:** In certain instances the employer may submit a request for waiver, in which it asks that it pay 100% of
30 the contract's value due to need for expedience or other factors. Any employer is potentially welcome to pay 100% of a stated
31 total contract cost. However, all organizations are encouraged to have another contributor provide at least 20% of contract cost
32

1 **Contract-B:** This is the first of three specified funding proportionalities with which to resource service contracts. In contract-
2 B, the employer pays 50% and the contributor pays 50%. This service contract level is available only to employers: (a) that
3 are either a public or private non-profit entity; and (b) that submit a request a partial waiver of employer payment portion,
4 which is approved; and (c) that have specified documentation regarding level of service to the underserved, and size of its
5 organization.
6

7 **Contract-C:** This is third of three specified funding proportionalities with which to resource service contracts. In contract-C,
8 the employer pays 20% and the contributor pays 80%. This contract level is available only to an employer that: (a) is either a
9 public or private non-profit entities; (b) fulfills the requirements described for contract-B; (c) submits a request for partial
10 waiver of employer payment; (d) demonstrates an inability to pay the 50% cost of specified in contract-B; and (e) the request
11 for partial waiver is approved by the commissioner in writing.
12

13 **Contributor:** An organization or individual, other than the employer, that donates funds to program. Contributors may
14 include: (1) private contributors; and (2) public contributors including federal, state and local governments. These may
15 include: (1) hospital foundations; (2) private philanthropy; (3) regional Native for-profit entities; (4) trade associations; (5)
16 labor unions; (6) program alumni and other individual donors; (7) universities; (8) community and advocacy groups and (9)
17 other entities that council may deem eligible.
18

19 **Contributor Funding:** The amount of contributor payment is stated in contract, and specified quarterly payments are due
20 upon receipt of invoice net 30 days. The contributor sends this payment directly to the fiscal agent.
21

22 **Contributor Payment:** This is one of two types of program revenue. It is a donation that is paid by a contributor, which is an
23 entity other than the employer. Program sends a quarterly invoice to the contributor that specifies the requested amount for
24 each participant-contract. This is equal to: (the quarterly total contract cost) minus (quarterly employer payment). All
25 contracts are at least partially resourced by a required contributor donation, the minimum of which is 20% of contract.
26

27 **Correctional Facility:** A correctional facility maintained or regulated by the Department of Corrections, including a contract
28 facility. Term also includes a juvenile detention or treatment facility maintained by the department, including a contract
29 facility. (aka prison).
30

31 **Council Member:** The definition of council member is at the organization (agency) level. Each council member organization
32 formally appoints one person to represent it in all Alaska SHARP Council proceedings.
33

1 **Council Member's Representative:** One individual person is formally identified by each member organization to serve as
2 representative to council. The member organizations are at liberty to install any person to serve as its representative, and/or to
3 change the representative or alternate.
4

5 **Council Representative's Alternate:** In addition to its representative, each member-organization will identify an alternate
6 representative to regularly serve in the event of the absence of its representative.
7

8 **Department:** This term means the Alaska Department of Health and Social Services (DHSS).
9

10 **Direct Incentive:** Funds that are paid directly to a program participant in accordance with the participant's authorized service
11 contract. There are no stipulations as to practitioner's use of such payment(s). Direct incentive payment is subject to federal
12 income taxation.
13

14 **Direct Patient Care:** This is the direct delivery of healthcare services to a patient, the occurrence of which is not mediated by
15 others, including clinical supervisees (aka direct care). This may include varied case-specific duties such as case consultation,
16 case management, treatment team meetings, individual records, and management of an individual's medications. The
17 department will consider program-eligible disciplines as occupations that are direct patient care, not direct patient care, or both.
18 For a given position to be categorized as direct patient care, the position must provide a minimum number of direct patient care
19 hours per week (32 of 40 hours for full-time; 16 of 20 hours for half-time).
20

21 **Education Loan Repayment:** Funds that are paid on behalf of a program participant to an eligible lender or holder of that
22 participant's education loan debt in accordance with the participant's authorized service contract. Such payments are
23 exempted from federal income taxation.
24

25 **Employer:** Health organizations that hire and employ practitioners. Examples include: non-profit hospitals, tribal health
26 entities, developmental disability services, substance abuse treatment services, behavioral health clinics, dental care clinics,
27 primary care clinics, specialty clinics, long-term care facilities, assisted living centers, for-profit clinics, and publicly operated
28 clinics and hospitals.
29

30 **Employer Eligibility:** Program-eligible practice settings may include dental, medical or behavioral health facilities, or other
31 facilities that are deemed by program to be entities within the state health system. These include: (1) clinics; (2) hospitals; (3)
32 correctional facilities; (4) education institutions; (5) substance abuse treatment facilities; (6) disability service centers; and (7)

1 community-based healthcare delivery locations such as those for homeless persons. For the employer to be program-eligible a
2 specified minimum percentage of its caseload must consist of underserved persons.
3

4 **Employer Payment:** This is one of two types of program revenue, the other being contributor payment. It is paid to the
5 program by the practitioner's employer. The amount of the employer payment is contract-defined, and is due upon its receipt
6 of quarterly invoice, net 30 days. Payment is sent directly to the agent. This is the amount of funds that each participating
7 health employer is contract-specified to contribute on a quarterly basis, as a portion of the practitioner's specified support-for-
8 service payment. All contracts are at least partially resourced by a required employer payment, the minimum of being 20% of
9 service contract. (aka employer match)
10

11 **Employer Recruitment Prerogative:** This is the program-provided opportunity for an employer to assert the conditional
12 availability of a support-for-service contract even if the employer is still in its hiring phase and the practitioner-candidate is not
13 yet identified. This prerogative exists once the employer is registered. This allows the employer to offer a support-for-service
14 contract to interested persons who may be recruited. In order to actually receive this benefit, the practitioner must: (1) be
15 identified as program-eligible; and (2) sign the program's service contract. The recruitment period concludes when the
16 employer issues a letter of intent to hire dated no later than six months after the registration date. If the employer does not
17 exercise the ERP within a specified period of registration then the option is canceled and the payment is forfeited. The ERP
18 allows the employer to offer-with-certainty the possible support-for-service benefit to an eligible practitioner still to be hired.
19

20 **Employer Registration:** For an employer to participate in the program it must register by submitting program-specified
21 forms. The program shall review registration materials and, if approved, the program shall issue written conditional
22 authorization. Upon issuance, the employer becomes an authorized registrant as regards that specified position.
23

24 **Exempt from Licensure:** Each practitioner in program must be licensed to practice his or her healthcare occupation. All
25 practitioners must be licensed by the State of Alaska, with the exception being that those practitioners who work in a federal
26 facility or tribal healthcare organization must be licensed to practice by Alaska, or any other state.
27

28 **Fiscal Agent:** The fiscal agent (agent) will be a specified private non-profit entity that operates and maintains a specified
29 funding account known as the multi-year operations fund. The main duty of this entity is fiduciary, and its purpose is to hold
30 and manage all funds from employers and other contributors. The fiscal agent will have entered into a memorandum of
31 agreement with the department, which will outline main responsibilities of both parties.
32

1 **Fiscal Agent Cost:** This is the per-contract amount that is paid to the fiscal agent, the purpose of which is to address the
2 expense of conducting assigned fiduciary tasks done be the agent.
3

4 **Full-Time Position:** For full-time participation, the practitioner will work at least 40 hours per week in at least one contract-
5 specified site. The 40 hours per week may occur in no less than four days per week, with no more than 12 hours of work to be
6 performed in any 24-hour period. The practitioner may be a full-time employee but have only half-time program participation.
7

8 **Full-Time Direct Patient Care:** For the position to be classified as full-time direct patient care the then at least 32 of a
9 minimum 40 hours per week must be provision of direct patient care.
10

11 **Good Standing:** A Practitioner begins the service contract as identified in “good standing.” That status continues throughout
12 contract as long as specified service and reporting milestones are met, including adequate quarterly work reports. If breach of
13 contract occurs, and the practitioner is found in contractual default, then practitioner status is changed to “not in good
14 standing.”
15

16 **Government Loan:** A loan made by a federal, state, county, or city agency that is authorized by law to make such loans.
17

18 **Half-Time Position:** For full-time participation, the practitioner will work at least 20 hours per week in at least one contract-
19 specified site. The 20 hours per week may occur in no less than two days per week, with no more than 12 hours of work to be
20 performed in any 24-hour period. There is no further sub-division of position size or prorating of payment. The practitioner
21 may be a full-time employee but have only half-time program participation.
22

23 **Half-Time Direct Patient Care:** For the position to be classified as half-time direct patient care the then at least 16 of a
24 minimum 20 hours per week must be provision of direct patient care.
25

26 **Health Professional Shortage Area:** This is designation assigned by the federal Health Resources and Services
27 Administration (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic
28 (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally
29 qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated
30 by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. The
31 SHARP-3 program component does not require that an employer (practice site) to have a HPSA designation, however, the
32 SHARP-1 component does.
33

1 **Health Facility:** Health facilities are locations at which medical, dental, and/or behavioral healthcare services are provided,
2 which includes buildings and other settings in which an organization provides health and/or social services, or in which
3 training regarding such may occur. These settings may be health clinics, hospitals, long-term care or treatment facilities, but
4 also may include community-based services such as homeless shelters, disability service centers, residential treatment services,
5 correctional facilities and schools.
6

7 **Hospital:** The term hospital has the meaning given in 7 AAC 160.990(b).
8

9 **Level of Employer Payment:** The program offers three levels of financial participation by the employer, each with a
10 corresponding inverse level of contributor funding. The relative proportion of funding from the employer vs. the contributor is
11 specified as contract-A (80%, 20%); contract-B (50%, 50%) or contract-C (20%, 80%). (aka level of financial participation)
12

13 **Loan Consolidation:** The consolidation of eligible education debt is allowed, and typically occurs when the individual has
14 several education loan debts, wherein some of those have high interest rates. Through consolidation the individual may
15 achieve both simplicity of payment, and an overall reduction in interest payment rate. To remain eligible for program, the
16 eligible education debt must not be consolidated (combined) with any other expenses or loans that are disallowed.
17

18 **Loan Eligibility:** An education loan debt is eligible for repayment under the program if the loan was issued by a government
19 or commercial entity for the payment of actual costs of tuition and other reasonable educational and living expenses related to
20 the undergraduate or graduate education of the practitioner. The loan(s) and lenders (or loan holders) of such loan(s) must not
21 be (a) consolidated with any other loan that is ineligible for repayment; or (b) refinanced as a loan that is not eligible for
22 repayment. Participants must have a verifiable unpaid balance on one or more eligible education loans. (aka qualifying loan)
23

24 **Loan Debt that is Not Allowed:** A loan or interest on a loan is not eligible for repayment by program if the loan or interest is
25 to be repaid by another source, including another support-for-service program or loan forgiveness program or an employer-
26 sponsored education loan repayment program. In addition, to be eligible, a loan debt must not be co-mingled with any other
27 type of financial debt, including but not limited to: consumer debt (e.g. credit cards), mortgage, debt previously incurred by
28 others (e.g. spouse, children, parents, significant others, etc.), and private or family loans that are not from a commercial
29 lender. If an eligible educational loan is consolidated or refinanced with any disallowed loan debt, then no portion of the
30 consolidated/refinanced loan will be eligible for support-for-service.
31

32 **Loan:** The term loan means the total amount of the participant's eligible educational debt by a given lender.
33

1 **Long-Term Care Facility:** The term long-term care facility has the meaning given in 7 AAC 160.990(b).

2
3 **Maximum Annual Payment Benefit:** The maximum support-for-service benefit that a practitioner can receive for a given
4 12-month period. The calculation of this amount is based on: (1) practitioner's occupation tier categorized as tier-1, tier-2 or
5 tier-3; (2) whether participation is full-time or half-time; and (3) whether position is regular fill or very hard-to-fill.
6

7 **Medicaid:** The term Medicaid means has the meaning given in 7 AAC 160.990(b).
8

9 **Medicare:** The term Medicare has the meaning given in 7 AAC 160.990(b).
10

11 **Multi-Year Operations Fund:** This financial account and structure provides that unexpended support-for-service funds
12 received in any single budget year will be available for use in subsequent budget year(s). This helps to ensure that multi-year
13 contract commitments can be fulfilled. If large contributions are received then a multi-year corpus may be developed.
14

15 **Nonprofit Private Entity:** A non-governmental entity that is legally organized as a nonprofit corporation (501(c3) pursuant
16 to state or federal law.
17

18 **Occupation Tier:** The tier designation establishes the maximum annual payment benefit available for each occupation, which
19 depends in part on the practitioner's delivery of direct patient care, and specified occupation. There are three tiers available:
20 tier-1, tier-2 and tier-3.
21

22 **Occupational Licensure:** To be classified as a tier-1 or tier-2 practitioner, the individual must hold a full and unencumbered
23 professional license to practice healthcare in the stated discipline. Occupational licensure must be issued by the Alaska
24 Department of Commerce with the exception that if the practitioner works in a tribal health organization then the professional
25 licensure can be from any other state or territory. However, to be classified as a tier-3 practitioner, varied occupations are
26 included wherein the individual is employed to work in a health facility, but for which licensure is not required by the State of
27 Alaska (e.g. executive officers, financial officers, information technology specialists, laboratory specialists, health sciences
28 faculty and/or researchers). In addition, tier-3 practitioners may include those direct patient care occupations that are not
29 licensed, but that do require state-sanctioned certification (e.g. certified substance abuse counselors; and certified nurse aides),
30 and, those direct care occupations that require licensure in disciplines that are not included in tier-1 or tier-2 occupations (e.g.
31 LMSWs who do not hold the title of licensed clinical social worker).
32

1 **Other Occupations - Behavioral Health:** Other occupations that are not listed a behavioral health tier-1 or tier-2 licensed
2 direct care occupations (e.g. certified drug counselors). These also included non-licensed occupations, and/or non-direct patient
3 care occupations who work in healthcare facilities (e.g. administrator, fiscal officer, and care coordinator, This also includes
4 graduated counselors and social workers who are working toward receipt of full-licensure but who have not yet been awarded
5 the LPC, or LCSW, respectively. Behavioral health & behavioral health sciences faculty and researchers are included.
6

7 **Other Occupations – Dental:** Other occupations that are not listed as a Dental Tier-1 or Tier-2 licensed direct care
8 occupations, (e.g. Dental Health Aide Therapist, & Dental Assistant), as well as other non-licensed occupations, and/or non-
9 direct patient care occupations. These also include non-licensed occupations, and/or non-direct patient care occupations who
10 work in healthcare facilities (e.g. Administrator, Fiscal Officer, Information Technologists, Care Coordinator, and Allied
11 Health Professionals (e.g. laboratory personnel)). Oral healthcare and health sciences faculty and researchers are included.
12

13 **Other Occupations – Medical:** Other occupations that are not listed a Tier-1 or Tier-2 licensed direct care occupations.
14 Dietitians, Nutritionists, Therapists (e.g. Speech Therapists & Occupational Therapists). These also included non-licensed
15 occupations, and/or non-direct patient care occupations who work in healthcare facilities (e.g. Administrator, Fiscal Officer,
16 Information Technologists, Care Coordinator, and Allied Health Professionals (e.g. laboratory personnel)). Medical healthcare
17 and health sciences faculty and researchers are included.
18

19 **Participating Employer:** An employer which has become a program registrant by having: (a) submitted a program-specified
20 application; (b) received written approval-to-participate from program; and (c) thus become an authorized registrant as regards
21 the specified position.
22

23 **PL 111-148, SEC. 10908:** SEC. 10908. EXCLUSION FOR ASSISTANCE PROVIDED TO PARTICIPANTS IN STATE
24 STUDENT support-for-service PROGRAMS FOR CERTAIN HEALTH PROFESSIONALS. (a) IN GENERAL. —
25 Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows: “(4) PAYMENTS
26 UNDER NATIONAL HEALTH SERVICE CORPS support-for-service PROGRAM AND CERTAIN STATE support-for-
27 service PROGRAMS.—In the case of an individual, gross income shall not include any amount received under section
28 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other
29 State support-for-service or loan forgiveness program that is intended to provide for the increased availability of health care
30 services in underserved or health professional shortage areas (as determined by such State).” (Effective: 12/31/08)
31

1 **Position Type:** There are two categories of position type: regular-fill positions, and very hard-to-fill (VHTF) positions, and
2 no others. The program provides service contracts with higher support-for-service payment to practitioners who occupy VHTF
3 positions than it does for those in regular-fill positions.
4

5 **Practice Sights:** The Practice Sights Practitioner Recruitment and Retention Management System is a multi-state collaborative
6 that includes Alaska. Operated by the University of North Carolina, Practice Sights automatically emails surveys to program
7 participants at the beginning of contract, end of year for every contract year, and at the end of contract. A survey is also sent to
8 each practitioner-alumnus as follow-up.
9

10 **Practice Site:** The particular location where an agency provides eligible health services. A practice site is often also referred
11 to as an employer (aka Site).
12

13 **Practitioner:** All persons affiliated with the program will be termed practitioners regardless of whether they provide direct
14 patient care. At any one time, practitioners are ascribed one of the following five stages of affiliation: (1) interested person; (2)
15 applicant; (3) candidate; (4) participant; or (5) alumni. A practitioner may be anyone who either is or will be employed at a
16 health facility.
17

18 **Primary Care:** Primary care is the delivery of professional, comprehensive health services that include health education and
19 disease prevention, initial assessment of health problems, treatment of acute and chronic health problems, and the overall
20 management of an individual's or family's health care services. It entails first-contact care of persons with undifferentiated
21 illnesses, comprehensive care that is not disease or organ specific, care that is longitudinal in nature and care that includes the
22 coordination of other health services. Primary care dental services and behavioral health services are included.
23

24 **Professional Credentialing:** This is the process of formally establishing: (a) that the practitioner has all the requisite
25 education, training, licensure(s) and credentials necessary legally and professionally required to perform the work; and (b) that
26 the practitioner has not incurred prior prohibitive ethical or legal strictures. The employer must conduct its own practitioner
27 background checks by using health care professional credentialing processes including reference review, licensure verification,
28 and a query of the National Practitioner Data Bank or the Healthcare Integrity and Protection Data Bank.
29

30 **Program:** This means the Alaska SHARP Program's SHARP-3 component, which provides support-for-service to selected
31 practitioners.
32

1 **Program Affiliation:** A term indicating association of the practitioner with the program. There are five possible ascribed
2 stages of affiliation: (1) interested person; (2) applicant; (3) candidate; (4) participant; and (5) alumnus.

3
4 **Program-Eligible Employer:** Health organizations that hire and employ practitioners, which can apply to participate in
5 program. The employer may be a government entity, a private non-profit entity; or a for-profit entity. Solo and group
6 practices are potentially eligible to apply.

7
8 **Program Management Cost:** This is the per-contract amount that is paid to the state program, the purpose of which is to
9 partially address the expense of delivering program services. As with all other sources of revenue, the funds for this are
10 initially received by the fiscal agent, which then pays the program, if so invoiced.

11
12 **Program Revenue:** There are two source-types that provide funds to the program: (1) employer payments; and (b)
13 contributor payments.

14
15 **Qualified Employment:** Qualified employment means the work of a Tier-1 or Tier-2 or Tier-3 employee of an eligible
16 employer for which the individual is hired and paid to work at an eligible healthcare facility, in a full-time or half-time
17 position, for a contract term that is not less than two years.

18
19 **Qualifying Education Loan:** A government or commercial loan for actual costs paid for tuition and reasonable educational
20 and living expenses related to the undergraduate or graduate education of the participant leading to a degree in the health
21 profession in which the participant will satisfy his or her program service commitment. Education loans that are eligible for
22 potential repayment by program include: commercial loans and government loans, and no others (aka education loan
23 repayment). A government or commercial loan for actual costs paid for tuition and reasonable educational and living expenses
24 related to the undergraduate or graduate education of the participant leading to a degree in an occupation in which the
25 participant will satisfy his or her service contract.

26
27 **Quarterly Invoice to Payers:** A quarterly invoice will be sent to each participating employer and contributor, which specifies
28 the per-participant funding amounts owed to program. All payments are due to net-30 days, and are to be sent the fiscal agent.

29
30 **Quarterly Work Report:** SHARP requires that each practitioner, in conjunction with the employer, submit a completed and
31 accurate quarterly work reports (QWR) to the program on specified form(s). The QWR details the practitioner's service during
32 the specified contract quarter including: (1) occurrence of service; (2) location(s); (3) with which population(s); and (4) in what
33 quantity. The provided data must not contain any information that identifies individual service recipients.

1 **Reasonable Education Expense:** The costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel,
2 educational equipment and materials, which do not exceed the school's estimated standard student budget for educational
3 expenses for the participant's degree program and for the year(s) of that participant's enrollment.
4

5 **Reasonable Living Expense:** The costs of room and board, transportation and commuting costs, and other costs which do not
6 exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program
7 and for the year(s) of that participant's enrollment.
8

9 **Recruitment and Retention Plan:** This document presents the policies and processes that the employer will use to recruit and
10 maintain staffing levels needed to appropriately serve the entity's target population. Each participating employer must: (1)
11 develop and maintain a practitioner recruitment and retention plan (R&R plan); (2) submit a copy of its R&R plan as part of
12 employer registration; (3) update that plan as needed; (4) actively collaborate with program to improve the plan upon request;
13 and (5) ensure that the plan includes policies and processes that the employer will use to recruit and retain staff.
14

15 **Regular-Fill Position:** This is the default classification all program positions, unless they are identified as very hard-to-fill.
16 Regular-fill positions are those that require only the typical effort to find and hire a suitable candidate.
17

18 **Retention Commitment:** The practitioner and the employer will formally assert that each understands that one of the main
19 public policy reasons for the program is to enhance practitioner retention. The purpose is to increase: (a) continuity of patient
20 care, (b) retained institutional memory, (c) stabilization of provider networks, and (d) continuity of healthcare practices.
21

22 **Service Contract:** This is a legal document that presents those agreement(s) between the following four parties: (a)
23 practitioner, (b) employer, (c) contributor(s) and (d) the program. All four parties must fully sign the document in order for it
24 to be actuated, which also sets an effective date. This specifies the practitioner's commitment to provide specified health-
25 related services at specified location(s), and the related duties of the other three parties, including quarterly support-for-service
26 payments. The program's contract is at least two years duration. (aka memorandum of agreement; MOA; practitioner contract)
27

28 **Service Contract Amendment:** This is the formal revision of the initially executed program service contract. Such revisions
29 are made for varied reasons (e.g. hiatus from clinic due to Family Medical Leave, military service call-up, extended continuing
30 education training, etc.), as well as other agreed upon and signed change of contract terms. If there is a substantive break in
31 service due to an approved suspension then the remaining required service time is resumed upon the practitioner's return to
32 full-time or half-time program-eligible work. In that case, the contract's service end-date is extended to compensate for the

1 break in full-time or half-time service. Only the contract amendment process provides approval for any service suspension.
2 Amendments do not cancel the contract, but rather only revise by stating newly agreed upon terms. (aka MOA amendment)
3

4 **Service Credit:** Service credit accrues for the admitted practitioner upon the effective date as specified in the service contract.
5 Service credit accrual can start no earlier than the date on which (a) the contract is signed by the commissioner, or the date that
6 the practitioner is endorsed to practice, whichever is last. For those occupations that require a license to practice, full licensure
7 is part of this endorsement. Credit only accrues through the occurrence of full-time or half-time practice consistent with the
8 contract-specified service requirements.
9

10 **SHARP Council:** The standing set of interagency member organizations, which provides ongoing oversight and guidance on
11 aspects of Alaska's SHARP Program, including budgetary, programmatic, visibility or managerial consideration(s). Council
12 meets at least quarterly, and may issue formal recommendations about (1) policy or procedure; or (2) any practitioner-specific
13 program admittance and participation. Council must formally review and recommend any and all practitioner(s) for
14 admittance to program. The program shall be administered in consultation with council. Council is composed of members
15 with healthcare expertise, including expertise in economic issues affecting the hiring and retention of health care professionals
16 in the state. The commissioner shall accept a recommendation of the advisory body on a matter pertaining to the identification
17 and monitoring of healthcare shortages, eligible employers, payment priorities, program development or alteration, or program
18 evaluation unless the commissioner finds, in writing, that the recommendation cannot be financially or otherwise supported by
19 the department. (aka council)
20

21 **SHARP Program:** Alaska's SHARP Program is a statewide support-for-service effort, which provides financial support to a
22 practitioner other than standard wage and benefit. It is a public-private partnership working to improve the recruitment,
23 retention and distribution of health professionals for Alaska. SHARP offers two types of support-for-service benefit: (a)
24 education loan repayment, and (b) direct incentive, to healthcare practitioners in support of their work with or on behalf of
25 Alaska's priority populations.
26

27 **SHARP-1 Component:** SHARP-1 was Alaska's first state-operated support-for-service program effort. It is based on the
28 state's receipt of a competitive HRSA partnership grant from the federal state support-for-service Program (SLRP). Alaska has
29 now received three SLRP grant awards from federal HRSA. All SHARP-1 contracts are 50% HRSA-funded, with the other
30 50% derived from assorted non-federal sources. SHARP-1 contracts provide support-for-service only, and are based on
31 primary care practitioners providing service in federally designated HPSA locations.
32

1 **SHARP-2 Component:** SHARP-2 was Alaska's second state-operated support-for-service program effort. It is based on
2 Alaska Statute AS 18.29, which was enacted in May 2012. All SHARP-2 contracts are approximately 75% funded by State
3 GF dollars, and the other 25% is derived from required employer match. SHARP-2 contracts provide either support-for-
4 service or direct incentive or both. A wide variety of practice sites are eligible, as a large variety of healthcare occupations.
5 SHARP-2 is now sun-setting, and no new applications are being accepted.
6

7 **SHARP-3 Component:** On June 23rd, 2015, Alaska's SHARP Council unanimously recommended that SHARP-3 be
8 established. SHARP-3, also known here as the program, will feature: (1) advanced blended funding; (2) use of tax exemption
9 for loan repayment; (3) the establishment of a multi-year operations fund; (4) fungible funding-source proportions between
10 employer and contributor(s); (5) pre-authorization of registered employers; and (6) a ranges of contributors. (aka program)
11

12 **Site:** This is synonymous with practice site, and means a service area or health facility at which the practitioner may work
13 (aka practice site, or employer).
14

15 **Site Representative:** This is an employee or other legal representative of the participating health entity who is authorized by
16 the employer to formally represent that organization to the program. The site representative's role includes: (1) having the
17 authorization to review and sign all contract documents; (2) submission of all quarterly work reports for participating
18 practitioner(s); and (3) being currently knowledgeable about, and able to attest to, each practitioner's workload. Each
19 participating employer must designate only one site representative and one person who can serve as an alternate.
20

21 **Sliding Fee Scale for Patient:** This is a means of offering a flexibly reduced price for health services provided to a patient of
22 lesser financial resources. This reduced fee schedule is made available to persons whose income is at or below 200 percent of
23 the federal poverty level for Alaska. The definition of federal poverty level for Alaska is provided and updated annually by the
24 United States Department of Health and Human Services and adopted by reference in 7 AAC 24.950.
25

26 **Sliding Scale for Employer:** The relative proportion of contribution from an employer as compared to another contributor.
27 The level of employer payment shall depend on the resource base held by the employer. All participating employers will have
28 at least one associated (other) contributor provide.
29

30 **Statement of Available Funds:** This is a statement-of-accounts that is issued by the fiscal agent on a periodic basis (e.g.
31 monthly) for use by program in budget monitoring and decisions. The statement will certify all funds received and detail
32 sources, amounts and dates of receipt. (SAFE)
33

1 **Support-for-Service Payment:** This is synonymous with total contract value, and is that amount paid directly to, or on behalf
2 of, the practitioner. There form of payment can be either (1) education loan repayment; (2) direct incentive; or (3) both. (aka
3 benefit payment)
4

5 **Support-for-Service Program:** An organized, ongoing effort to provide of financial support and inducement to a practitioner
6 other than the standard wage and benefit. The purpose of support-for-service (SFS) is to help incentivize practitioner
7 recruitment and/or retention within Alaska's healthcare system. In this program, support-for-service consists of either
8 education loan repayment, direct incentive or both. Support-for-service quarterly payments are made only after the program
9 receives each quarterly work report.
10

11 **Suspension:** This is when a practitioner-participant is away from service for a specified period (hiatus), and the contract has
12 been formally revised accordingly. A suspension of the practitioner's contract obligation may be granted, with a typical
13 duration of either one or three months, but no more than one year. In order to qualify for a suspension, the practitioner must
14 document a medical condition or personal situation that makes compliance with the obligation temporarily impossible or an
15 extreme hardship such that enforcement would be against equity and good conscience. Granting of a suspension is wholly at
16 the discretion of the program. Suspension is granted through issuance of a jointly signed contract amendment. (aka hiatus)
17

18 **Tax Exemption of Benefit:** Education loan repayment for practitioners is exempted from federal personal income taxation,
19 according to federal law PL 111-148, Sec 10908. This law indicates that in the case of an individual, gross income shall not
20 include any amount received under any state loan repayment program that is intended to provide for the increased availability
21 of health care services in underserved or health professional shortage areas (as determined by such State). Loan repayment is
22 exempt from federal personal income tax, however, direct incentive payment is note exempted, but rather is taxable income.
23

24 **Total Administrative Cost Payment:** This is the sum of all the individual practitioner contracts' total operation cost
25 payments. Total operations cost is the sum of (program management cost) and (fiscal agent cost).
26

27 **Total Contract Cost:** This is the total amount that will be paid regarding the contract. This cost has two components: (1) the
28 total contract value, which is the practitioner's support-for-service payment; and, (2) total operations cost, if any.
29

30 **Total Contract Value:** This is the support-for-service payment amount that is paid directly to, or on behalf of, the
31 practitioner. This contract-specified support-for-service payment can be in the form of either loan repayment or direct
32 incentive or both.
33

1 **Total Operations Cost:** This is the second of two components of each practitioner's total contract cost, the first being the
2 practitioner's support-for-service payment. This is the calculated per-person cost of program administration. The total
3 operations cost has two components: (1) the program management cost; and (2) the fiscal agent cost. The council will re-
4 determine and announce the amount of total operating cost at least annually. (aka administrative cost)
5

6 **Total Possible Support-for-Service Benefit:** This is the maximum amount of monetary payment to, or on behalf of, the
7 practitioner-participant. It is equal to the maximum annual benefit multiplied by number of contract-specified years.
8

9 **Tribal Health Organization:** Tribal health organizations (THOs) are recognized by the federal Indian Health Service and are
10 designated to provide healthcare to underserved Alaska Native/American Indian populations. THOs provide care to patients
11 who are deemed eligible under the Indian Healthcare Improvement Act, 25 U.S.C. 1680c, which also determines how non-
12 tribal patients can be seen. The IHCIA requires that THOs are the payer of last resort and that THOs bill non-beneficiaries in
13 such a way that service to tribal beneficiaries is not reduced. However, THOs are allowed to use a charity care policy for non-
14 beneficiary patients.
15

16 **Program Fund:** The program creates a multi-year operations fund, which is held and managed by a non-profit fiscal agent.
17 This fiscal instrument that ensures that funds received for the purpose of resourcing individual service contracts may be
18 retained across budget years, rather than being lost to program on an annual basis. (aka MYOF)
19

20 **Underserved Person:** An underserved person is defined as (1) uninsured; or (2) receives or is eligible to receive medical
21 assistance (Medicaid) or Medicare coverage; or (3) receives or is eligible to receive other federal health program benefits (e.g.
22 I.H.S. beneficiaries, VA).
23

24 **Very Hard-to-Fill Position:** The program accepts employer applications for positions potentially classifiable as very hard-to-
25 fill. This designation requires evidence: (a) that the position has been vacant for 12 months or longer, and that during that
26 period the employer conducted active personnel recruitment (e.g. advertisement, actual dated job postings, interviews); (b) that
27 locum tenens or other short-term practitioner staffings were used during the vacancy; and (c) there interviews were conducted,
28 and (d) that the resulting interviewed candidate(s) were not hired.
29

30 **Waiver of Contributor Payment:** All service contracts must be resourced by blended funding whereby both the employer and
31 another contributor jointly pay the total contract expense. All employers shall be requested to have another contributor provide
32 at least 20% of total contract cost. However, the employer may submit a request for waiver, in which it asks that it pay 100%
33 of the contract's value due to need for expedience or other factors.

1
2 **Waiver of Employer Match:** Employers may seek a partial reduction in level of required match payment. This is done by
3 submitting specified documents. Justification of the request is based on factors such as: (1) portion of employer’s patients that
4 are underserved; (2) size of sponsoring agency’s budget; and (3) agency’s revenue mix. The employer must demonstrate an
5 “inability to pay,” and the commissioner must approve this waiver in writing in order to become eligible for contract-C
6 participation. Allowable match-waivers are specified in the contract.
7

8 **Waiver of Service Contract:** This is when a practitioner-participant permanently ends provision of specified service before
9 the end of the contract period. In order to qualify for a formal contract waiver (aka cancellation), the practitioner must
10 document a medical condition or a personal situation that makes compliance with the obligation permanently impossible or an
11 extreme hardship such that enforcement would be against equity and good conscience.
12