

**TITLE 9. HEALTH SERVICES**  
**CHAPTER 15. DEPARTMENT OF HEALTH SERVICES**  
**LOAN REPAYMENT**

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**ARTICLE 1. GENERAL**

**R9-15-101. Definitions**

In addition to the definitions in A.R.S. § 36-2171, the following definitions apply in this Chapter unless otherwise stated:

1. "Administrative completeness review time-frame" means the same as A.R.S. § 41-1072.
2. "Application packet" means the information and documents submitted to the Department by a primary care provider requesting to participate in a loan repayment program.
3. "Arizona Health Care Cost Containment System" or "AHCCCS" means the Arizona state agency responsible to administrator 42 U.S.C. 1396-1, Title XIX health care programs.
4. "Arizona medically underserved area" or "AzMUA" means a primary care area where access to primary care service is limited as identified according to A.R.S. § 36-2352.
5. "Behavioral health specialist" means a licensed physician assistant certified by the Arizona Regulatory Board of Physician Assistants or a registered nurse practitioner certified by the Arizona Board of Nursing to practice in an approved behavioral health specialty area required by A.R.S. § 36-2172.
6. "Calendar day" means each day, not excluding the day of the act, event, or default from which a designated period of time begins to run and including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
7. "Cancellation" means the discharge of a primary care provider's loan repayment contract for one of the following:
  - a. A primary care provider requests discharge of primary care provider's contract as allowed by this Chapter; or
  - b. The Department determines:
    - i. There are no loan repayment funds available; or
    - ii. A primary care provider is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Article.
8. "Certified nurse midwife" means a registered nurse practitioner licensed by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and postpartum.
9. "Clinical social worker" means an individual licensed under A.R.S. § 32-3293.

10. "Default" means a primary care provider has breached the terms of a loan repayment contract.
11. "Denial" means the Department's determination that a primary care provider may not participate in the LRP, renew a loan repayment contract, suspend or cancel a loan repayment contract, or waive liquidated damages owed by the primary care provider for failure to comply with A.R.S. Title 36, Chapter 21 and this Article.
12. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
13. "Educational expenses" has the same meaning as in 42 C.F.R. § 62.22.
14. "Encounter" means a face-to-face visit, which may include a visit using telemedicine, between a patient and a primary care provider during which primary care services are provided.
15. "Encounter report form" means a document completed by a primary care provider and an authorized individual from a service site that verifies the number of encounters occurring during a contract service quarter.
16. "Family unit" means a group of individuals residing together who are related by birth, marriage, or adoption or an individual who does not reside with another individual to whom the individual is related by birth, marriage, or adoption.
17. "Federal prison" means a secure facility managed and run by the Federal Bureau of Prisons that confines an individual convicted of a crime.
18. "Fiscal year" means the 12-month period from July 1 of one calendar year to June 30 of the following calendar year.
19. "Full-time" means working at least 40 hours per week for at least 45 weeks per service year at a service site approved by the Department.
20. "Government loan" means an advance of money made by a federal, state, county, or city agency which is authorized by law to make loans.
21. "Half-time" means working at least 20 hours per week, but not more than 39 hours per week, for at least 45 weeks per service year at a service site approved by the Department.
22. "Health professional school" has the same meaning as "school" in 42 C.F.R. § 62.2.
23. "Health professional service obligation" means a legal commitment in which a primary care provider agrees to provide primary care services for a specified period of time in a designated area or through a designated service site.
24. "Health professional shortage area" or "HPSA" means a geographic area, population group, public or non-profit private medical facility or other public facility determined by

the United States Department of Health and Human Services to have a shortage of primary care providers under 42 U.S.C. § 254e.

25. "Health service experience to a medically underserved population" means at least 500 hours of medical, dental, pharmaceutical, or behavioral health services provided by a primary care provider:
- a. Under the direction of a governmental agency, an accredited educational institution, or a non-profit organization; and
  - b. At a service site located in a medically underserved area designated by a state or federal agency or a HPSA designated by a federal agency.
26. "Health service priority" means the number assigned to an initial application packet or renewal application used to determine whether loan repayment funds are allocated to a primary care provider requesting approval to participate in a LRP.
27. "Immediate family" means an individual in any of the following relationships to the primary care provider:
- a. Spouse;
  - b. Natural, adopted, foster, or step-child;
  - c. Natural, adoptive, or step-parent;
  - d. Full or partial brother or sister;
  - e. Stepbrother or stepsister;
  - f. Grandparent or spouse of grandparent;
  - g. Grandchild or spouse of grandchild;
  - h. Father-in-law or mother-in-law;
  - i. Brother-in-law or sister-in-law; and
  - j. Son-in-law or daughter-in-law.
28. "Licensee" means an owner approved by the Department to operate a health care institution or an individual licensed under A.R.S. Title 32.
29. "Living expenses" has the same meaning as in 42 C.F.R. § 62.22.
30. "Loan repayment funds" means:
- a. Monies provided to the Department from the United States Department of Health and Human Services, Health Resources and Services Administration established by 42 U.S.C.A. § 18001 (2010);
  - b. State-appropriated funds; or
  - c. Monies donated to the Department and designated for use by the LRP.

31. "Loan Repayment Program" or "LRP" means the unit in the Department that implements the Primary Care Provider Loan Repayment Program established according to A.R.S. § 3-2172 and the Rural Private Primary Care Provider Loan Repayment Program established according to A.R.S. § 3-2174.
32. "Marriage and family therapist" means an individual licensed under A.R.S. § 32-3311.
33. "Newly employed" means when a primary care provider whose first-time employee start date with a service site or employer identified in the initial application packet occurred within 12 months before the primary care provider's initial application packet submission date.
34. "Non-government student loan" means an advance of money made by a bank, credit union, savings and loan association, insurance company, school, or other financial or credit institution that is subject to examination and supervision in its capacity as a lender by an agency of the United States or of the state in which the lender has its principle place of business.
35. "Overall time-frame" means the same as A.R.S. § 41-1072.
36. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
37. "Physician" has the same meaning as in A.R.S. § 36-2351.
38. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
39. "Population" means the total number of permanent residents according to the most recent decennial census published by the United States Census Bureau or according to the most recent Population Estimates for Arizona's Counties and Incorporated Places published by the Arizona Department of Economic Security.
40. "Poverty level" means the annual income for a family unit of a particular size included in the guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.
41. "Primary care area" has the same meaning as A.A.C. R9-24-201.
42. "Primary care loan" means a long-term, low-interest-rate financial contract between the United States Department of Health and Human Services, Health Resources and Services Administration and a full-time student pursuing a degree in allopathic or osteopathic medicine.
43. "Primary care provider" means one of the following providing direct patient care in family medicine, internal medicine, pediatrics, geriatrics, obstetrics-gynecology, general dentistry, pharmaceuticals, or behavioral health:
- a. A physician,

- b. A physician assistant or a physician assistant certified to provide behavioral health.
  - c. A registered nurse practitioner or a registered nurse practitioner certified to provide behavioral health.
  - d. A certified nurse midwife,
  - e. A dentist,
  - f. A psychiatrist.
  - g. A psychologist.
  - h. A clinical social worker.
  - i. A marriage and family therapist.
  - j. A professional counselor, or
  - k. A pharmacist.
44. "Primary care service" means medical, dental, pharmaceutical, or behavioral health care provided on an outpatient basis by a primary care provider.
45. "Private practice" means one or more health care providers providing primary care services in which each health care provider is an owner who can be held personally responsible for the primary care services provided by one or more of the health care providers.
46. "Professional counselor" means an individual licensed under to A.R.S. § 32-3301.
47. "Psychiatrist" means a licensed physician who is board-certified, or is board-eligible, to provide behavioral health services.
48. "Psychologist" means the same as in A.R.S. § 32-2061.
49. "Public" means any:
- a. State or local government; or
  - b. Department, agency, special purpose district or other unit of a state or local government, including the legislature.
50. "Qualifying educational loan" means a government or a non-government student loan used for the actual costs paid for educational expenses and living expenses that occurred during the undergraduate or graduate education of a primary care provider and that was obtained before the submission of an initial application packet.
51. "Qualifying health plan" means health insurance coverage provided to a consumer through the Arizona State Health Insurance Marketplace established by 42 U.S.C.A. § 18001 (2010).
52. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.

53. "Service site" means a health care institution that provides primary care services at a specific location.
54. "Service verification form" means a document confirming a primary care provider's full-time or half-time continuous employment at the primary care provider's approved service site.
55. "Sliding-fee schedule" means the same as in A.A.C. R9-1-501.
56. "State-appropriated funds" means monies provided to the Department pursuant to A.R.S. §§ 36-2172 and 36-2174.
57. "State loan repayment funds" means monies provided to the Department from the United States Department of Health and Human Services, Health Resources and Services Administration established by 42 U.S.C.A. § 18001 (2010).
58. "State prison" means a secure facility managed and run by a state that confines an individual convicted of a crime.
59. "Student" means an individual pursuing a course of study at a health professional school.
60. "Substantive review time-frame" means the same as A.R.S. § 41-1072.
61. "Suspend" means the Department's determination to temporarily interrupt a primary care provider's loan repayment contract for a specified period of time based on a request submitted by a primary care provider.
62. "Telemedicine" has the same meaning as "telemedicine" defined in A.R.S. § 36-3601, "teledentistry" defined in A.R.S. § 36-3611, or "telepractice" defined in A.R.S. §32-3251.
62. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

**ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM**

**R9-15-201. Qualifying Loans and Restrictions**

- A.** The Department shall use loan repayment funds to pay for:
1. Principal, interest, and related expenses of a qualifying educational loan taken out by a primary care provider while obtaining a degree leading to the eligibility for a health professional license.
  2. Qualifying educational loans resulting from the refinancing or consolidation of loans described in subsection (A)(1).
- B.** The Department shall allocate loan repayment funds provided a qualifying educational loan is still owed.
- C.** Obligations or debts incurred under the following are ineligible for loan repayment funds:
1. A loan for which a primary care provider incurred a health professional service obligation which will not be fulfilled before the deadline for submission of a LRP initial application packet;
  2. A loan for which the associated documentation does not identify that the loan was solely applicable to the undergraduate or graduate education of a primary care provider;
  3. A Primary Care Loan;
  4. A loan subject to cancellation; or
  5. A residency loan.
- D.** The following apply to a primary care provider's lenders and loans:
1. The Department shall accept loan repayment to a maximum of three lenders.
  2. If more than one loan is eligible for loan repayment funds, the primary care provider shall advise the Department of the percentage of the loan repayment funds that each lender may receive.
  3. A primary care provider remains responsible for the timely loan repayment of a loan.
  4. A primary care provider shall arrange with each lender to make necessary changes in the payment schedule for a loan so that quarterly loan repayments will not result in default.
  5. A primary care provider is responsible for paying taxes that may result from loan repayment funds used to reduce a qualifying educational loan amount owed to a primary care provider's lender.

**R9-15-202. Allocation of Loan Repayment Funds**



**A.** Each fiscal year, for an initial application packet or renewal application that complies with A.R.S. Title 36, Chapter 21 and this Article, the Department shall allocate loan repayment funds in the following order:

1. Except as provided in R9-15-210, primary care providers who are approved to participate for an additional year in the:
  - a. Primary Care Provider LRP are allocated state loan repayment funds and matching state-appropriated or donated funds; or
  - b. Rural Private Primary Care Provider LRP are allocated state-appropriated or donated funds;
2. If there are additional loan repayment funds available after the allocation in subsection (A)(1), primary care providers as provided in R9-15-210 and primary care providers who are initially approved to participate for two years in the:
  - a. Primary Care Provider LRP are allocated state loan repayment funds and matching state-appropriated or donated funds; or
  - b. Rural Private Primary Care Provider LRP are allocated state-appropriated or donated funds; and
3. If there are additional loan repayment funds available after the allocation in subsection (A)(2), primary care providers who are approved to resume participation for one year in the:
  - a. Primary Care Provider LRP are allocated state loan repayment funds and matching state-appropriated or donated funds; or
  - b. Rural Private Primary Care Provider LRP are allocated state-appropriated or donated funds.

**B.** The Department shall use monies donated to the LRP to supplement allocations made according to A.R.S. Title 36, Chapter 21 and this Article.

**C.** Except as provided in subsection (H) and based on the loan repayment funds available, the Department shall determine the amount of loan repayment funds allocated to a primary care provider based on the primary care provider's service site's highest HPSA score as determined in R9-15-206 (C)(2) or R9-15-207 (C)(1) or (2), as follows:

1. If a service site's highest HPSA score is 18 to 26 points, 100 percent of the maximum annual amount;
2. If a service site's highest HPSA score is 14 to 17 points, 90 percent of the maximum annual amount; and

3. If a service site's highest HPSA score is 0 to 13 points, 80 percent of the maximum annual amount.

D. The Department shall allocate loan repayment funds to physicians and dentists according to the following:

<b>Contract Year of Service</b>	<b>Maximum Annual Amount for Full-Time</b>		
	<u>Score of 18-26</u>	<u>Score of 14-17</u>	<u>Score of 0-13</u>
<u>Initial two years</u>	<u>\$65,000</u>	<u>\$58,500</u>	<u>\$52,000</u>
<u>Third year</u>	<u>\$35,000</u>	<u>\$31,500</u>	<u>\$28,000</u>
<u>Fourth year</u>	<u>\$25,000</u>	<u>\$22,500</u>	<u>\$20,000</u>
<u>Fifth year and continuing</u>	<u>\$15,000</u>	<u>\$13,500</u>	<u>\$12,000</u>

<b>Contract Year of Service</b>	<b>Maximum Annual Amount for Part-Time</b>		
	<u>Score of 18-26</u>	<u>Score of 14-17</u>	<u>Score of 0-13</u>
<u>Initial two years</u>	<u>\$32,500</u>	<u>\$29,250</u>	<u>\$26,000</u>
<u>Third year</u>	<u>\$17,500</u>	<u>\$15,750</u>	<u>\$14,000</u>
<u>Fourth year</u>	<u>\$12,500</u>	<u>\$11,250</u>	<u>\$10,000</u>
<u>Fifth year and continuing</u>	<u>\$7,500</u>	<u>\$6,750</u>	<u>\$6,000</u>

E. The Department shall allocate loan repayment funds to pharmacists, advance practice providers, and behavioral health providers according to the following:

<b>Contract Year of Service</b>	<b>Maximum Annual Amount for Full-Time</b>		
	<u>Score of 18-26</u>	<u>Score of 14-17</u>	<u>Score of 0-13</u>
<u>Initial two years</u>	<u>\$50,000</u>	<u>\$45,000</u>	<u>\$40,000</u>
<u>Third year</u>	<u>\$25,000</u>	<u>\$22,500</u>	<u>\$20,000</u>
<u>Fourth year</u>	<u>\$20,000</u>	<u>\$18,000</u>	<u>\$16,000</u>
<u>Fifth year and continuing</u>	<u>\$10,000</u>	<u>\$9,000</u>	<u>\$8,000</u>

<b>Contract Year of Service</b>	<b>Maximum Annual Amount for Part-Time</b>		
	<u>Score of 18-26</u>	<u>Score of 14-17</u>	<u>Score of 0-13</u>
<u>Initial two years</u>	<u>\$25,000</u>	<u>\$22,500</u>	<u>\$20,000</u>
<u>Third year</u>	<u>\$12,500</u>	<u>\$11,250</u>	<u>\$10,000</u>
<u>Fourth year</u>	<u>\$10,000</u>	<u>\$9,000</u>	<u>\$8,000</u>
<u>Fifth year and continuing</u>	<u>\$5,000</u>	<u>\$4,500</u>	<u>\$4,000</u>

F. When calculating the allocation of loan repayment funds for a primary care provider who resumes participation in a LRP, the Department shall consider the contract year of service to be the

succeeding year following the actual contract years of service completed during the primary care provider's previous participation in the LRP.

- G.** Primary care providers with a HPSA score below 14 point will compete with primary care providers who are approved to participate for an initial two years for funding in R9-15-208.
- H.** The Department shall not allocate loan repayment funds that exceed a primary care provider's total qualifying educational loan indebtedness.

**R9-15-203. Administration**

- A.** If the Department determines no loan repayment funds are available during a fiscal year for an initial application packet or a renewal application, the Department shall provide a notice 30 calendar days before to the initial or renewal application submission date.
- B.** If the Department has loan repayment funds remaining after the allocation of loan repayment funds for initial application packets or renewal applications received for a fiscal year, the Department may provide notice that:
  - 1. The Department shall accept additional applications,
  - 2. The application submission date, and
  - 3. The last day an application will be accepted.
- C.** Only two primary care providers from a service site are eligible to receive loan repayment each fiscal year.
- D.** Only four primary care providers who are employed by the same employer are eligible to receive loan repayment each fiscal year.
- E.** If the Department determines after MONTH-DAY there are loan repayment funds remaining for the fiscal year, the Department may waive the restrictions in subsection (C) and (D).
- F.** The Department shall determine the effective date of a loan repayment contract after receiving acceptance from a primary care provider following the Department's notice of approval in R9-15-209.

**R9-15-204. Primary Care Provider Requirements**

- A.** To be eligible to request to participate in the LRP, a primary care provider:
  - 1. Is a United States citizen or U.S. National established by U.S.C. Title 8, Chapter 12.
  - 2. Has completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;

3. Holds a current Arizona license or certificate in a health profession licensed under A.R.S. Title 32;
  4. If a physician, has completed a professional residency program and is board certified or eligible in:
    - a. Family medicine,
    - b. Pediatrics,
    - c. Obstetrics-gynecology,
    - d. Internal medicine,
    - e. Psychiatry, or
    - f. Geriatrics;
  5. If a primary care provider providing primary care service, in a HPSA or an AzMUA, agrees to charge for primary care services at the usual and customary rates prevailing in the primary care area, except that:
    - a. A patient unable to pay the usual and customary rates is charged a reduced rate according to the service site's or employer's sliding-fee schedule required by R9-15-205, a nominal fee less than the sliding-fee schedule, or not charged; and
    - b. A medically uninsured individual from a family unit with annual income at or below 200% of the poverty level is charged according to a sliding-fee schedule required by R9-15-205 or not charged;
  6. If a primary care provider is a pharmacist or a behavioral health specialist, agrees to comply with the requirements for sliding-fee schedule according to 9 A.A.C. 1, Article 5;
  7. Agrees not to discriminate on the basis of a patient's ability to pay or a payment source, including Medicare or AHCCCS, or a qualifying health plan;
  8. Agrees to accept assignment for payment under Medicare, AHCCCS, or a qualifying health plan; and
  9. Has satisfied any other obligation for health professional service owed under a contract with a federal, state, or local government before beginning a period of service under the LRP.
- B.** A primary care provider is not eligible to participate in a LRP, if a primary care provider:
1. Has a judgment lien against the primary care provider's property for a debt owed to the United States;
  2. Has defaulted on:
    - a. A Federal income tax liability,
    - b. Any federally-guaranteed or insured student or home mortgage loan,

- c. A Federal Health Education Assistance Loan,
- d. A Federal Nursing Student Loan, or
- e. A Federal Housing Authority Loan;
- 3. Is applying to participate in the Primary Care Provider LRP and is delinquent on payment for court-ordered child support; and
- 4. Is applying to participate in the Rural Private Primary Care Provider LRP and is delinquent on payment for state taxes or court-ordered child support.

**R9-15-205. Service Site Requirements**

For a primary care provider to participate in a LRP, a primary care provider's service site shall:

- 1. Provide primary care services in a:
  - a. Public or private practice service site in A.R.S. § 36-2172, or
  - b. Private practice service site in A.R.S. § 36-2174;
- 2. Accept assignment for payment under Medicare, AHCCCS, and a qualifying health plan;
- 3. Be an AHCCCS provider;
- 4. Except for a federal or state prison, a tribal health center, or a state hospital, charge for primary care services at the usual and customary rates prevailing in the primary care area, except that a service site shall have a policy providing that:
  - a. A patient who is unable to pay the usual and customary is charged:
    - i. A reduced rate according to the service site's sliding-fee schedule in subsection (6),
    - ii. A nominal fee less than the sliding-fee schedule, or
    - iii. Not charged; and
  - b. A medically uninsured individual from a family unit with annual incomes at or below 200% of the poverty level is charged according to the services site's sliding-fee schedule in subsection (6) or not charged;
- 5. Not discriminate on the basis of a patient's ability to pay or a payment source, including Medicare, AHCCCS, or a qualifying health plan;
- 6. Submit a sliding-fee schedule according to 9 A.A.C. 1, Article 5 to the Department for approval;
- 7. Develop and implement a policy for the service site's sliding-fee schedule;
- 8. Ensure signage informing individuals that the service site has discounted primary care service rates is conspicuously posted in the service site's reception area; and

9. Agrees to notify the Department when the employment status of the primary care provider changes.

**R9-15-206. Primary Care Provider Loan Repayment Program**

- A.** The Department shall determine a health service priority for each initial application packet or renewal application submitted by a primary care provider applying for participation in the Primary Care Provider LRP.
- B.** For a primary care provider providing primary care services at multiple service sites, the Department shall determine the health service priority points in subsection (C)(1) through (3) for each service site and:
  1. If the number of primary care service hours worked at one service site is more than 50 percent of the primary care provider's total number of primary care service hours worked, that service site's points are used to determine an initial application packet or a renewal application health service priority; or
  2. If the number of primary care service hours worked at one service site is not more than 50 percent of the primary care provider's total number of primary care service hours worked, the average of all service sites' points is used to determine an initial application packet or a renewal application health service priority.
- C.** The Department shall assess an initial application packet or a renewal application and assign points based on the following factors to determine an initial application packet or renewal application health service priority:
  1. Service site is located in a rural area:
    - a. Yes = 10 points, or
    - b. No = 0 points;
  2. Service site's highest HPSA score, consistent with subsection (B) provided by the primary care provider, whether geographic, facility, or population, assigned by the United States Secretary of Health and Human Services for the area in which the service site is located;
  3. The percentage of the total encounters reported according to R9-15-208(B)(2)(n)(xiii) that are AHCCCS, Medicare, approved sliding-fee schedule, and free of charge encounters:

<u>Percentage</u>	<u>Points</u>
<u>Greater than 50%</u>	<u>10</u>

<u>35-50%</u>	<u>8</u>
<u>26-34%</u>	<u>6</u>
<u>11-25%</u>	<u>4</u>
<u>Less than 10%</u>	<u>2</u>

4. Except for a federal or state prison, if:

a. A medical primary care provider, the distance from the primary care provider's service site to the next service site that provides medical services and offers reduced primary care services fees according to an approved sliding-fee schedule:

<u>Miles</u>	<u>Points</u>
<u>Greater than 25</u>	<u>4</u>
<u>Less than 25</u>	<u>0</u>

b. A dental primary care provider, the distance from the primary care provider's service site to the next service site that provides dental services and offers reduced primary care services fees according to an approved sliding-fee schedule:

<u>Miles</u>	<u>Points</u>
<u>Greater than 25</u>	<u>4</u>
<u>Less than 25</u>	<u>0</u>

c. A behavioral health primary care provider, the distance from the primary care provider's service site to the next service site that provides behavioral health services and offers reduced primary care services fees according to an approved sliding-fee schedule:

<u>Miles</u>	<u>Points</u>
<u>Greater than 25</u>	<u>4</u>
<u>Less than 25</u>	<u>0</u>

5. Resident of Arizona according to A.R.S. § 15-1802:

- a. Yes = 4 points, or
- b. No = 0 point;

6. Graduate of an Arizona graduate educational institution:

- a. Yes = 4 points, or
- b. No = 0 point;

7. Experience providing primary care services to a medically underserved population:

- a. Yes = 4 points, or

- b. No = 0 point;
  - 8. Whether the primary care provider is providing primary care services full-time:
    - a. Yes = 3 points, or
    - b. No = 0 points;
  - 9. Whether the primary care provider is newly employed at the service site or by the employer:
    - a. Yes = 2 points, or
    - b. No = 0 points; and
  - 10. Whether the primary care provider only provides primary care services when the primary care provider and the patient are physically present at the same location:
    - a. Yes = 4 points or
    - b. No = 0 points.
- D.** The Department shall determine a health service priority by calculating the sum of the assigned points for each factor described in subsection (C).
- E.** When determining a service site's highest HPSA score in subsection (C)(2), for a primary care provider who is a pharmacist, the Department shall use the HPSA score for primary medical services as the pharmacist's HPSA score.
- F.** To determine a service site's highest HPSA score, the Department shall apply the following HPSA designations:
- 1. A Primary Medical Care HPSA score if a primary care provider provides medical or pharmaceutical primary care services;
  - 2. A Dental HPSA score if a primary care provider provides dental primary care services; and
  - 3. A Mental Health HPSA score if a primary care provider provides behavioral health primary care services.
- G.** For the initial application packets or renewal applications assigned health service priority in subsection (D), the Department shall apply the factors in subsection (H) if the Department determines there are:
- a. More than one initial application packet or renewal application that have the same health service priority; or
  - b. More than two initial application packets or renewal applications that have the same health service priority for the same service site in compliance with R9-15-203(D).
- H.** If the Department determines there are more than one initial application packets or renewal applications or more than two initial application packets or renewal applications for the same service site that are eligible to participate in the Primary Care Provider LRP and have the same



health service priority, the Department shall apply the following factors to determine participation in the Primary Care Provider LRP:

1. If only one application for a primary care provider who is a resident of Arizona, the Department shall approve the application;
  2. If more than one application for a primary care provider who is a resident of Arizona, each of the following factors in descending order until no two applications are the same and all available loan repayment funds have been allocated:
    - a. Whether a primary care provider will provide primary care services full-time;
    - b. Whether the primary care provider's service site is located in a rural area;
    - c. The service site highest HPSA score reported in subsection (C)(2);
    - d. Whether the primary care provider provides primary care services when the primary care provider and a patient are at the same location;
    - e. Whether the primary care provider has experience providing primary care services to a medically underserved population;
    - f. The amount of total hours the primary care provider has experience providing primary care services in a medically underserved population if reported in subsection (e); and
    - g. Whether the primary care provider's practice or specialty is identified as the greatest unmet healthcare discipline or specialty area in Arizona determined by the U. S. Department of Health & Human Services, Health Resources and Services Administration.
- I.** If more than one initial application packet or renewal application or if more than two initial application packet or renewal application for the same service site is eligible to participate in the Primary Care Provider LRP remains after the Department's determinations in subsection (H) and there are limited loan repayment funds available, the Department will randomly select one initial application packet or renewal application to approve participation in the Primary Care Provider LRP.
- J.** When the Department holds a random selection to determine one initial application packet or renewal application identified in subsection (I), the Department shall:
1. Assign an Assistant Director from a different division within in the Department than the Primary Care Provider LRP division to be responsible for the random selection, and
  2. Invite all the primary care providers whose initial application packets or renewal applications are identified to participate in the random select.

**K.** The Department shall notify a primary care provider of the Department's approval according to R9-15-209.

**R9-15-207. Rural Private Primary Care Providers Loan Repayment Program**

**A.** The Department shall determine a health service priority for each initial application packet or renewal application submitted by a primary care provider applying for participation in the Rural Private Primary Care Provider LRP.

**B.** For a primary care provider providing primary care services at multiple service sites, the Department shall determine the health service priority points in subsection (C)(1) through (3) for each service site and:

1. If the number of primary care service hours worked at one service site is more than 50 percent of the primary care provider's total number of primary care service hours worked, that service site's points is used to determine an initial application packet or a renewal application health service priority; or
2. If the number of primary care service hours worked at one service site is not more than 50 percent of the primary care provider's total number of primary care service hours worked, the average of all service sites' points is used to determine an initial application packet or a renewal application health service priority.

**C.** The Department shall assess an initial application packet or a renewal application and assign points based on the following factors to determine an initial application packet or renewal application health service priority:

1. If the service site is a designated HPSA, the service site's highest HPSA score consistent with subsection (B) provided by the primary care provider, whether geographic, facility, or population assigned by the United States Secretary of Health and Human services for the area in which the service site is located;
2. If the service site is not a designated HPSA, the service site's AzMUA score assigned by Arizona Department of Health Services converted to an equivalent HPSA score calculated by dividing the AzMUA score by a divisor of 4.65 then rounding the quotient to the highest number;
3. The percentage of the total encounters reported according to R9-15-208(B)(2)(n)(xiii) that are AHCCCS, Medicare, approved sliding-fee schedule, and free of charge encounters:

<u>Percentage</u>	<u>Points</u>
<u>Greater than 50%</u>	<u>10</u>

<u>35-50%</u>	<u>8</u>
<u>26-34%</u>	<u>6</u>
<u>11-25%</u>	<u>4</u>
<u>Less than 10%</u>	<u>2</u>

4. Except for a federal or state prison, if:

a. A medical primary care provider, the distance from the primary care provider's service site to the next service site that provides medical services and offers reduced primary care services fees according to an approved sliding-fee schedule:

<u>Miles</u>	<u>Points</u>
<u>Greater than 25</u>	<u>4</u>
<u>Less than 25</u>	<u>0</u>

b. A dental primary care provider, the distance from the primary care provider's service site to the next service site that provides dental services and offers reduced primary care services fees according to an approved sliding-fee schedule:

<u>Miles</u>	<u>Points</u>
<u>Greater than 25</u>	<u>4</u>
<u>Less than 25</u>	<u>0</u>

c. A behavioral health primary care provider, the distance from the primary care provider's service site to the next service site that provides behavioral health services and offers reduced primary care services fees according to an approved sliding-fee schedule:

<u>Miles</u>	<u>Points</u>
<u>Greater than 25</u>	<u>4</u>
<u>Less than 25</u>	<u>0</u>

5. Resident of Arizona according to A.R.S. § 15-1802:

- a. Yes = 4 points, or
- b. No = 0 point;

6. Graduate of an Arizona graduate educational institution:

- a. Yes = 4 points, or
- b. No = 0 point;

7. Experience providing primary care services to a medically underserved population:

- a. Yes = 4 points, or

- b. No = 0 point;
- 8. Whether the primary care provider is providing primary care services full-time:
  - a. Yes = 3 points, or
  - b. No = 0 points;
- 9. Whether the primary care provider is newly employed at the service site or by the employer:
  - a. Yes = 2 points, or
  - b. No = 0 points; and
- 10. Whether the primary care provider only provides primary care services when the primary care provider and the patient are physically present at the same location:
  - a. Yes = 4 points or
  - b. No = 0 points.
- D.** The Department shall determine a health service priority by calculating the sum of the assigned points for each factor described in subsection (C).
- E.** When determining a service site's highest HPSA score in subsection (C)(2), for a primary care provider who is a pharmacist, the Department shall use the HPSA score for primary medical services as the pharmacist's HPSA score.
- F.** To determine a service site's highest HPSA score, the Department shall apply the following HPSA designations:
  - 1. A Primary Medical Care HPSA score if a primary care provider provides medical or pharmaceutical primary care services;
  - 2. A Dental HPSA score if a primary care provider provides dental primary care services;  
and
  - 3. A Mental Health HPSA score if a primary care provider provides behavioral health primary care services.
- G.** For initial application packets or renewal applications assigned health service priority in subsection (D), the Department shall apply the factors in subsection (H) if the Department determines there are:
  - a. More than one initial application packet or renewal application that have the same health service priority; or
  - b. More than two initial application packets or renewal applications that have the same health service priority for the same service site in compliance with R9-15-203(D).
- H.** If the Department determines there are more than one initial application packets or renewal applications or more than two initial application packets or renewal applications for the same service site that are eligible to participate in the Rural Private Primary Care Provider LRP and

have the same health service priority, the Department shall apply the following factors to determine participation in the Rural Private Primary Care Provider LRP:

1. If only one application for a primary care provider who is a resident of Arizona, the Department shall approve the primary care provider's application;
  2. If more than one application for a primary care provider who is a resident of Arizona, each of the following factors in descending order until no two applications are the same and all available loan repayment funds have been allocated:
    - a. Whether a primary care provider will provide primary care services full-time;
    - b. Whether the primary care provider's service site is a non-profit;
    - c. The highest service site highest HPSA score or converted AzMUA score in subsection (C)(1) or (2);
    - d. Whether the primary care provider provides primary care services when the primary care provider and a patient are at the same location;
    - e. Whether the primary care provider has experience providing primary care services to a medically underserved population;
    - f. The amount of total hours the primary care provider has experience providing primary care services in a medically underserved population if reported in subsection (e); and
    - g. Whether the primary care provider's practice or specialty is identified as the greatest unmet healthcare discipline or specialty area in Arizona determined by the U. S. Department of Health & Human Services, Health Resources and Services Administration.
- I.** If more than one initial application packet or renewal application or if more than two initial application packet or renewal application for the same service site is eligible to participate in the Rural Private Primary Care Provider LRP remains after the Department's determinations in subsection (H) and there are limited loan repayment funds available, the Department will randomly select one initial application packet or renewal application to approve participation in the Rural Private Primary Care Provider LRP.
- J.** When the Department holds a random selection to determine one primary care provider from the primary care providers identified in subsection (I), the Department shall:
1. Assign an Assistant Director from a different division within in the Department than the Rural Private Primary Care Provider LRP division to be responsible for the random selection, and

2. Invite all the primary care providers whose initial application packets or renewal applications are identified to participate in the random select.

**K.** The Department shall notify a primary care provider of the Department's approval according to R9-15-209.

**R9-15-208. Initial Application Packet**

**A.** A primary care provider who previously participated in the LRP and completed at least the first two years of service may apply to resume participation by submitting an initial application packet according to this Article.

**B.** Except as provided in R9-15-202, a primary care provider applying to participate in or resume participation in the LRP shall submit an initial application packet to the Department by June 1 of each year containing:

**1.** An application in a Department-provided format that includes:

**a.** The primary care provider's:

**i.** Name, home address, telephone number, and e-mail address;

**ii.** Social Security number;

**iii.** Date of birth; and

**iv.** If born outside of the United States, place of birth;

**b.** The name, address, and telephone number of the prospective employer or employer where the primary care provider provides or will provide primary care services while participating in the LRP, including anticipated service period start and end dates;

**c.** The name, address, and telephone number for each place of employment with a health professional or a health care institution, including a name, title, and telephone number of a contact person associated with the place of employment;

**d.** Type of license and, if applicable, certification held by the primary care provider;

**e.** Type of medical, dental or behavioral health specialty or subspecialty, if applicable;

**f.** If an advanced practice provider, a behavioral health provider, or a pharmacist, whether the primary care provider holds national certification;

**g.** Whether the primary care provider will provide primary care services full-time or half-time;

**h.** Whether the primary care provider is an Arizona resident;

**i.** Whether the primary care provider has any health professional service obligation;

- j. Whether the primary care provider has defaulted in a health professional service obligation and if so, a description of the circumstances of the default;
- k. Whether the primary care provider is subject to a judgment lien for a debt to a federal agency;
- l. If applying to participate in the Primary Care Provider LRP, whether the primary care provider has defaulted on:
  - i. A Federal income tax liability,
  - ii. Any federally-guaranteed or insured student or home mortgage loan,
  - iii. A Federal Health Education Assistance Loan,
  - iv. A Federal Nursing Student Loan, or
  - v. A Federal Housing Authority Loan;
- m. If applying to participate in the Primary Care Provider LRP, whether the primary care provider is delinquent on payment for court-ordered child support;
- n. If applying to participate in the Rural Private Primary Care Provider LRP, whether the primary care provider is delinquent on payment for state taxes or court-ordered child support;
- o. Whether the primary care provider has experience providing primary care services to a medically underserved population;
- p. Whether the primary care provider agrees to allow the Department to submit a supplemental request for information;
- q. An attestation that:
  - i. The Department is authorized to verify all information provided in the initial application packet;
  - ii. The primary care provider is applying to participate in the LRP for two years with the State of Arizona for loan repayment of all or part of qualifying educational loans identified in the initial application packet;
  - iii. The qualifying educational loans identified in the application packet were for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect a loan for other purposes;
  - iv. The primary care provider shall charge rates for primary care services according to the sliding-fee schedule in R9-15-204(A)(5) or (6); and
  - v. The information submitted as part of the initial application packet is true and accurate; and

- r. The primary care provider's signature and date of signature.
- 2. In addition to the application required in subsection (1), a primary care provider shall submit:
  - a. One of the following as proof of U.S. citizenship:
    - i. U.S. passport, current or expired;
    - ii. Birth certificate;
    - iii. Naturalization documents; or
    - iv. Documentation as a U.S. National;
  - b. A copy of the primary care provider's Social Security card;
  - c. A copy of the primary care provider's current driver's license;
  - d. Documentation showing Arizona residency according to A.R.S. § 15-1802;
  - e. Documentation showing completion of graduate studies issued by an accredited educational agency;
  - f. A copy of the primary care provider's current Arizona licenses or if applicable certificates in a health profession licensed under A.R.S. Title 32;
  - g. If a physician, documentation showing the physician:
    - i. Has completed:
      - (1) A professional residency program in family medicine, pediatrics, obstetrics-gynecology, internal medicine, or psychiatry; or
      - (2) A fellowship, residency, or certification program in geriatrics;
    - and
    - ii. Is either board certified or board eligible in:
      - (1) Family medicine,
      - (2) Pediatrics,
      - (3) Obstetrics-gynecology,
      - (4) Internal medicine,
      - (5) Psychiatry, or
      - (6) Geriatrics; and
  - h. If a primary care provider is a physician assistant practicing as a behavioral health specialist, a copy of the primary care provider's national certificate issued by the National Commission on Certification of Physician Assistant in Psychiatry;



- i. For a primary care provider who has completed health service experience to a medically underserved population, a written statement for each service site where the primary care provider provided primary care services that includes:
  - i. The service site's name, address, and telephone number;
  - ii. The number of hours worked;
  - iii. A description of the primary care services provided;
  - iv. The primary care service start and end dates;
  - v. The service site's state or federal designation as medically underserved or a HPSA designated by a federal agency; and
  - vi. The name and signature of an individual authorized by the government agency, the accredited educational institution, or the non-profit organization and the date signed;
- j. Except for a tribal health center, for each service site where a primary care provider will provide primary care services, a copy of a contract, a letter verifying employment, or a letter of intent to hire signed by the primary care provider and the licensee from the service site where the primary care provider will provide primary care services including:
  - i. The name, address, and telephone number of the service site;
  - ii. The name of a contact person associated with the service site;
  - iii. Whether the primary care provider is providing primary care services full-time or part-time; and
  - iv. If currently employed, the numbers of years of service including the employment start date;
- k. If more than one service site licensee is identified in subsection (j), the signature and date of signature of each service site licensee;
- l. Documentation showing any obligation for health professional service owed under a contract with federal, state, or local government or another entity will be completed before beginning a period of primary care services under the LRP;
- m. For each qualifying educational loan:
  - i. The following information provided in a Department-provided format:
    - (1) The lender's name, address, and telephone number;
    - (2) The loan identification number;
    - (3) The original date of the loan;

- (4) The primary care provider's name as it appears on the loan contract;
- (5) The original loan amount;
- (6) The current balance of the loan, including the date provided;
- (7) The interest rate on the loan;
- (8) The purpose for the loan;
- (9) The month and year of the beginning and the end of the academic period covered by the loan; and
- (10) The percentage of the loan repayment funds the primary care provider establishes for a lender if more than one lender is receiving loan repayment funds;
- ii. For each qualifying educational loan, a copy of the last billing statement from the lender; and
- iii. Documentation from the lender or the National Student Loan Data System established by the U.S. Department of Education verifying that the loan is a qualifying education loan;
- n. For each service site where the primary care provider will provide primary care services, documentation in a Department provided-format that includes:
  - i. Name, address, telephone number, and fax number of the service site;
  - ii. Whether the primary care provider is providing primary care services full-time or part-time;
  - iii. The number of primary care service hours the primary care provider is expected to provide;
  - iv. The dates that the primary care provider is scheduled to begin and end providing primary care services;
  - v. If a primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
  - vi. Service site practice type;
  - vii. Whether the service is a non-profit or for-profit entity;
  - viii. Whether the service site is public or private entity;
  - ix. Whether the service site accepts Medicare, AHCCCS, or a qualifying health plan;
  - x. If the service site accepts:
    - (1) Medicare, the Medicare identification number;

- (2) AHCCCS, the AHCCCS provider number; or
  - (3) Qualifying health plan, the qualifying health plan provider number;
- xi. Distance from the nearest sliding-fee schedule clinic having the same practice type;
- xii. Documentation of a service site's HPSA designation, including federal identification number dated within 30 days of the initial application packet submission date;
- xiii. Documentation of primary care services provided during the past two years including:
  - (1) Number of encounters,
  - (2) Number of AHCCCS encounters,
  - (3) Number of Medicare encounters,
  - (4) Number of self-pay encounters on sliding-fee schedule, and
  - (5) Number of encounters free of charge; and
- xiv. The name, title, email address, and telephone number of a contact person associated with the service site;
- o. An attestation, including the service site licensee's signature and date of signature, that the service site shall comply with the requirements in R9-15-205;
- p. If a tribal health center or if the primary care provider's employer is not the licensee of the service site identified in subsection (B)(2)(n), documentation in a Department provided-format that includes:
  - i. An attestation that the tribal authority or employer will comply with the requirements required in R9-15-205;
  - ii. The name, title, and telephone number of a contact person associated with the tribal authority or employer;
  - iii. Whether the primary care provider is providing primary care services full-time or part-time;
  - iv. The dates that the primary care provider is scheduled to begin and end providing primary care services;
  - v. Agrees to notify the Department when the employment status of the primary care provider changes; and
  - vi. The tribal authority or employer's signature and date of signature;
- q. A copy of the sliding-fee schedule in R9-15-205(6);

- r. A copy of the service site's sliding-fee schedule policy in R9-15-205(7); and
- s. A copy of the service site's sliding-fee schedule signage posted on the premises.
- C.** If more than one service site licensee, tribal authority, or employer is identified in subsection (B)(2)(n) or (p), the signature and date of signature of each service site licensee, tribal authority, or employer.
- D.** If documentation of an existing obligation for health professional service owed under contract required in subsection (B)(1)(i) was included in the initial application packet, after completing the obligation, a primary care provider shall submit documentation demonstrating that the obligation was completed.
- E.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
- F.** The Department shall accept an initial application packet no more than 45 calendar days before initial application packet submission date required in subsection (B).
- G.** If the Department receives an initial application packet from a primary care provider at a time other than the time stated in subsection (B), the Department shall return the initial application packet to the primary care provider.
- H.** The Department shall review a primary care provider's initial application packet according to R9-15-209.

**R9-15-209. Time-frames**

- A.** The overall time-frame begins, for:
  - 1. An initial application, on the date established as the deadline for submission of an initial application packet in R9-15-208;
  - 2. A renewal application, on the date established as the deadline for submission of a renewal application in R9-15-210; or
  - 3. A request to add or transfer to a new service site, add or change a lender, add or change a qualifying educational loan, change hours worked, suspend or cancel a contract, or waive liquidated damages, on the date the request is received by the Department.
- B.** Within the administrative completeness review time-frame for each type of approval in Table 2.1, the Department shall:
  - 1. Provide a notice of administrative completeness to a primary care provider; or
  - 2. Provide a notice of deficiencies to a primary care provider, including a list of the missing information or documents.

- C.** If the Department provides a notice of deficiencies to a primary care provider:
1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the primary care provider;
  2. If the primary care provider submits the missing information or documents to the Department within the time-frame in Table 2.1, the substantive review time-frame begins on the date the Department receives the missing information or documents; and
  3. If the primary care provider does not submit the missing information or documents to the Department within 20 calendar days, the Department shall consider the application withdrawn.
- D.** Within the substantive review time-frame for each type of approval in Table 2.1, the Department:
1. Shall approve or deny a primary care provider's request; and
  2. May make one written comprehensive request for more information, unless the Department and the primary care provider agree in writing to allow the Department to submit supplemental requests for information.
- E.** If the Department provides a written comprehensive request or a supplemental request for information to the primary care provider:
1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
  2. The primary care provider shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 calendar days after the date.
- F.** During the substantive review time-frame for applications received during an initial application or renewal application submission period, the Department shall, for each application received that complies with the primary care provider and service site requirements in A.R.S. § Title 36, Chapter 21 and this Article, assign a:
1. Health service priority according to R9-15-206 and R9-15-207, and
  2. Highest HPSA score according to R9-15-206(C)(2) and R9-15-207(C)(1) or (C)(2).
- G.** The Department shall issue:
1. An approval for a primary care provider to participate in the:
    - a. Primary Care Provider Loan Repayment Program in A.R.S. § 36-2172 when:

- i. The primary care provider and the primary care provider's service site complies with the requirements in A.R.S. Title 36, Chapter 21 and this Article; and
      - ii. The primary care provider has a health care priority according to R9-15-206(C) that makes the primary care provider eligible for available state loan repayment funds and matching state-appropriated funds or available state-appropriated funds according to R9-15-202; or
    - b. Rural Private Primary Care Provider Loan Repayment Program in A.R.S. § 36-2174 when:
      - i. The primary care provider and the primary care provider's service site complies with the requirements in A.R.S. Title 36, Chapter 21 and this Article; and
      - ii. The primary care provider has a health care priority according to R9-15-207(C) that makes the primary care provider eligible for available state-appropriated funds according to R9-15-202; and
  - 2. A denial to a primary care provider, including the reason for the denial and the appeal process in A.R.S. Title 41, Chapter 6, Article 10, if:
    - a. The primary care provider does not submit all of the information and documents listed in the written comprehensive request or supplemental request for information;
    - b. The Department determines that the primary care provider or the primary care provider's service site does not comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article; or
    - c. The Department determines that the primary care provider and the primary care provider's service site comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article, but there are not loan repayment funds available for primary care provider according to R9-15-203.
- H.** If the Department approves a primary care provider's initial application according to subsection (G) to participate in a LRP, the primary care provider is approved to participate for two years.
- I.** If the Department does not receive a request to change information within the requested 10 day period, the Department may cancel the primary care provider's participation in the LRP.

**TABLE 2.1** Time-frames

<u>Type of approval</u>	<u>Authority (A.R.S. § or A.A.C.)</u>	<u>Overall Time-frame (in working days)</u>	<u>Time-frame for applicant to complete application (in working days)</u>	<u>Administrative Completeness Time-frame (in working days)</u>	<u>Substantive Review Time-frame (in working days)</u>
<u>Initial application packet</u>	<u>R9-15-207</u>	<u>45</u>	<u>20</u>	<u>15</u>	<u>30</u>
<u>Renewal application</u>	<u>R9-15-209</u>	<u>45</u>	<u>10</u>	<u>15</u>	<u>30</u>
<u>Request to add or change service site, lender, qualifying educational loan, or service hours worked</u>	<u>R9-15-211</u>	<u>15</u>		<u>5</u>	<u>10</u>
<u>Request to suspend a LRP contract</u>	<u>R9-15-212</u>	<u>15</u>		<u>5</u>	<u>10</u>
<u>Request to waive liquidated damages</u>	<u>R9-15-214</u>	<u>15</u>		<u>5</u>	<u>10</u>
<u>Request to cancel a LRP contract</u>	<u>R9-15-215</u>	<u>15</u>		<u>5</u>	<u>10</u>

**R9-15-210. Renewal Application**

- A.** Except as provided in R9-15-202, a primary care provider applying to continue participation in the LRP for an additional one year shall submit a renewal application in a Department-provided format to the Department by April 1 of each year containing:
1. The primary care provider's:
    - a. Name, home address, telephone number, and e-mail address; and
    - b. Existing LRP contract number;
  2. The name of each service site where the primary care provider provides primary care services, including address, telephone number, and fax number;
  3. Except for an initial application packet change documented according to R9-15-212, list any circumstance that has occurred that may cause a change in the primary care provider's health service priority;
  4. For each lender receiving loan repayment funds, the:
    - a. Lender's name, payment address, and telephone number;
    - b. Loan identification number;
    - c. The percentage of the loan repayment funds a lender may receive if different from the initial application packet; and

- d. Current loan balance, including date provided;
  - 5. Whether the primary care provider is subject to a judgment lien for a debt to a federal agency;
  - 6. If applying to participate in the Primary Care Provider LRP, whether the primary care provider has defaulted on:
    - a. A Federal income tax liability,
    - b. Any federally-guaranteed or insured student or home mortgage loan,
    - c. A Federal Health Education Assistance Loan,
    - d. A Federal Nursing Student Loan, or
    - e. A Federal Housing Authority Loan;
  - 7. If applying to participate in the Primary Care Provider LRP, whether the primary care provider is delinquent on payment for court-ordered child support;
  - 8. If applying to participate in the Rural Private Primary Care Provider LRP, whether the primary care provider is delinquent on payment for state taxes or court-ordered child support;
  - 9. Whether the primary care provider agrees to allow the Department to submit a supplemental request for information;
  - 10. An attestation that:
    - a. Except for the circumstances listed in subsection (3), the information in the initial application packet, other than loan balances and requested repayment amounts, is still current;
    - b. The Department is authorized to verify all information provided in the renewal application;
    - c. The primary care provider is applying to participate in the LRP for an additional one year with the State of Arizona for loan repayment of all or part of qualifying educational loans identified in the initial application packet or a request for change in R9-15-212;
    - d. The primary care provider shall charge rates for primary care services established in the sliding-fee schedule according to R9-15-204(A)(5) or (6) and
    - e. The information submitted as part of the renewal application is true and accurate;  
and
  - 11. The primary care provider's signature and date of signature.
- B.** In addition to the application required in subsection (A), the following documentation:



1. For each service site where a primary care provider provides or will provide primary care services, documentation in a Department provided-format that includes:
  - a. A statement signed by the licensee from the service site where the primary care provider will provide primary care services are extend for an additional one year;
  - b. The dates the primary care provider is expected to begin and end providing primary care services;
  - c. Whether the primary care provider is providing primary care services full-time or part-time;
  - d. The number of primary care service hours the primary care provider is expected to provide;
  - e. If the primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
  - f. An attestation that the service site will comply with the requirements in R9-15-205;
  - g. Agrees to notify the Department when employment status of the primary care provider changes;
  - h. The name, title, and telephone number of a contact person associated with the service site; and
  - i. The service site licensee's signature and date of signature;
2. If a tribal health center or if the primary care provider's employer is not the licensee of the service site identified in subsection (1), documentation in a Department provided-format that includes:
  - a. A statement that the tribal authority or employer will extend the primary care provider's employment for an additional one year;
  - b. The dates the primary care provider is scheduled to begin and end providing primary care services;
  - c. Whether the primary care provider is providing primary care services full-time or part-time;
  - d. The number of primary care service hours the primary care provider is expected to provide;
  - e. If the primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
  - f. An attestation that the tribal authority or employer will comply with the requirements in R9-15-205;

- g. Agrees to notify the Department when employment status of the primary care provider changes;
                - h. The name, title, and telephone number of a contact person associated with the tribal authority or employer; and
                - i. The tribal authority or employer's signature and date of signature;
- 3. For each service site where the primary care provider provides or will provide primary care service:
    - a. A copy of the sliding-fee schedule in R9-15-205(6);
    - b. A copy of the sliding-fee schedule policy in R9-15-205(7); and
    - c. A copy of the service site's sliding-fee schedule signage posted on the premises;
  - 4. If adding or making a change to service site information contained in an initial application packet, submit a request of change according to R9-15-212; and
  - 5. For each lender receiving loan repayment funds, a copy of the most recent billing statement.
- C.** If more than one service site licensee, tribal authority, or employer is identified in subsection (B), the signature and date of signature of each service site licensee, tribal authority, or employer.
  - D.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
  - E.** The Department shall accept a renewal application packet no more than 30 calendar days before renewal application submission date required in subsection (A).
  - F.** If the Department receives a renewal application at a time other than the time stated in subsection (A), the Department shall return the renewal application to the primary care provider that submitted the renewal application.
  - G.** The Department shall review a primary care provider's renewal application according to R9-15-209.

**R9-15-210.1    Renewal Application Restrictions**

A primary care provider whose contract ends before July 1, 2016 may renew the primary care provider's contract by submitting a renewal application to the Department according to the requirements in 9 A.A.C 15 effective August 9, 2001.

**R9-15-211.     Verification and Repayment of Primary Care Services**

- A. The Department shall disburse loan repayment funds for primary care services provided during a contract period according to the allocations in R9-15-202.
- B. Primary care services performed before the effective date of a contract do not satisfy contracted primary care health professional service obligation and are not eligible for loan repayment funds.
- C. If primary care services are provided by means of telemedicine, a primary care provider shall:
  - a. Report the number of telemedicine hours worked; and
  - b. Attest that the originating site where the telemedicine patient is located and the distant site where the primary care provider is located are both in a HPSA or, if applicable, both in an AzMUA.
- D. A primary care provider shall submit a completed service verification form and an encounter report form in a Department-provided format no later than 10 working days after each contract quarter ends.
- E. The Department may delay disbursing loan repayment funds to a primary care provider's lender or lenders if the primary care provider fails to submit complete or timely service verification and encounter report forms.
- F. The Department shall not disburse loan repayment funds to a primary care provider's lender or lenders if the primary care provider fails to submit complete and accurate information required in the service verification and the encounter report forms.
- G. Upon receipt of a completed service verification form and encounter report form, the Department shall disburse loan payment funds to the primary care provider's lender or lenders.

**R9-15-212. Request for Change**

- A. A primary care provider shall submit to the Department in a Department-provided format, a request to change that includes:
  - 1. The primary care providers name, home address, telephone number, and e-mail address;
  - 2. The reason for the request:
    - a. To add or transfer to another service site,
    - b. To add or change a qualifying educational loan or lender, or
    - c. To change primary care service hours from full-time to half-time or from half-time to full-time;
  - 3. An attestation that:
    - a. The Department is authorized to verify all the information provided, and
    - b. The information submitted is true and accurate; and
  - 4. The primary care provider's signature and date of signature.

- B.** The primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided.
- C.** In addition to the information required in subsection (A), a primary care provider shall if:
1. Adding or transferring to another service site, submit the following information 30 calendar days before providing primary care services at another or new service site:
    - a. A Service Site form in a Department-provided format for the service site adding or transferring according to R9-15-208(B)(2)(n);
    - b. An attestation signed and date signed by a licensee from the service site stating that the service site will comply with R9-15-205;
    - c. If a tribal health center or if the primary care provider's employer is not the licensee of the service site identified in subsection (1)(a), documentation in a Department provided-format that includes:
      - i. An attestation that the tribal authority or the employer will comply with the requirements in R9-15-205;
      - ii. The name, title, and telephone number of a contact person associated with the tribal authority or the employer;
      - iii. Whether the primary care provider is providing primary care services full-time or part-time;
      - iv. The dates that the primary care provider is expected to begin and end providing primary care services;
      - v. Agrees to notify the Department when the employment status of the primary care provider changes; and
      - vi. The tribal authority's or the employer's signature and date of signature;
    - d. Except for a federal or state prison, a tribal health center, or a state hospital, a copy of the service site's:
      - i. Sliding-fee schedule,
      - ii. Sliding-fee schedule policy, and
      - iii. Sliding-fee schedule signage posted on the premises;
    - e. A document demonstrating the service site is a HPSA or a AzMUA;
  2. Adding or changing a qualifying educational loan or lender, submit:
    - a. The information requested in a Department-provided format that includes an attestation signed and date signed by an licensee from the lending institution certifying that the loan meets the requirements of a qualifying education loan defined in R9-15-101;
    - b. For a qualifying educational loan, a copy of the last billing statement from the lender; and

- c. The information requested in a Department-provided format establishing the percentage of loan repayment funds each lender may receive; and
  - 3. Changing primary care service hours worked, submit:
    - a. A copy of an agreement or a letter verifying approval to change primary care service hours signed by the licensee, tribal authority, or employer from the service site where the primary care provider provides primary care service including:
      - i. The name of each service site where the primary care services are provided;
      - ii. The date the primary care provider is expected to begin revised primary care services hours;
      - iii. The number of primary care service hours the primary care provider is expected to work; and
      - iv. If a primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
    - b. The name, title, email address, and telephone number of a contact person associated with each service site, tribal authority, or employer; and
    - c. The information in a Department-provided format establishing the percentage of loan repayment funds each lender may receive if different from the initial application packet.
- D.** If a primary care provider's personal information changes, submit:
  - 1. A written notice stating information change and indicate new information; and
  - 2. If a change in a primary care provider's legal name, a copy of one of the following with the primary care provider's new name:
    - a. Marriage certificate,
    - b. Divorce decree,
    - c. Professional license, or
    - d. Other legal document establishing the primary care provider's legal name.
- E.** If more than one service site licensee, tribal authority, or employer is identified in subsection (C)(1), the signature and date of signature of each service site licensee or employer.
- F.** The Department shall approve a primary care provider's request to change in subsection (C)(1) and (3) before the primary care provider provides primary care services at a another or new service site or changing primary care services hours worked.
- G.** If a change in service site or a change in primary care hours worked affects a primary care provider's service site points or health service priority, the Department shall determine whether the primary care provider's loan repayment amount will increase or decrease; and if:

1. An increase, the primary care provider's loan repayment amount will not change until the primary care provider submits a renewal application; or
2. A decrease, the primary care provider's loan repayment amount will decrease according to amounts in R9-15-202 effective the date the Department approves the primary care provider's request to change in service site or health service priority.

**H.** If a change in primary care service hours worked from full-time to half-time, the primary care provider's loan repayment funds allocated will decrease by half of the existing contracted loan repayment amount effective the date the Department approves the primary care provider's request to change the primary care service hours worked.

**I.** If a change in primary care service hours worked from half-time to full-time and:

1. The primary care provider's loan repayment funds allocated will not change until the primary care provider submits a renewal application, or
2. A primary care provider who was initially allocated loan repayment funds based on providing primary care services full-time but is currently providing primary care services part-time, the primary care provider's loan repayment funds will revert to the loan repayment funds initially allocated.

**J.** For a request submitted according to subsection (A), the Department shall notify a primary care provider of the Department's approval according to R9-15-209.

**R9-15-213. Contract Suspension**

**A.** A primary care provider may request a suspension of a contract:

1. For a condition involving the primary care provider or a member of the primary care provider's immediate family that restricts the primary care provider's ability to complete the terms of the contract, or
2. To transfer to another service site.

**B.** To request a suspension of the contract, a primary care provider shall submit to the Department a written request for suspension at least 30 calendar days before the proposed start date of the suspension that includes:

1. The primary care provider's name, address, telephone number, and e-mail address;
2. The service site's name, address, and telephone number, and the name of the individual authorized to act on behalf of the service site;
3. The reasons for the primary care provider's request to suspend the contract;
4. The beginning and ending dates of the requested suspension;

5. A statement that the information included in the request for suspension is true and accurate; and
6. The primary care provider's signature and date of signature.
- C.** Upon receiving a request for suspension, the Department may contact the individual authorized to act on behalf of the service site:

  1. To verify the information in the request for suspension, and
  2. To obtain the information from an individual authorized to act on behalf of the service site regarding the circumstances that caused the request for suspension.
- D.** A primary care provider may request an initial suspension of the contract for up to six months. If the primary care provider is unable to resume providing primary care services by the end of the initial suspension period, the primary care provider may request an additional six-month contract suspension for a total maximum allowable contract suspension of 12 months.
- E.** A primary care provider requesting an additional six-month contract suspension shall submit a written request that includes requirements listed in subsection (B) and provide to the Department at least 30 calendar days before the expiration of the initial suspension period.
- F.** For a request submitted according to subsection (A), the Department shall notify a primary care provider of the Department's approval according to R9-15-209.
- G.** During a primary care provider's contract suspension period, a primary care provider who wants to continue to participate in the LRP shall submit a renewal application according to R9-15-210.
- H.** During a primary care provider's suspension period, the Department shall not disburse loan repayment funds to a primary care provider's lender.
- I.** A primary care provider is responsible for making loan payments during the suspension period.
- J.** If the Department approves a primary care provider's request for a contract suspension due to transfer to another service site, the primary care provider shall report progress in identified another service site.
- K.** If the primary care provider does not obtain employment at another service site by the end of the suspension period or does not intend to complete the terms of the contract, the primary care provider is in default and is required to pay to the Department liquidated damages as determined by the Department in R9-15-214, unless the primary care provider is able to obtain a waiver under R9-15-215.

**R9-15-214. Liquidated Damages for Failure to Complete Contract**

- A. A primary care provider who fails to complete the terms of the contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(I), unless the primary care provider receives a waiver of the liquidated damages under R9-15-215.
- B. Upon receiving notification that a primary care provider is unable or does not intend to complete the terms of the contract, the Department shall:
  - 1. Withhold loan repayment funds,
  - 2. Determine liquidated damages owed, and
  - 3. Notify the primary care provider of the amount of liquidated damages owed.
- C. A primary care provider shall pay the liquidated damages to the Department within one year after termination of a primary care provider's primary care service specified in the loan repayment contract or within one year after the end of a suspension approved according to R9-15-213, whichever is later.

**R9-15-215. Waiver of Liquidated Damages**

- A. The Department shall waive liquidated damages owed under A.R.S. Title 36, Chapter 21 or this Article if the primary care provider is unable to complete the terms of the contract due to the primary care provider's death.
- B. The Department may waive liquidated damages owed under A.R.S. Title 36, Chapter 21 or this Article if the primary care provider is unable to complete the terms of the contract because:
  - 1. The primary care provider suffers from a physical or behavioral health condition resulting in the primary care provider's temporarily or permanent inability to perform the services required by the contract; or
  - 2. The primary care provider has a chronic or terminal illness in the primary care provider's immediate family.
- C. A primary care provider may submit to the Department a written request for a waiver of liquidated damages that includes:
  - 1. The primary care provider's name, address, telephone number, and e-mail address;
  - 2. For each service site where the primary care provider provided primary care services, the service site's:
    - a. Name, address, and telephone number, and
    - b. The name of a contact person associated with the service site;
  - 3. A statement describing the primary care provider's physical or behavioral health condition or the chronic or terminal illness of the primary care provider's immediate family member;



4. A statement describing why the primary care provider cannot complete the contact;
  5. Documentation of the primary care provider's physical or behavioral health condition or the chronic or terminal illness of the primary care provider's immediate family member;
  6. A statement that the information included in the request for waiver is true and accurate; and
  7. The primary care provider's signature and date of signature.
- D.** Upon receiving a request for waiver, the Department may contact the individual authorized to act on behalf of the service site to verify the information in the request for waiver and to obtain any additional information for regarding the request for waiver.
- E.** In determining whether to waive liquidated damages, the Department shall consider:
1. The physical or behavioral health condition of the primary care provider or the chronic or terminal illness of the primary care provider's immediate family member; and
  2. Whether the documentation demonstrates that the primary care provider is permanently unable or temporally unable to provide primary care services beyond the expiration date of the loan repayment contract.
- F.** For a request submitted according to subsection (A), the Department shall notify a primary care provider of the Department's approval according to R9-15-209.

**R9-15-216. Contract Cancellation**

- A.** A primary care provider may request to cancel a loan repayment contract within 60 calendar days after the start date of the contract if:
1. The primary care provider submits a written request to the Department requesting cancellation of a loan repayment contract;
  2. No loan repayment has been disbursed to the primary care provider's lender; and
  3. The primary care provider is unable or does not intend to complete the terms of the contract.
- B.** A primary care provider may submit a written request to cancel a loan repayment contract to the Department that includes:
1. The primary care provider's name, address, telephone number, and e-mail address;
  2. The service site's name, address, and telephone number, and the name of the individual authorized to act on behalf of the service site; and
  3. The primary care provider's signature and date of signature.
- C.** For a request submitted according to subsection (A), the Department shall notify a primary care provider of the Department's approval according to R9-15-209.

- D.** The Department may cancel a contract and waive liquidated damages based upon a primary care provider's request to cancel a contract in subsection (a) and no loan repayment has been made to the primary care provider's lender.

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