

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

Editor's Note: Articles 1, 2, and 3 made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001. The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).

Editor's Note: Sections R9-15-102 through R9-15-117 were repealed effective October 1, 1992; filed with the Office of the Secretary of State October 14, 1992, under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to Laws 1992, Ch. 301, § 61. Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. For the text of the rules which were repealed through this exemption, please refer to Supp. 89-4.

ARTICLE 1. GENERAL

Article 1, consisting of Section R9-15-101, made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

Article 1 consisting of Sections R9-15-101 through R9-15-114 adopted effective November 16, 1983.

Former Article 1 consisting of Sections R9-15-101 through R9-15-117 repealed effective November 16, 1983.

Sections R9-15-102 through R9-15-104 repealed and new Section R9-15-102 adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6).

Section	
R9-15-101.	Definitions
R9-15-102.	Repealed
R9-15-103.	Repealed
R9-15-104.	Repealed
R9-15-105.	Repealed
R9-15-106.	Repealed
R9-15-107.	Repealed
R9-15-108.	Repealed
R9-15-109.	Repealed
R9-15-110.	Repealed
R9-15-111.	Repealed
R9-15-112.	Repealed
R9-15-113.	Repealed
R9-15-114.	Repealed
R9-15-115.	Repealed
R9-15-116.	Repealed
R9-15-117.	Repealed
Appendix A.	Repealed
Appendix B.	Repealed
Appendix C.	Repealed
Appendix D.	Repealed
Appendix E.	Repealed
Appendix F.	Repealed
Appendix G.	Repealed
Appendix H.	Repealed
Appendix I.	Repealed
Appendix J.	Repealed

ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

Article 2, consisting of Sections R9-15-201 through R9-15-218, made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

Sections R9-15-211 through R9-15-230 repealed effective February 7, 1995 (Supp. 95-1).

Section

R9-15-201.	Definitions
R9-15-202.	Loans Qualifying for Repayment
R9-15-203.	Loan Repayment Application and Award Timetable
R9-15-204.	Award Amounts
R9-15-205.	Loan Repayment Contract
R9-15-206.	Primary Care Provider Eligibility Criteria
R9-15-207.	Service Site Eligibility Criteria
R9-15-208.	Prioritization of Eligible Service Sites
R9-15-209.	Service Site Application
R9-15-210.	Primary Care Provider Application
R9-15-211.	Selection of Primary Care Providers
R9-15-212.	Reapplication
R9-15-213.	Service Verification
R9-15-214.	Loan Repayments
R9-15-215.	Notice of Failure to Complete Full Term of Service under the Contract at the Service Site
R9-15-216.	Liquidated Damages for Failure to Complete Full Term of Service under the Contract
R9-15-217.	Suspension of Service under the Contract to Transfer to Another Eligible Service Site
R9-15-218.	Waiver of Liquidated Damages
R9-15-219.	Repealed
R9-15-220.	Repealed
R9-15-221.	Repealed
R9-15-222.	Repealed
R9-15-223.	Repealed
R9-15-224.	Repealed
R9-15-225.	Repealed
R9-15-226.	Repealed
R9-15-227.	Repealed
R9-15-228.	Repealed
R9-15-229.	Repealed
R9-15-230.	Repealed

ARTICLE 3. RURAL PRIVATE PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

Article 3, consisting of Sections R9-15-301 through R9-15-318, made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

Former Article 3 consisting of Sections R9-15-301 through R9-15-313 repealed effective November 16, 1983 (Supp. 83-6).

Section	
R9-15-301.	Definitions
R9-15-302.	Loans Qualifying for Repayment
R9-15-303.	Loan Repayment Application and Award Timetable
R9-15-304.	Award Amounts
R9-15-305.	Loan Repayment Contract
R9-15-306.	Primary Care Provider Eligibility Criteria
R9-15-307.	Service Site Eligibility Criteria
R9-15-308.	Prioritization of Eligible Service Sites
R9-15-309.	Service Site Application

- R9-15-310. Primary Care Provider Application
 R9-15-311. Selection of Primary Care Providers
 R9-15-312. Reapplication
 R9-15-313. Service Verification
 R9-15-314. Loan Repayments
 R9-15-315. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site
 R9-15-316. Liquidated Damages for Failure to Complete Full Term of Service under the Contract
 R9-15-317. Suspension of Service under the Contract to Transfer to Another Eligible Service Site
 R9-15-318. Waiver of Liquidated Damages

ARTICLE 1. GENERAL

R9-15-101. Definitions

In this Chapter, unless otherwise specified:

1. "AHCCCS" means Arizona Health Care Cost Containment System.
2. "Ambulatory care services" means all types of primary care services that are provided only on an outpatient basis.
3. "Arizona medically underserved area" means a primary care area that is designated by the Secretary of the United States Department of Health and Human Services as a health professional shortage area or that is designated by the Department using the methodology described in A.A.C. R9-24-203.
4. "Business organization" means an entity such as a sole proprietorship, an unincorporated association, a corporation, a limited liability company, a partnership, or a governmental entity.
5. "Commercial 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 principal place of business.
6. "Complete application" means a submission from a primary care provider that contains all documents and information listed in either R9-15-209(A) and R9-15-210(A) and (B) or R9-15-309(A) and R9-15-310(A) and (B).
7. "Days" means calendar days, 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, or legal holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday.
8. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
9. "Department" means the Arizona Department of Health Services.
10. "Educational expenses" has the same meaning as in 42 C.F.R. § 62.22.
11. "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.
12. "Fiscal year" means the 12-month period from July 1 of one calendar year to June 30 of the following calendar year.
13. "Full-time" means for at least 40 hours during the seven-day period between Sunday at 12:00 a.m. and Saturday at 11:59 p.m.
14. "Government loan" means an advance of money made by a federal, state, county, or city agency.
15. "Health professional school" has the same meaning as "school" in 42 C.F.R. § 62.2.
16. "Health professional shortage area" means a geographic region designated by the Secretary of the United States Department of Health and Human Services under 42 U.S.C. § 254e.
17. "Immediate family" means an individual in any of the following relationships to the primary care provider:
 - a. Spouse,
 - b. Natural or adopted child,
 - c. Stepchild,
 - d. Natural or adoptive parent,
 - e. Stepparent,
 - f. Full or partial brother or sister,
 - g. Stepbrother or stepsister,
 - h. Grandparent or spouse of grandparent,
 - i. Grandchild or spouse of grandchild,
 - j. Father-in-law or mother-in-law,
 - k. Brother-in-law or sister-in-law, and
 - l. Son-in-law or daughter-in-law.
18. "Living expenses" has the same meaning as in 42 C.F.R. § 62.22.
19. "Mid-level provider" has the same meaning as in A.R.S. § 36-2171.
20. "Nurse midwife" means a registered nurse practitioner who is certified by the Arizona State Board of Nursing to perform as a midwife.
21. "Physician" has the same meaning as in A.R.S. § 36-2351.
22. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
23. "Population" means the total 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.
24. "Poverty level" means the annual income for a family unit of a particular size included in the poverty guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.
25. "Primary care area" means a geographic region designated as a primary care area by the Department under A.A.C. R9-24-204.
26. "Primary care index" means the report in which the Department designates primary care areas as medically underserved by using the methodology described in A.A.C. R9-24-203.
27. "Primary care provider" means:
 - a. One of the following providing direct patient care in general or family practice, general internal medicine, pediatrics, or obstetrics:
 - i. A physician,
 - ii. A physician assistant,
 - iii. A registered nurse practitioner, or
 - iv. A nurse midwife; or
 - b. A dentist.
28. "Primary care services" means health care provided by a primary care provider.
29. "Private" means owned by and operated under the direction of an entity other than the federal or state government or a political subdivision of the state.
30. "Public" means owned by and operated under the direction of the federal or state government or a political subdivision of the state.

31. "Reasonable educational expenses" means educational expenses that are equal to or less than the health professional school's estimated standard student budget for educational expenses for the course of study and for the year or years during which the primary care provider pursued the course of study.
32. "Reasonable living expenses" means living expenses that are equal to or less than the health professional school's estimated standard student budget for living expenses for the course of study and for the year or years during which the primary care provider pursued the course of study.
33. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
34. "Rural" has the same meaning as in A.R.S. § 36-2171.
35. "Service site" means a medical or dental practice providing primary care services.
36. "Student" means an individual pursuing a course of study at a health professional school.
37. "Tuition" means the amount actually paid for instruction at a health professional school.

Historical Note

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-102. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6). Section R9-15-102 repealed by emergency, new Section R9-15-102 adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Repealed effective December 22, 1989 (Supp. 89-4). Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-103. Repealed**Historical Note**

Adopted effective November 16, 1983. Repealed as an emergency effective November 17, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired, original text placed back into effect (Supp. 89-1). Subsections (A) and (B) amended as an emergency effective March 23, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Subsections (A) and (B) readopted and subsections (E) and (F) amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Repealed effective December 22, 1989 (Supp. 89-4). Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-104. Repealed**Historical Note**

Adopted effective November 16, 1983. Repealed as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Subsections (A) and (B) amended as an emergency effective March 23, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. See emergency adoption below (Supp. 89-2). Subsections (A) and (B) amended as an emergency effective March 23, 1989, pursuant to A.R.S.

§ 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Subsections (A) and (B) readopted and subsections (E) and (G) amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Repealed effective December 22, 1989 (Supp. 89-4). Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-105. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6). Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-106. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6). Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-107. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6). Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-108. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6). Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-109. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6). Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-110. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6). Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-111. Repealed**Historical Note**

Former Section R9-15-111 repealed, new Section R9-15-111 adopted effective November 16, 1983 (Supp. 83-6). Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-112. Repealed**Historical Note**

Former Section R9-15-112 repealed, new Section R9-15-112 adopted effective November 16, 1983 (Supp. 83-6). Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-113. Repealed**Historical Note**

Former Section R9-15-113 repealed, new Section R9-15-113 adopted effective November 16, 1983 (Supp. 83-6).

Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-114. Repealed**Historical Note**

Former Section R9-15-114 repealed, new Section R9-15-114 adopted effective November 16, 1983 (Supp. 83-6).

Repealed under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-115. Repealed**Historical Note**

Repealed effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-116. Repealed**Historical Note**

Repealed effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

R9-15-117. Repealed**Historical Note**

Repealed effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

Appendix A. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

Appendix B. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

Appendix C. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

Appendix D. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

Appendix E. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41,

Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

Appendix F. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

Appendix G. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

Appendix H. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

Appendix I. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

Appendix J. Repealed**Historical Note**

Adopted effective November 16, 1983 (Supp. 83-6).
Repealed again under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1992, Ch. 301, § 61 effective October 1, 1992, filed October 14, 1992 (Supp. 92-4).

ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

R9-15-201. Definitions

In this Article, unless otherwise specified:

1. "Degree-of-shortage ranking" means a number assigned to a HPSA by the United States Secretary of Health and Human Services to indicate the severity of need for primary care providers.
2. "HPSA" means health professional shortage area.
3. "Nonprofit" means owned by and operated under the direction of an entity that is recognized as exempt under § 501 of the United States Internal Revenue Code.
4. "PCPLRP" means primary care provider loan repayment program.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-202. Loans Qualifying for Repayment

A. The Department shall use PCPLRP funds only to repay:

1. Principal, interest, and related expenses of government loans and commercial loans taken out by a primary care provider while obtaining a degree in allopathic or osteopathic medicine or dentistry or as a physician assistant, registered nurse practitioner, or nurse midwife to pay contemporaneous:
 - a. Tuition,
 - b. Reasonable educational expenses, and
 - c. Reasonable living expenses; or

2. Government or commercial loans resulting from the refinancing or consolidation of loans described in subsection (A)(1).

B. Obligations or debts incurred under the following are ineligible for repayment:

1. The National Health Service Corps Scholarship Program,
2. The Armed Forces Health Professional Scholarship Program,
3. The Indian Health Service Scholarship Program, and
4. The Arizona Medical Student Loan Program.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-203. Loan Repayment Application and Award Timetable

A. The Department shall accept applications for the PCPLRP from primary care providers on a quarterly basis each fiscal year, as described below.

1. A primary care provider who wants to be considered for a contract term to commence on July 1 shall submit a complete application so that it is received by the Department between December 16 and March 15.
2. A primary care provider who wants to be considered for a contract term to commence on October 1 shall submit a complete application so that it is received by the Department between March 16 and June 15.
3. A primary care provider who wants to be considered for a contract term to commence on January 1 shall submit a complete application so that it is received by the Department between June 16 and September 15.
4. A primary care provider who wants to be considered for a contract term to commence on April 1 shall submit a complete application so that it is received by the Department between September 16 and December 15.

B. Only two primary care providers from a service site are eligible to receive loan repayment each fiscal year.

1. The Department shall waive this restriction on November 1 if funds remain for the fiscal year.
2. A primary care provider whose application is denied under subsection (B) may reapply between November 1 and December 15 to be considered for a contract term to commence on April 1.

C. The Department shall deny applications when no funds remain for the fiscal year. A primary care provider whose application is denied due to unavailability of funds for the current fiscal year may reapply after December 15 to be considered for a contract term for the next fiscal year.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-204. Award Amounts

A. The Department determines the annual amount of a loan repayment award based upon:

1. The priority ranking of the service site at which the primary care provider plans to serve the contract obligation,
2. The amount of loan repayment requested,
3. The contract year of service, and
4. The availability of funds.

B. The Department provides loan repayment awards to physicians and dentists according to the following schedule:

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$20,000	\$18,000	\$16,000
Second year	\$20,000	\$18,000	\$16,000
Third year	\$22,000	\$20,000	\$18,000
Fourth year	\$25,000	\$22,000	\$20,000

C. The Department provides loan repayment awards to mid-level providers according to the following schedule:

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$7,500	\$6,000	\$5,000
Second year	\$7,500	\$6,000	\$5,000
Third year	\$9,000	\$7,500	\$6,500
Fourth year	\$10,500	\$9,000	\$8,000

D. The Department shall not award an amount that exceeds the primary care provider's total qualifying loan indebtedness.

E. The Department shall award a primary care provider the amount of loan repayment requested unless the amount requested exceeds the maximum annual amount allowable according to subsection (B) or (C) or the Department has inadequate funds to provide the maximum annual amount allowable and the primary care provider agrees to contract for a lesser amount.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-205. Loan Repayment Contract

A. In exchange for loan repayment, a primary care provider shall contract with the Department to provide full-time continuous services at a specific eligible service site for a minimum of 24 months in accordance with the agreements described in R9-15-206(A). The primary care provider shall sign and return the contract to the Department.

B. The contract shall comply with A.R.S. Title 41, Chapter 23 and 2 A.A.C. 7.

C. Primary care services performed before the effective date of the PCPLRP contract do not count toward satisfaction of the period of service under the contract.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-206. Primary Care Provider Eligibility Criteria

A. To be eligible to participate in the PCPLRP, a primary care provider shall:

1. Be a United States citizen;
2. Have 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. Hold a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
4. If a physician, have completed a professional residency program and be board certified or eligible to sit for the certifying examination in:
 - a. Family or general practice,

- b. Pediatrics,
- c. Obstetrics, or
- d. Internal medicine;
- 5. Have a signed contract for current or prospective employment at an eligible service site or a letter of intent signed by the individual in the senior leadership position at an eligible service site indicating an intent to hire the primary care provider;
- 6. Agree to contract with the Department to serve full-time providing primary care services at the eligible service site for a minimum of 24 months, with 12- or 24-month contract extensions available upon mutual agreement with the individual in the senior leadership position at the service site;
- 7. Agree, unless an obstetrician or nurse midwife, to work at least 32 of the minimum 40 hours per week providing ambulatory care services at the service site during scheduled office hours;
- 8. Agree, if an obstetrician or nurse midwife, to work at least 21 hours per week providing ambulatory care services at the service site during scheduled office hours;
- 9. Agree to charge for services at the usual and customary rates prevailing in the primary care area, except that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding-fee scale based on poverty level or not charged;
- 10. Agree not to discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS;
- 11. Agree to accept assignment for payment under Medicare and to participate in AHCCCS; and
- 12. Have satisfied any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity before beginning a period of service under the PCPLRP.

B. The following are not eligible to participate:

- 1. A primary care provider who has breached a health professional services contract with a federal, state, or local government or another entity;
- 2. A primary care provider against whose property there is a judgment lien for a debt to the United States; and
- 3. A primary care provider who is in a for-profit practice.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-207. Service Site Eligibility Criteria

To be eligible to have a primary care provider participate in the PCPLRP, a service site shall:

- 1. Provide primary care services in a public or nonprofit private practice located in a HPSA;
- 2. Accept Medicare assignment;
- 3. Be an AHCCCS provider;
- 4. Charge for services at the usual and customary rates prevailing in the primary care area, except that the service site shall have a policy providing that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding-fee scale based on poverty level or not charged; and
- 5. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-208. Prioritization of Eligible Service Sites

A. The Department shall prioritize eligible service sites by assigning points based upon the following criteria:

- 1. Location of the service site:

Location	Points
Rural	4
Non-rural	0
- 2. Degree-of-shortage ranking assigned to the HPSA in which the service site is located by the United States Secretary of Health and Human Services:

Degree-of-shortage ranking	Points
1	4
2	3
3	2
4	1
- 3. Population-to-primary-care-provider ratio points received by the primary care area in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203.
- 4. Percentage of minority population in the primary care area in which the service site is located as set forth in the most recent primary care index:

Percentage	Points
>50%	4
40-50%	3
30-39%	2
20-29%	1
<20%	0
- 5. Distance from the service site to the nearest city or town with a population of 20,000 or greater:

Miles	Points
≥45	4
<45	0

B. The Department shall prioritize each eligible service site according to the sum of the points for each factor described in subsection (A):

- 1. A service site that scores 18 to 26 points is priority 1;
- 2. A service site that scores 9 to 17 points is priority 2; and
- 3. A service site that scores 8 or fewer points is priority 3.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-209. Service Site Application

A. The individual in the senior leadership position at a service site shall complete a service site application form, available from the Department, to have the Department determine service site eligibility and a priority score. The individual in the senior leadership position at the service site shall provide the completed service site application to the primary care provider applying to participate in the PCPLRP. The completed service site application shall include the following information:

- 1. The name and street address of the service site;
- 2. The service site's business organization type;
- 3. The following information about the HPSA in which the service site is located, if known:
 - a. Name,
 - b. Federal identification number, and
 - c. Federal degree-of-shortage ranking;
- 4. The name and address of the primary care provider's prospective employer, if different from the name and address of the service site;
- 5. The prospective employer's business organization type, if the prospective employer is different from the service site;
- 6. A statement that the service site is in compliance with the requirements of R9-15-207;

7. A statement that the service site has financial means available to provide the following to the primary care provider for a minimum of 24 months of full-time services:
 - a. Salary,
 - b. Benefits, and
 - c. Malpractice insurance expenses;
 8. The service site's Medicare identification number;
 9. The service site's AHCCCS provider number;
 10. The notarized signature of the individual in the senior leadership position at the service site certifying that all of the information on the application is true; and
 11. The following documentation:
 - a. A copy of the service site's sliding-fee scale, and
 - b. A copy of the service site's policy for using the sliding-fee scale.
- B.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the individual in the senior leadership position at a service site that is determined to be ineligible to have a primary care provider participate in the PCPLRP. If the individual in the senior leadership position at the service site decides to appeal, the individual in the senior leadership position at the service site shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.
- Historical Note**
- New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).
- R9-15-210. Primary Care Provider Application**
- A.** To apply for loan repayment, a primary care provider shall submit to the Department the following documents:
1. A completed primary care provider application on a form provided by the Department, including the information described in subsection (B);
 2. A copy of the primary care provider's social security card;
 3. A copy of one of the following issued to the primary care provider:
 - a. Birth certificate,
 - b. United States passport, or
 - c. Naturalization papers;
 4. A copy of the loan documents for each qualifying loan for which repayment is requested;
 5. Documentation showing that the primary care provider 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;
 6. Documentation showing that the primary care provider holds a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
 7. If a physician, documentation showing that the primary care provider has completed a professional residency program in and is either board certified or eligible to sit for the certifying examination in:
 - a. Family or general practice,
 - b. Pediatrics,
 - c. Obstetrics, or
 - d. Internal medicine;
 8. A copy of the contract signed by both the individual in the senior leadership position at the service site and the primary care provider evidencing current or prospective employment with the service site, which may include a provision that the primary care provider may or shall be released from the contract if not selected for a loan repayment award, or a copy of the letter of intent signed by the individual in the senior leadership position at the service site indicating an intent to hire the primary care provider;
- 9.** Documentation showing that any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity will be satisfied before beginning a period of service under the PCPLRP;
- 10.** A completed service site application; and
- 11.** A copy of the primary care provider's curriculum vitae.
- B.** A completed primary care provider application form shall include the following:
1. The following information about the primary care provider:
 - a. Full name;
 - b. Social security number;
 - c. Date of birth;
 - d. Citizenship;
 - e. Ethnicity;
 - f. Gender;
 - g. Home address;
 - h. Home and alternate telephone numbers;
 - i. Work address;
 - j. Work telephone number;
 - k. Whether the primary care provider is:
 - i. A physician,
 - ii. A physician assistant,
 - iii. A registered nurse practitioner,
 - iv. A nurse midwife, or
 - v. A dentist;
 - l. Whether the primary care provider specializes in:
 - i. Family or general practice,
 - ii. Pediatrics,
 - iii. Obstetrics, or
 - iv. Internal medicine;
 - m. The primary care provider's subspecialty, if any;
 - n. Whether the primary care provider is fluent in:
 - i. Spanish;
 - ii. A Native American language, which shall be identified; or
 - iii. Another non-English language, which shall be identified;
 - o. The method by which the primary care provider learned of the PCPLRP;
 - p. The degrees held by the primary care provider, including majors or fields of study;
 - q. Whether the primary care provider has a prior or existing health professional service obligation and the following information about each prior or existing service obligation:
 - i. The name and address of the program,
 - ii. The name and telephone number of an individual with the program who may be contacted for further information, and
 - iii. The terms of the obligation;
 - r. Whether the primary care provider is in default of a health professional service obligation described under subsection (B)(1)(q) and a description of the circumstances of default, if any; and
 - s. Whether any of the primary care provider's property is subject to a judgment lien for a debt to the United States;
 2. The following information about each undergraduate school that the primary care provider attended:
 - a. Name;

- b. Address;
- c. Month and year that attendance commenced;
- d. Month and year of graduation or termination of attendance;
- e. Degree obtained by the primary care provider; and
- f. The following information about one reference at the school:
 - i. Full name,
 - ii. Title, and
 - iii. Telephone number;
3. The following information about each graduate school that the primary care provider attended:
 - a. Name;
 - b. Address;
 - c. Month and year that attendance commenced;
 - d. Month and year of graduation or termination of attendance;
 - e. Degree obtained by the primary care provider; and
 - f. The following information about one reference at the school:
 - i. Full name,
 - ii. Title, and
 - iii. Telephone number;
4. The following information about each institution where the primary care provider commenced or completed an internship:
 - a. Name;
 - b. Address;
 - c. Month and year that the internship commenced;
 - d. Month and year of graduation or termination of the internship;
 - e. The following information about one reference at the institution:
 - i. Full name,
 - ii. Title, and
 - iii. Telephone number; and
 - f. The name and address of the affiliated university or health professional program;
5. The following information about each institution where the primary care provider commenced or completed a residency:
 - a. Name;
 - b. Address;
 - c. Month and year that the residency commenced;
 - d. Month and year of graduation or termination of the residency;
 - e. The following information about one reference at the institution:
 - i. Full name,
 - ii. Title, and
 - iii. Telephone number; and
 - f. The name and address of the affiliated university or health professional program;
6. The following information about each license held by the primary care provider:
 - a. Type of license,
 - b. Issuing state,
 - c. License number,
 - d. Term of the license, and
 - e. A description of any license restrictions;
7. The following information about each certification held by the primary care provider:
 - a. Type of certification,
 - b. Issuing state,
 - c. Term of the certification, and
 - d. A description of any certification restrictions;
8. The following information about each location where the primary care provider has practiced since completing health professional training:
 - a. Name;
 - b. Address; and
 - c. The following information about the individual in the senior leadership position at the location:
 - i. Full name,
 - ii. Title, and
 - iii. Telephone number;
9. The following information about the service site:
 - a. Name,
 - b. Address,
 - c. Telephone number, and
 - d. Name of the individual in the senior leadership position at the service site;
10. The following information about the prospective employer, if different from the service site:
 - a. Name,
 - b. Address, and
 - c. Telephone number;
11. The dates on which service under the contract is to commence and end;
12. The following information about each of three professional references not provided elsewhere in the application for the primary care provider:
 - a. Full name,
 - b. Title,
 - c. Address, and
 - d. Telephone number;
13. The following information about each loan for which repayment is sought:
 - a. Lender name;
 - b. Lender address;
 - c. Lender telephone number;
 - d. Loan identification number;
 - e. Primary care provider name as it appears on the loan;
 - f. Original amount of the loan;
 - g. Current balance of the loan, including the date provided;
 - h. Interest rate on the loan;
 - i. Whether it is simple interest and an explanation if it is not simple interest;
 - j. Purpose for the loan as indicated on the loan application; and
 - k. The month and year of the beginning and end of the academic period covered by the loan;
14. The following statements:
 - a. That the information provided in the application is accurate;
 - b. That the primary care provider is applying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the application;
 - c. That the Department is authorized to verify all information provided in the application;
 - d. That the loans listed in the application were incurred solely for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
 - e. That each government or financial institution named as a lender in the application is authorized to release to the Department information about the loan received by the primary care provider; and
 - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
 - i. Making a false statement, misrepresentation, or material omission in the application;
 - ii. Fraudulently obtaining repayment for a loan; or
 - iii. Committing any other illegal action in connection with the PCPLRP;

15. The notarized signature of the primary care provider certifying that the statements listed in subsection (B)(14) are true; and
 16. For each loan for which repayment is sought, the notarized signature of an individual authorized to sign for the lender certifying that the loan from that lender is a bona fide and legally enforceable commercial or government loan made to meet the costs of the primary care provider's health professional education.
- C.** 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.
- D.** The Department shall verify all loan information with each lender. The Department may verify any other information provided by the primary care provider.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-211. Selection of Primary Care Providers

- A.** Each quarter, provided that funds are available, the Department shall review all complete applications received from eligible primary care providers and make awards in order of service site priority, subject to the following:
1. The service site limit described in R9-15-203(B);
 2. The extent to which a primary care provider's training is in a health profession or specialty determined by the Department to be needed by the primary care area in which the service site is located; and
 3. The primary care provider's professional competence and conduct, as evidenced by:
 - a. Academic standing;
 - b. Prior professional experience in a HPSA;
 - c. Board certification, if applicable;
 - d. Residency achievements, if applicable;
 - e. Reference recommendations;
 - f. Depth of past residency practice experience, if applicable; and
 - g. Other information related to professional competence and conduct, if any.
- B.** The Department shall follow the procedure described in subsection (A) until no funds remain for the fiscal year or all complete applications have been processed.
- C.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each primary care provider who:
1. Is denied a loan repayment award;
 2. Receives less than the maximum loan repayment award authorized for the primary care provider's service site; or
 3. Receives less than the amount requested, if the amount requested is less than the maximum loan repayment award authorized for the primary care provider's service site.
- D.** A primary care provider who receives notice of appealable agency action may appeal the Department's decision.
1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
 2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-212. Reapplication

- A.** If the information provided in the original service site application is still accurate, and the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate, a primary care provider may reapply by submitting a completed reapplication form supplied by the Department. A completed reapplication form shall include the following:
1. The following information about the primary care provider:
 - a. Full name,
 - b. Social security number,
 - c. Date of birth,
 - d. Home address,
 - e. Home and alternate telephone numbers,
 - f. Work address, and
 - g. Work telephone number;
 2. The current balance of and repayment amount requested for each loan listed in the original primary care provider application;
 3. The following statements:
 - a. That the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate;
 - b. That the primary care provider is reapplying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the original primary care provider application;
 - c. That the Department is authorized to verify all information provided in the original primary care provider application and the current balance of each loan;
 - d. That the loans listed in the original primary care provider application were incurred solely for the costs of the primary care provider's health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
 - e. That each government or financial institution named as a lender in the original primary care provider application is authorized to release to the Department information about the loan received by the primary care provider; and
 - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
 - i. Making a false statement, misrepresentation, or material omission in the application;
 - ii. Fraudulently obtaining repayment for a loan; or
 - iii. Committing any other illegal action in connection with the PCPLRP;
 4. The notarized signature of the primary care provider certifying that the statements listed in subsection (A)(3) are true;
 5. The full name and title of the individual in the senior leadership position at the service site;
 6. A statement that the information on the original service site application is still accurate; and
 7. The notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (A)(6) is true.
- B.** If the original service site application is no longer accurate, or the original primary care provider application contains inaccurate information other than loan balances and requested repayment amounts, a primary care provider may reapply only by submitting the documents and information required by R9-15-209(A) and R9-15-210(A) and (B).

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-213. Service Verification

- A.** The Department awards loan repayment for continuous service during the contract period in accordance with the agreements in R9-15-206(A).
- B.** To demonstrate continuous service, a primary care provider who has received a loan repayment award shall submit to the Department a completed service verification form, provided by the Department, at the end of each 90 days of service.
1. The primary care provider shall submit the service verification form no later than 14 days after the end of the 90-day period.
 2. Failure to submit the service verification form in a timely manner may result in delay of payment to the lender or lenders.
- C.** The service verification form shall contain the following:
1. The name of the primary care provider,
 2. The name and address of the service site,
 3. The beginning and ending dates of the 90-day period,
 4. A statement that the primary care provider has provided full-time and continuous service at the service site for the 90-day period,
 5. The notarized signature of the primary care provider certifying that the statement in subsection (C)(4) is true, and
 6. The notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (C)(4) is true.

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-214. Loan Repayments

- A.** Upon receipt of a completed service verification form, the Department shall make payment for the 90-day period directly to the primary care provider's lender or lenders.
- B.** The Department restricts loan repayment to a maximum of three lenders.
- C.** If more than one loan is eligible for repayment, the primary care provider shall advise the Department of the percentage split of the repayment award to each lender.
- D.** The primary care provider remains responsible for timely repayment of the loan or loans.
- E.** The primary care provider shall arrange with each lender to make necessary changes in the payment schedule for each loan so that quarterly payments will not result in default.
- F.** The primary care provider is responsible for paying any taxes resulting from a loan repayment award.
- G.** Loan repayment awards are in addition to salary or compensation the primary care provider receives from employment at the service site.

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-215. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site

- A.** A primary care provider who is unable to complete the full term of service under the contract at the service site shall notify the Department in writing within ten days of making that determination. A primary care provider who does not intend to complete the full term of service under the contract at

the service site shall notify the Department in writing at least ten days before terminating service under the contract at the service site.

- B.** If a primary care provider dies or is incapacitated, the individual in the senior leadership position at the service site shall notify the Department in writing within ten days of the primary care provider's death or incapacitation.
- C.** In the written notice under subsection (A) or (B), the primary care provider or individual in the senior leadership position at the service site shall provide the reasons for the primary care provider's failure to complete the full term of service under the contract at the service site.

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-216. Liquidated Damages for Failure to Complete Full Term of Service under the Contract

- A.** A primary care provider who fails to complete the full term of service under the contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(J), unless the primary care provider receives a waiver of the liquidated damages under R9-15-218.
- B.** A primary care provider shall pay the liquidated damages to the Department within one year of termination of service under the contract or within one year of the end of a suspension granted under R9-15-217, whichever is later.

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-217. Suspension of Service under the Contract to Transfer to Another Eligible Service Site

- A.** A primary care provider who is unable or does not intend to complete the full term of service under the contract at the original service site may transfer to another eligible service site to complete the remainder of the term of service under the contract.
- B.** Upon request, the Department shall provide to a primary care provider a list of all known eligible service sites within the state.
- C.** The primary care provider is responsible for obtaining employment at another eligible service site in order to transfer.
- D.** A primary care provider who desires to transfer from the original service site to another eligible service site may request suspension of the contract for a period of up to six months to allow the primary care provider to obtain employment at another eligible service site.
1. To request suspension, the primary care provider shall submit to the Department a written request for suspension that includes:
 - a. The following information about the primary care provider:
 - i. Full name,
 - ii. Address, and
 - iii. Telephone number;
 - b. The following information about the original service site:
 - i. Name,
 - ii. Address,
 - iii. Telephone number, and
 - iv. Full name and telephone number of the individual in the senior leadership position;

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- c. The reasons for the primary care provider's inability or intention not to complete the full term of service under the contract at the original service site;
 - d. The beginning and ending dates of the requested suspension;
 - e. A statement that all of the information included in the request for suspension is true and accurate; and
 - f. The signature of the primary care provider.
2. Upon receiving a request for suspension, the Department shall contact the individual in the senior leadership position at the original service site:
- a. To verify the information in the request for suspension, and
 - b. To obtain the opinion of the original service site's leadership regarding the circumstances that caused the request for suspension.
3. The Department shall grant a suspension within 30 days of receiving a complete request for suspension.
- E.** During the suspension period, the Department shall not make loan payments. The primary care provider is responsible for making loan payments during the suspension period.
- F.** If the primary care provider does not obtain employment at another eligible service site by the end of the suspension period, the primary care provider shall pay to the Department liquidated damages owed under A.R.S. § 36-2172(J) as prescribed in R9-15-216, unless the primary care provider is able to obtain a waiver under R9-15-218.
- Historical Note**
- Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).
- R9-15-218. Waiver of Liquidated Damages**
- A.** The Department shall waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable to complete the full term of service under the contract due to the primary care provider's death.
- B.** The Department may waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable or does not intend to complete the full term of service under the contract because:
- 1. The primary care provider suffers from a physical or mental disability resulting in the primary care provider's permanent inability to perform the services required by the contract; or
 - 2. The primary care provider has:
 - a. A physical or mental disability,
 - b. A terminal illness in the immediate family, or
 - c. Another problem of a personal nature; and
 - d. The Department determines that the circumstance or condition described in subsection (B)(2)(a), (b), or (c) intrudes on the primary care provider's present and future ability to perform the services required by the contract so much that the primary care provider will not be able to perform under the contract.
- C.** A primary care provider may request a waiver of liquidated damages under this Section by submitting to the Department a written request for waiver that includes:
- 1. The following information about the primary care provider:
 - a. Full name,
 - b. Address, and
 - c. Telephone number;
 - 2. The following information about the service site:
 - a. Name,
 - b. Address,
 - c. Telephone number, and
 - d. Full name and telephone number of the individual in the senior leadership position;
- 3. Each circumstance or condition that the primary care provider believes makes the primary care provider eligible for waiver under this Section, including the date on which each circumstance or condition arose;
 - 4. If the primary care provider asserts eligibility under subsection (B)(1) or (B)(2) due to a physical or mental disability, documentation of the physical or mental disability from the primary care provider's physician or mental health care provider;
 - 5. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's present financial resources and obligations;
 - 6. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's estimated future financial resources and obligations;
 - 7. A statement that all of the information included in the request for waiver is true and accurate; and
 - 8. The signature of the primary care provider.
- D.** Upon receiving a request for waiver, the Department shall contact the individual in the senior leadership position at the service site to verify the information in the request for waiver and to obtain the opinion of the service site's leadership regarding the circumstance or condition that caused the request for waiver.
- E.** In determining whether to grant a waiver under this Section, the Department shall consider:
- 1. If the primary care provider is asserting eligibility under subsection (B)(1), the nature, extent, and duration of the primary care provider's physical or mental disability;
 - 2. If the primary care provider is asserting eligibility under subsection (B)(2):
 - a. The nature, extent, and duration of the problem described;
 - b. The primary care provider's present financial resources and obligations; and
 - c. The primary care provider's estimated future financial resources and obligations; and
 - 3. Whether the primary care provider would be eligible to receive a cancellation or waiver of a service or payment obligation from the Secretary of the United States Department of Health and Human Services under 42 C.F.R. §§ 62.12 and 62.28.
- F.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to a primary care provider who is denied a waiver under this Section.
- G.** A primary care provider may appeal the Department's denial of a waiver.
- 1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
 - 2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.
- Historical Note**
- Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).
- R9-15-219. Repealed**
- Historical Note**
- Repealed effective February 7, 1995 (Supp. 95-1).
- R9-15-220. Repealed**
- Historical Note**
- Repealed effective February 7, 1995 (Supp. 95-1).

R9-15-221. Repealed

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

R9-15-222. Repealed

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

R9-15-223. Repealed

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

R9-15-224. Repealed

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

R9-15-225. Repealed

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

R9-15-226. Repealed

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

R9-15-227. Repealed

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

R9-15-228. Repealed

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

R9-15-229. Repealed

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

R9-15-230. Repealed

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1).

ARTICLE 3. RURAL PRIVATE PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

R9-15-301. Definitions

In this Article, unless otherwise specified:

1. "AzMUA" means Arizona medically underserved area.
2. "Encounter" means an incident during which a primary care provider provides health care.
3. "RPPCPLRP" means Rural Private Primary Care Provider Loan Repayment Program.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-302. Loans Qualifying for Repayment

- A. The Department shall use RPPCPLRP funds only to repay:
 1. Principal, interest, and related expenses of government loans and commercial loans taken out by a primary care provider while obtaining a degree in allopathic or osteopathic medicine or dentistry or as a physician assistant, registered nurse practitioner, or nurse midwife to pay contemporaneous:
 - a. Tuition,
 - b. Reasonable educational expenses, and
 - c. Reasonable living expenses; or
 2. Government or commercial loans resulting from the refinancing or consolidation of loans described in subsection (A)(1).
- B. Obligations or debts incurred under the following are ineligible for repayment:
 1. The National Health Service Corps Scholarship Program,
 2. The Armed Forces Health Professional Scholarship Program,
 3. The Indian Health Service Scholarship Program, and
 4. The Arizona Medical Student Loan Program.

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2. The Armed Forces Health Professional Scholarship Program,
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4. The Arizona Medical Student Loan Program.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-303. Loan Repayment Application and Award Timetable

- A. The Department shall accept applications for the RPPCPLRP from primary care providers on a quarterly basis each fiscal year, as described below.
 1. A primary care provider who wants to be considered for a contract term to commence on July 1 shall submit a complete application so that it is received by the Department between December 16 and March 15.
 2. A primary care provider who wants to be considered for a contract term to commence on October 1 shall submit a complete application so that it is received by the Department between March 16 and June 15.
 3. A primary care provider who wants to be considered for a contract term to commence on January 1 shall submit a complete application so that it is received by the Department between June 16 and September 15.
 4. A primary care provider who wants to be considered for a contract term to commence on April 1 shall submit a complete application so that it is received by the Department between September 16 and December 15.
- B. Only two primary care providers from a service site are eligible to receive loan repayment each fiscal year.
 1. The Department shall waive this restriction on November 1 if funds remain for the fiscal year.
 2. A primary care provider whose application is denied under subsection (B) may reapply between November 1 and December 15 to be considered for a contract term to commence on April 1.
- C. The Department shall deny applications received when no funds remain for the fiscal year. A primary care provider whose application is denied due to unavailability of funds for the current fiscal year may reapply after December 15 to be considered for a contract term for the next fiscal year.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-304. Award Amounts

- A. The Department determines the annual amount of a loan repayment award based upon:
 1. The priority ranking of the service site at which the primary care provider plans to serve the contract obligation,
 2. The amount of loan repayment requested,
 3. The contract year of service, and
 4. The availability of funds.
- B. The Department provides loan repayment awards to physicians and dentists according to the following schedule:

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$20,000	\$18,000	\$16,000
Second year	\$20,000	\$18,000	\$16,000
Third year	\$22,000	\$20,000	\$18,000
Fourth year	\$25,000	\$22,000	\$20,000

- C. The Department provides loan repayment awards to mid-level providers according to the following schedule:

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$7,500	\$6,000	\$5,000
Second year	\$7,500	\$6,000	\$5,000
Third year	\$9,000	\$7,500	\$6,500
Fourth year	\$10,500	\$9,000	\$8,000

- D. The Department shall not award an amount that exceeds the primary care provider's total qualifying loan indebtedness.
- E. The Department shall award a primary care provider the amount of loan repayment requested unless the amount requested exceeds the maximum annual amount allowable according to subsection (B) or (C) or the Department has inadequate funds to provide the maximum annual amount allowable and the primary care provider agrees to contract for a lesser amount.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-305. Loan Repayment Contract

- A. In exchange for loan repayment, a primary care provider shall contract with the Department to provide full-time continuous services at a specific eligible service site for a minimum of 24 months in accordance with the agreements described in R9-15-306(A). The primary care provider shall sign and return the contract to the Department.
- B. The contract shall comply with A.R.S. Title 41, Chapter 23 and 2 A.A.C. 7.
- C. Primary care services performed before the effective date of the RPPCPLRP contract do not count toward satisfaction of the period of service under the contract.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-306. Primary Care Provider Eligibility Criteria

- A. To be eligible to participate in the RPPCPLRP, a primary care provider shall:
 1. Be a United States citizen;
 2. Have 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. Hold a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
 4. If a physician, have completed a professional residency program and be board certified or eligible to sit for the certifying examination in:
 - a. Family or general practice,
 - b. Pediatrics,
 - c. Obstetrics, or
 - d. Internal medicine;
 5. Have a signed contract for current or prospective employment at an eligible service site or a letter of intent signed by the individual in the senior leadership position at an eligible service site indicating an intent to hire the primary care provider or be a sole practitioner running an eligible service site;

6. Agree to contract with the Department to serve full-time providing primary care services at the eligible service site for a minimum of 24 months, with 12- or 24-month contract extensions available upon mutual agreement with the individual in the senior leadership position at the service site;
7. Agree, unless an obstetrician or nurse midwife, to work at least 32 of the minimum 40 hours per week providing ambulatory care services at the service site during scheduled office hours;
8. Agree, if an obstetrician or nurse midwife, to work at least 21 hours per week providing ambulatory care services at the service site during scheduled office hours;
9. Agree to charge for services at the usual and customary rates prevailing in the primary care area, except that medically uninsured individuals from family units with annual incomes below 200% of the poverty level shall be charged according to a discounted sliding-fee scale approved by the Department or not charged;
10. Agree to notify consumers of the availability of the discounted sliding-fee scale to eligible individuals;
11. Agree not to discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS;
12. Agree to accept assignment for payment under Medicare and to participate in AHCCCS; and
13. Have satisfied any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity before beginning a period of service under the RPPCPLRP.

- B. The following are not eligible to participate:

1. A primary care provider who has breached a health professional services contract with a federal, state, or local government or another entity;
2. A primary care provider against whose property there is a judgment lien for a debt to the United States; and
3. A primary care provider whose service site is located in a non-rural area.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-307. Service Site Eligibility Criteria

To be eligible to have a primary care provider participate in the RPPCPLRP, a service site shall:

1. Provide primary care services in a rural private practice located in an AzMUA;
2. Accept Medicare assignment;
3. Be an AHCCCS provider;
4. Charge for services at the usual and customary rates prevailing in the primary care area, except that the service site shall have a policy providing that medically uninsured individuals from family units with annual incomes below 200% of the federal poverty level shall be charged a reduced rate according to a discounted sliding-fee scale approved by the Department or not charged;
5. Submit the discounted sliding-fee scale to the Department for approval;
6. Ensure notice to consumers of the availability of the discounted sliding-fee scale to eligible individuals by, at a minimum, posting in the reception area a poster provided by the Department that advertises the availability of the discounted sliding-fee scale for eligible individuals; and
7. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-308. Prioritization of Eligible Service Sites

A. The Department shall prioritize eligible service sites by assigning points based upon the following criteria:

1. Placement of the AzMUA in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203:

Placement	Points
Top 25th Percentile	4
Next 25th Percentile	3
Next 25th Percentile	2
Bottom 25th Percentile	1

2. Population-to-primary-care-provider ratio points received by the AzMUA in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203.
3. Percentage of minority population in the AzMUA in which the service site is located as set forth in the most recent primary care index generated under A.A.C. R9-24-203:

Percentage	Points
>50%	4
40-50%	3
30-39%	2
20-29%	1
<20%	0

4. Distance from the service site to the nearest city or town with a population of 20,000 or greater:

Miles	Points
≥45	4
<45	0

B. The Department shall prioritize each eligible service site according to the sum of the points for each factor described in subsection (A):

1. A service site that scores 15 to 22 points is priority 1;
2. A service site that scores 7 to 14 points is priority 2; and
3. A service site that scores 6 or fewer points is priority 3.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-309. Service Site Application

A. The individual in the senior leadership position at a service site shall complete a service site application form, available from the Department, to have the Department determine service site eligibility and a priority score. The individual in the senior leadership position at the service site shall provide the completed service site application to the primary care provider applying to participate in the RPPCPLRP. The completed service site application shall include the following information:

1. The name and street address of the service site;
2. The service site's business organization type;
3. The name of the AzMUA in which the service site is located;
4. The name and address of the primary care provider's prospective employer, if different from the name and address of the service site;
5. The prospective employer's business organization type, if the prospective employer is different from the service site;
6. A statement that the service site is in compliance with the requirements of R9-15-307;
7. A statement that the service site has financial means available to provide the following to the primary care

provider for a minimum of 24 months of full-time services:

- a. Salary,
- b. Benefits, and
- c. Malpractice insurance expenses;

8. The service site's Medicare identification number;
9. The service site's AHCCCS provider number;
10. The notarized signature of the individual in the senior leadership position at the service site certifying that all of the information on the application is true; and
11. The following documentation:
 - a. A copy of the service site's sliding-fee scale, and
 - b. A copy of the service site's policy for using the sliding-fee scale.

B. The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the individual in the senior leadership position at a service site that is determined to be ineligible to have a primary care provider participate in the RPPCPLRP. If the individual in the senior leadership position at the service site decides to appeal, the individual in the senior leadership position at the service site shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

C. If a primary care provider is a sole practitioner, the primary care provider shall complete the service site application as the individual in the senior leadership position at the service site, and the Department will treat the primary care provider as the individual in the senior leadership position at the service site for purposes of subsection (B).

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-310. Primary Care Provider Application

A. To apply for loan repayment, a primary care provider shall submit to the Department the following documents:

1. A completed primary care provider application on a form provided by the Department, including the information described in subsection (B);
2. A copy of the primary care provider's social security card;
3. A copy of one of the following issued to the primary care provider:
 - a. Birth certificate,
 - b. United States passport, or
 - c. Naturalization papers;
4. A copy of the loan documents for each qualifying loan for which repayment is requested;
5. Documentation showing that the primary care provider 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;
6. Documentation showing that the primary care provider holds a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
7. If a physician, documentation showing that the primary care provider has completed a professional residency program and is either board certified or eligible to sit for the certifying examination in:
 - a. Family or general practice,
 - b. Pediatrics,
 - c. Obstetrics, or
 - d. Internal medicine;

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8. If the primary care provider is not a sole practitioner:
 - a. A copy of the contract signed by both the individual in the senior leadership position at the service site and the primary care provider evidencing current or prospective employment with the service site, which may include a provision that the primary care provider may or shall be released from the contract if not selected for a loan repayment award; or
 - b. A copy of the letter of intent signed by the individual in the senior leadership position at the service site indicating an intent to hire the primary care provider;
 9. Documentation showing that any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity will be satisfied before beginning a period of service under the RPPCPLRP;
 10. A completed service site application; and
 11. A copy of the primary care provider's curriculum vitae.
- B.** A completed primary care provider application form shall include the following:
1. The following information about the primary care provider:
 - a. Full name;
 - b. Social security number;
 - c. Date of birth;
 - d. Citizenship;
 - e. Ethnicity;
 - f. Gender;
 - g. Home address;
 - h. Home and alternate telephone numbers;
 - i. Work address;
 - j. Work telephone number;
 - k. Whether the primary care provider is:
 - i. A physician,
 - ii. A physician assistant,
 - iii. A registered nurse practitioner,
 - iv. A nurse midwife, or
 - v. A dentist;
 - l. Whether the primary care provider specializes in:
 - i. Family or general practice,
 - ii. Pediatrics,
 - iii. Obstetrics, or
 - iv. Internal medicine;
 - m. The primary care provider's subspecialty, if any;
 - n. Whether the primary care provider is fluent in:
 - i. Spanish;
 - ii. A Native American language, which shall be identified; or
 - iii. Another non-English language, which shall be identified;
 - o. The method by which the primary care provider learned of the RPPCPLRP;
 - p. The degrees held by the primary care provider, including majors or fields of study;
 - q. Whether the primary care provider has a prior or existing health professional service obligation and the following information about each prior or existing service obligation:
 - i. The name and address of the program,
 - ii. The name and telephone number of an individual with the program who may be contacted for further information, and
 - iii. The terms of the obligation;
 - r. Whether the primary care provider is in default of a health professional service obligation described under subsection (B)(1)(q) and a description of the circumstances of default, if any; and
 - s. Whether any of the primary care provider's property is subject to a judgment lien for a debt to the United States;
 2. The following information about each undergraduate school that the primary care provider attended:
 - a. Name;
 - b. Address;
 - c. Month and year that attendance commenced;
 - d. Month and year of graduation or termination of attendance;
 - e. Degree obtained by the primary care provider; and
 - f. The following information about one reference at the school:
 - i. Full name,
 - ii. Title, and
 - iii. Telephone number;
 3. The following information about each graduate school that the primary care provider attended:
 - a. Name;
 - b. Address;
 - c. Month and year that attendance commenced;
 - d. Month and year of graduation or termination of attendance;
 - e. Degree obtained by the primary care provider; and
 - f. The following information about one reference at the school:
 - i. Full name,
 - ii. Title, and
 - iii. Telephone number;
 4. The following information about each institution where the primary care provider commenced or completed an internship:
 - a. Name;
 - b. Address;
 - c. Month and year that the internship commenced;
 - d. Month and year of graduation or termination of the internship;
 - e. The following information about one reference at the institution:
 - i. Full name,
 - ii. Title, and
 - iii. Telephone number, and
 - f. The name and address of the affiliated university or health professional program;
 5. The following information about each institution where the primary care provider commenced or completed a residency:
 - a. Name;
 - b. Address;
 - c. Month and year that the residency commenced;
 - d. Month and year of graduation or termination of the residency;
 - e. The following information about one reference at the institution:
 - i. Full name,
 - ii. Title, and
 - iii. Telephone number; and
 - f. The name and address of the affiliated university or health professional program;
 6. The following information about each license held by the primary care provider:
 - a. Type of license,
 - b. Issuing state,
 - c. License number,
 - d. Term of the license, and
 - e. A description of any license restrictions;
 7. The following information about each certification held by the primary care provider:
 - a. Type of certification,

- b. Issuing state;
 - c. Term of the certification, and
 - d. A description of any certification restrictions;
8. The following information about each location where the primary care provider has practiced since completing health professional training:
- a. Name;
 - b. Address; and
 - c. The following information about the individual in the senior leadership position at the location:
 - i. Full name,
 - ii. Title, and
 - iii. Telephone number;
9. The following information about the service site:
- a. Name;
 - b. Address;
 - c. Telephone number; and
 - d. If the primary care provider is not a sole practitioner, name of the individual in the senior leadership position at the service site;
10. If the primary care provider is not a sole practitioner, the following information about the prospective employer, if different from the service site:
- a. Name,
 - b. Address, and
 - c. Telephone number;
11. The dates on which service under the contract is to commence and end;
12. The following information about each of three professional references not provided elsewhere in the application for the primary care provider:
- a. Full name,
 - b. Title,
 - c. Address, and
 - d. Telephone number;
13. The following information about each loan for which repayment is sought:
- a. Lender name;
 - b. Lender address;
 - c. Lender telephone number;
 - d. Loan identification number;
 - e. Primary care provider name as it appears on the loan;
 - f. Original amount of the loan;
 - g. Current balance of the loan, including the date provided;
 - h. Interest rate on the loan;
 - i. Whether it is simple interest and an explanation if it is not simple interest;
 - j. Purpose for the loan as indicated on the loan application; and
 - k. The month and year of the beginning and end of the academic period covered by the loan;
14. The following statements:
- a. That the information provided in the application is accurate;
 - b. That the primary care provider is applying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the application;
 - c. That the Department is authorized to verify all information provided in the application;
 - d. That the loans listed in the application were incurred solely for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
 - e. That each government or financial institution named as a lender in the application is authorized to release to the Department information about the loan received by the primary care provider; and
 - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
 - i. Making a false statement, misrepresentation, or material omission in the application;
 - ii. Fraudulently obtaining repayment for a loan; or
 - iii. Committing any other illegal action in connection with the RPPCPLRP;
15. The notarized signature of the primary care provider certifying that the statements listed in subsection (B)(14) are true; and
16. For each loan for which repayment is sought, the notarized signature of an individual authorized to sign for the lender certifying that the loan from that lender is a bona fide and legally enforceable commercial or government loan made to meet the costs of the primary care provider's health professional education.
- C.** 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.
- D.** The Department shall verify all loan information with each lender. The Department may verify any other information provided by the primary care provider.
- Historical Note**
- New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).
- R9-15-311. Selection of Primary Care Providers**
- A.** Each quarter, provided that funds are available, the Department shall review all complete applications received from eligible primary care providers and make awards in order of service site priority, subject to the following:
- 1. The service site limit described in R9-15-303(B);
 - 2. The extent to which a primary care provider's training is in a health profession or specialty determined by the Department to be needed by the primary care area in which the service site is located; and
 - 3. The primary care provider's professional competence and conduct, as evidenced by:
 - a. Academic standing;
 - b. Prior professional experience in an AzMUA,
 - c. Board certification, if applicable;
 - d. Residency achievements, if applicable;
 - e. Reference recommendations;
 - f. Depth of past residency practice experience, if applicable; and
 - g. Other information related to professional competence and conduct, if any.
- B.** The Department shall follow the procedure described in subsection (A) until no funds remain for the fiscal year or all complete applications have been processed.
- C.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each primary care provider who:
- 1. Is denied a loan repayment award;
 - 2. Receives less than the maximum loan repayment award authorized for the primary care provider's service site; or
 - 3. Receives less than the amount requested, if the amount requested is less than the maximum loan repayment award authorized for the primary care provider's service site.
- D.** A primary care provider who receives notice of appealable agency action may appeal the Department's decision.
- 1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Depart-

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ment within 30 days after receiving the notice of appealable agency action.

2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-312. Reapplication

- A. If the information provided in the original service site application is still accurate, and the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate, a primary care provider may reapply by submitting a completed reapplication form supplied by the Department. A completed reapplication form shall include the following:
 1. The following information about the primary care provider:
 - a. Full name,
 - b. Social security number,
 - c. Date of birth,
 - d. Home address,
 - e. Home and alternate telephone numbers,
 - f. Work address, and
 - g. Work telephone number;
 2. The current balance of and repayment amount requested for each loan listed in the original primary care provider application;
 3. The following statements:
 - a. That the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate;
 - b. That the primary care provider is reapplying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the original primary care provider application;
 - c. That the Department is authorized to verify all information provided in the original primary care provider application and the current balance of each loan;
 - d. That the loans listed in the original primary care provider application were incurred solely for the costs of the primary care provider's health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
 - e. That each government or financial institution named as a lender in the original primary care provider application is authorized to release to the Department information about the loan received by the primary care provider; and
 - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
 - i. Making a false statement, misrepresentation, or material omission in the application;
 - ii. Fraudulently obtaining repayment for a loan; or
 - iii. Committing any other illegal action in connection with the RPPCPLRP;
 4. The notarized signature of the primary care provider certifying that the statements listed in subsection (A)(3) are true;
 5. If the primary care provider is not a sole practitioner, the full name and title of the individual in the senior leadership position at the service site;
 6. A statement that the information on the original service site application is still accurate; and
 7. One of the following:

- a. If the primary care provider is not a sole practitioner, the notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (A)(6) is true; or
- b. If the primary care provider is a sole practitioner, the notarized signature of the primary care provider certifying that the statement in subsection (A)(6) is true.

- B. If the original service site application is no longer accurate, or the original primary care provider application contains inaccurate information other than loan balances and requested repayment amounts, a primary care provider may reapply only by submitting the documents and information required by R9-15-309(A) and R9-15-310(A) and (B).

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-313. Service Verification

- A. The Department awards loan repayment for continuous service during the contract period in accordance with the agreements in R9-15-306(A).
- B. To demonstrate continuous service, a primary care provider who has received a loan repayment award shall submit to the Department a completed service verification form and a completed encounter report, provided by the Department, at the end of each 90 days of service.
 1. The primary care provider shall submit the service verification form and the encounter report no later than 14 days after the end of the 90-day period.
 2. Failure to submit the service verification form and the encounter report in a timely manner may result in delay of payment to the lender or lenders.
- C. The service verification form shall contain the following:
 1. The name of the primary care provider;
 2. The name and address of the service site;
 3. The beginning and ending dates of the 90-day period;
 4. A statement that the primary care provider has provided full-time and continuous service at the service site for the 90-day period;
 5. The notarized signature of the primary care provider certifying that the statement in subsection (C)(4) is true; and
 6. If the primary care provider is not a sole practitioner, the notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (C)(4) is true.
- D. The encounter form shall contain the following:
 1. The name of the primary care provider;
 2. The name and address of the service site;
 3. The number of encounters during the 90-day-period with individuals who were charged using the sliding-fee scale or were not charged;
 4. The beginning and ending dates of the 90-day period;
 5. A statement that the primary care provider has provided the services reported in the encounter report in accordance with the terms and conditions of the primary care provider's loan repayment contract with the Department;
 6. The notarized signature of the primary care provider certifying that the statement in subsection (D)(5) is true; and
 7. If the primary care provider is not a sole practitioner, the notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (D)(5) is true.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-314. Loan Repayments

- A. Upon receipt of a completed service verification form and a completed encounter report, the Department shall make payment for the 90-day period directly to the primary care provider's lender or lenders.
- B. The Department restricts loan repayment to a maximum of three lenders.
- C. If more than one loan is eligible for repayment, the primary care provider shall advise the Department of the percentage split of the repayment award to each lender.
- D. The primary care provider remains responsible for timely repayment of the loan or loans.
- E. The primary care provider shall arrange with each lender to make necessary changes in the payment schedule for each loan so that quarterly payments will not result in default.
- F. The primary care provider is responsible for paying any taxes resulting from a loan repayment award.
- G. Loan repayment awards are in addition to salary or compensation the primary care provider receives from employment at the service site.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-315. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site

- A. A primary care provider who is unable to complete the full term of service under the contract at the service site shall notify the Department in writing within ten days of making that determination. A primary care provider who does not intend to complete the full term of service under the contract at the service site shall notify the Department in writing at least ten days before terminating service under the contract at the service site.
- B. If a primary care provider who is not a sole practitioner dies or is incapacitated, the individual in the senior leadership position at the service site shall notify the Department in writing within ten days of the primary care provider's death or incapacitation.
- C. In the written notice under subsection (A) or (B), the primary care provider or individual in the senior leadership position at the service site shall provide the reasons for the primary care provider's failure to complete the full term of service under the contract at the service site.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-316. Liquidated Damages for Failure to Complete Full Term of Service under the Contract

- A. A primary care provider who fails to complete the full term of service under the contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(J), unless the primary care provider receives a waiver of the liquidated damages under R9-15-318.
- B. A primary care provider shall pay the liquidated damages to the Department within one year of termination of service under the contract or within one year of the end of a suspension granted under R9-15-317, whichever is later.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-317. Suspension of Service under the Contract to Transfer to Another Eligible Service Site

- A. A primary care provider who is unable or does not intend to complete the full term of service under the contract at the orig-

inal service site may transfer to another eligible service site to complete the remainder of the term of service under the contract.

- B. Upon request, the Department shall provide to a primary care provider a list of all known eligible service sites within the state.
- C. The primary care provider is responsible for obtaining employment at another eligible service site in order to transfer.
- D. A primary care provider who desires to transfer from the original service site to another eligible service site may request suspension of the contract for a period of up to six months to allow the primary care provider to obtain employment at another eligible service site.
 - 1. To request suspension, the primary care provider shall submit to the Department a written request for suspension that includes:
 - a. The following information about the primary care provider:
 - i. Full name,
 - ii. Address, and
 - iii. Telephone number;
 - b. The following information about the original service site:
 - i. Name;
 - ii. Address;
 - iii. Telephone number; and
 - iv. Full name and telephone number of the individual in the senior leadership position or, if the primary care provider is a sole practitioner, of the primary care provider;
 - c. The reasons for the primary care provider's inability or intention not to complete the full term of service under the contract at the original service site;
 - d. The beginning and ending dates of the requested suspension;
 - e. A statement that all of the information included in the request for suspension is true and accurate; and
 - f. The signature of the primary care provider.
 - 2. Upon receiving a request for suspension, if the primary care provider is not a sole practitioner, the Department shall contact the individual in the senior leadership position at the original service site:
 - a. To verify the information in the request for suspension, and
 - b. To obtain the opinion of the original service site's leadership regarding the circumstances that caused the request for suspension.
 - 3. The Department shall grant a suspension within 30 days of receiving a complete request for suspension.
- E. During the suspension period, the Department shall not make loan payments. The primary care provider is responsible for making loan repayments during the suspension period.
- F. If the primary care provider does not obtain employment at another eligible service site by the end of the suspension period, the primary care provider shall pay to the Department liquidated damages owed under A.R.S. § 36-2172(J) as prescribed in R9-15-316, unless the primary care provider is able to obtain a waiver under R9-15-318.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).

R9-15-318. Waiver of Liquidated Damages

- A. The Department shall waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable to complete the full term of service under the contract due to the primary care provider's death.

- B.** The Department may waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable or does not intend to complete the full term of service under the contract because:
1. The primary care provider suffers from a physical or mental disability resulting in the primary care provider's permanent inability to perform the services required by the contract; or
 2. The primary care provider has:
 - a. A physical or mental disability,
 - b. A terminal illness in the immediate family, or
 - c. Another problem of a personal nature; and
 3. The Department determines that the circumstance or condition described in subsection (B)(2)(a), (b), or (c) intrudes on the primary care provider's present and future ability to perform the services required by the contract so much that the primary care provider will not be able to perform under the contract.
- C.** A primary care provider may request a waiver of liquidated damages under this Section by submitting to the Department a written request for waiver that includes:
1. The following information about the primary care provider:
 - a. Full name,
 - b. Address, and
 - c. Telephone number;
 2. The following information about the service site:
 - a. Name;
 - b. Address;
 - c. Telephone number; and
 - d. If the primary care provider is not a sole practitioner, full name and telephone number of the individual in the senior leadership position;
 3. Each circumstance or condition that the primary care provider believes makes the primary care provider eligible for waiver under this Section, including the date on which each circumstance or condition arose;
 4. If the primary care provider asserts eligibility under subsection (B)(1) or (B)(2) due to a physical or mental disability, documentation of the physical or mental disability from the primary care provider's physician or mental health care provider;
 5. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's present financial resources and obligations;
 6. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's estimated future financial resources and obligations;
 7. A statement that all of the information included in the request for waiver is true and accurate; and
 8. The signature of the primary care provider.
- D.** Upon receiving a request for waiver, if the primary care provider is not a sole practitioner, the Department shall contact the individual in the senior leadership position at the service site to verify the information in the request for waiver and to obtain the opinion of the service site's leadership regarding the circumstance or condition that caused the request for waiver.
- E.** In determining whether to grant a waiver under this Section, the Department shall consider:
1. If the primary care provider is asserting eligibility under subsection (B)(1), the nature, extent, and duration of the primary care provider's physical or mental disability;
 2. If the primary care provider is asserting eligibility under subsection (B)(2):
 - a. The nature, extent, and duration of the problem described;
 - b. The primary care provider's present financial resources and obligations; and
 - c. The primary care provider's estimated future financial resources and obligations.
- F.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to a primary care provider who is denied a waiver under this Section.
- G.** A primary care provider may appeal the Department's denial of a waiver.
1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
 2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2).