TITLE 9. HEALTH SERVICES

CHAPTER 15. DEPARTMENT OF HEALTH SERVICES

LOAN REPAYMENT PROGRAM

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Section

ARTICLE 1. GENERAL

R9-15-101. Definitions

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

1. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
2. "Application" means the information and documents submitted to the Department by a primary care provider requesting to participate in the Loan Repayment Program.
3. "Arizona Health Care Cost Containment System" or "AHCCCS" means the Arizona state agency established by A.R.S. Title 36, Chapter 29 to administer 42 U.S.C. 1396-1, Title XIX health care programs.
4. "Arizona medically underserved area" or "AzMUA" means a primary care area where access to primary care service is limited as designated according to A.R.S. § 36-2352.
5. "Calendar day" means each day, not excluding the day of the act, event, or default from which a designated period of time begins to run and including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
6. "Calendar year" means the period of 365 days starting from the first day of January.
7. "Cancellation" means the discharge of a primary care provider's loan repayment contract based on one of the following:
   a. A primary care provider requests a discharge of the primary care provider's contract as allowed by this Chapter; or
   b. The Department determines:
      i. There are no loan repayment funds available;
      ii. A primary care provider is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Chapter;
      iii. A primary care provider's service site is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Chapter; or
      iv. A primary care provider fails to meet the terms of the primary care provider's contract with the Department.
8. "Certified nurse midwife" means a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period.

9. "Clinical social worker" means an individual licensed under A.R.S. § 32-3293.
10. "Critical access hospital" means a facility certified by the Centers for Medicare & Medicaid Services under section 1820 of the Social Security Act.
11. "Denial" means the Department's determination that a primary care provider is not approved to:
    a. Participate in the LRP,
    b. Renew a loan repayment contract,
    c. Suspend or cancel a loan repayment contract, or
    d. Waive liquidated damages owed by the primary care provider for failure to comply with A.R.S. Title 36, Chapter 21 and this Chapter.
12. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
13. "Educational expenses" has the same meaning as in 42 C.F.R. § 62.22.
14. "Encounter" means a face-to-face visit, which may include a visit using telemedicine, between a patient and a primary care provider during which primary care services are provided.
15. "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.
16. "Federal prison" means a secure facility managed and run by the Federal Bureau of Prisons that confines an individual convicted of a crime.
17. "Full-time" means working at least 40 hours per week for at least 45 weeks per service year.
18. "Free-clinic" means a facility that provides primary care services, on an outpatient basis, to individuals at no charge.
19. "Government loan" means an advance of money made by a federal, state, county, or city agency that is authorized by law to make loans.
20. "Half-time" means working at least 20 hours per week, but not more than 39 hours per week, for at least 45 weeks per service year.
21. "Health professional school" has the same meaning as "school" in 42 C.F.R. § 62.2.
22. "Health professional service obligation" means a legal commitment in which a primary care provider agrees to provide primary care services for a specified period of time in a designated area or through a designated service site.
23. "Health professional shortage area" or "HPSA" means a geographic region, population group, or public or non-profit private medical facility or other public facility determined

by the United States Department of Health and Human Services to have an inadequate number of primary care providers under 42 U.S.C. § 254e.

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

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

v. Obstetrics-gynecology, or

vi. Psychiatry;

b. A physician assistant practicing:

i. Adult medicine,

ii. Family medicine,

iii. Pediatrics,

iv. Geriatrics,

v. Women's health, or

vi. Behavioral health;

c. A registered nurse practitioner practicing:

i. Adult medicine,

ii. Family medicine,

iii. Pediatrics,

iv. Geriatrics,

v. Women's health, or

vi. Behavioral health;

d. A certified nurse midwife,

e. A dentist practicing:

i. General dentistry,

ii. Geriatric dentistry, or

iii. Pediatric dentistry;

f. A pharmacist; or

g. A behavioral health provider practicing as:

i. A psychologist,

ii. A clinical social worker,

iii. A marriage and family therapist, or

iv. A professional counselor.

43. "Primary care service" means medical, dental, pharmaceutical, or behavioral health services provided on an outpatient basis by a primary care provider.

44. "Private practice" means one or more health care providers providing primary care services in which each health care provider is an owner who can be held personally responsible for the primary care services provided by one or more of the health care providers.

45. "Professional counselor" means an individual licensed under A.R.S. § 32-3301.

46. "Psychiatrist" means a physician who is board certified or board eligible to provide behavioral health services.
47. "Psychologist" has the same meaning as in A.R.S. § 32-2061.
48. "Public" means any:
    a. State or local government; or
    b. Department, agency, special purpose district, or other unit of a state or local government, including the legislature.
49. "Qualifying educational loan" means a government or a non-government student loan:
    a. Used for the actual costs paid for educational expenses and living expenses that occurred during the undergraduate or graduate education of a primary care provider, and
    b. Obtained before the submission of an initial application.
50. "Qualifying health plan" means health insurance coverage provided to a consumer through the Arizona State Health Insurance Marketplace established by 42 U.S.C.A. § 18001 (2010).
51. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
52. "Service site" means a health care institution that provides primary care services at a specific location.
53. "Service verification form" means a document confirming a primary care provider's full-time or half-time continuous employment at the primary care provider's approved service site.
54. "Sliding-fee schedule" has the same meaning as in A.A.C. R9-1-501.
55. "State-appropriated funds" means monies provided to the Department for the Primary care Provider Loan Repayment Program established according to A.R.S. § 36-2172 and the Rural Private Primary Care Loan Repayment Program established according to A.R.S. § 36-2174.
56. "State loan repayment funds" means monies provided to the Department from the United States Department of Health and Human Services, Health Resources and Services Administration, established by 42 U.S.C.A. § 18001 (2010).
57. "State prison" means a secure facility managed and run by a state that confines an individual convicted of a crime.
58. "Student" means an individual pursuing a course of study at a health professional school.
59. "Substantive review time-frame" has the same meaning as in A.R.S. § 41-1072.

60. "Suspend" means to temporarily interrupt a primary care provider's loan repayment contract for a specified period of time based on a request submitted by the primary care provider.

61. "Telemedicine" has the same meaning as "telemedicine" defined in A.R.S. § 36-3601, "teledentistry" defined in A.R.S. § 36-3611, or "telepractice" defined in A.R.S. §32-3251.

62. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a federal and state holiday or a statewide furlough day.

ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

R9-15-201. Qualifying Loans and Restrictions

A. The Department shall use loan repayment funds to pay for:

1. Principal, interest, and related expenses of a qualifying educational loan taken out by a primary care provider while obtaining a degree leading to eligibility for a health professional license; or
2. Qualifying educational 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 loan repayment funds:

1. A loan for which a primary care provider incurred a health professional service obligation that will not be fulfilled before the deadline for submission of a LRP initial application,
2. A loan for which the associated documentation does not identify that the loan was solely applicable to the undergraduate or graduate education of a primary care provider,
3. A primary care loan,
4. A loan subject to cancellation, or
5. A residency loan.

C. The following apply to a primary care provider's lenders and loans:

1. The Department shall accept loan repayment assignment to a maximum of three lenders.
2. If more than one loan is eligible for loan repayment funds, the primary care provider shall advise the Department of the percentage of the loan repayment funds that each lender is identified by the primary care provider to receive.
3. A primary care provider is responsible for the timely loan repayment of a loan.
4. A primary care provider shall arrange with each lender to make necessary changes in the payment schedule for a loan so that quarterly loan repayments will not result in default.
5. A primary care provider is responsible for paying taxes that may result from receiving loan repayment funds to reduce a qualifying educational loan amount owed to a primary care provider's lender.

R9-15-202. Primary Care Provider and Service Site Requirements

A. A primary care provider may request to participate in the LRP:

1. If the primary care provider:
    a. Is a United States citizen or U.S. National according to U.S.C. Title 8, Chapter 12;

b. 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;

c. Holds a current Arizona license or certificate in a health profession licensed under A.R.S. Title 32;

d. If a physician, has completed a professional residency program and is board certified or board eligible in:

i. Family medicine,

ii. Internal medicine,

iii. Pediatrics,

iv. Geriatrics,

v. Obstetrics-gynecology, or

vi. Psychiatry;

e. Except for a pharmacist or a behavioral health provider providing primary care services at a free-clinic or a federal or state prison, is a pharmacist or a behavioral health provider agrees to comply with the requirements for a sliding-fee schedule according to 9 A.A.C. 1, Article 5;

f. Except for a primary care provider providing primary care services at a free-clinic or a federal or state prison, agrees to charge for primary care services at the usual and customary fees prevailing in the primary care area, except that:

i. A patient unable to pay the usual and customary fees is charged a reduced fee according to the service site's or employer's sliding-fee schedule required in subsection (A)(2)(d), or a fee less than the sliding-fee schedule, or not charged; and

ii. A medically uninsured individual from a family unit with annual income at or below 200% of the poverty level is charged according to a sliding-fee schedule required in subsection (A)(2)(d) or not charged;

g. Provides services at a critical access hospital with a separate qualifying service site, agrees to provide:

i. At least 16 hours of service per week at the critical access hospital, and

ii. At least 24 hours of primary care service hours per week at a qualifying service site;

h. Agrees not to discriminate on the basis of a patient's ability to pay or a payment source, including Medicare, AHCCCS, and a qualifying health plan;

i. Agrees to accept assignment for payment under Medicare if providing primary care services to adults, AHCCCS, and a qualifying health plan; and

j. Has satisfied any other obligation for health professional service owed under a contract with a federal, state, or local government before beginning a period of service under the LRP; and

2. If the primary care provider's service site:

a. Provides primary care services in a:

i. Public or non-profit service site in A.R.S. § 36-2172, or

ii. Private practice service site in A.R.S. § 36-2174;

b. Except for a free-clinic, accepts assignment for payment under Medicare if providing primary care services to adults, AHCCCS, and a qualifying health plan;

c. Except for a free-clinic, is an AHCCCS provider;

d. Except for a free-clinic or a federal or state prison:

i. Submits a sliding-fee schedule according to 9 A.A.C. 1, Article 5 to the Department for approval;

ii. Develops and implements a policy for the service site's sliding-fee schedule; and

iii. Ensures that signage, informing individuals that the service site has a sliding-fee schedule, is conspicuously posted in the service site's reception area;

e. Except for a free-clinic or a federal or state prison, charges for primary care services at the usual and customary fees prevailing in the primary care area, shall have a policy providing that:

i. A patient who is unable to pay the usual and customary fee is:

(1) Charged a reduced fee according to the service site's sliding-fee schedule in subsection (A)(2)(d),

(2) Charged a fee less than the sliding-fee schedule, or

(3) Not charged; and

ii. A medically uninsured individual from a family unit with an annual income at or below 200% of the poverty level is charged according to the service site's sliding-fee schedule in subsection (A)(2)(d) or not charged;

f. For a free-clinic, develop and implement a policy that the free-clinic provides primary care services to individuals at no charge;

g. Does not discriminate on the basis of a patient's ability to pay or a payment source, including Medicare, AHCCCS, and a qualifying health plan; and

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

B. A primary care provider may not participate in the LRP, if the primary care provider:

1. Has a judgment lien against the primary care provider's property for a debt owed to a federal agency;

2. Is applying to participate in the Primary Care Provider LRP and:

a. Has defaulted on:

i. A Federal income tax liability,

ii. Any federally-guaranteed or insured student or home mortgage loan,

iii. A Federal Health Education Assistance Loan,

iv. A Federal Nursing Student Loan, or

v. A Federal Housing Authority Loan; or

b. Is delinquent on payment for:

i. Court-ordered child support, or

ii. State taxes; or

3. Is applying to participate in the Rural Private Primary Care Provider LRP and is delinquent on payment for state taxes or court-ordered child support.

R9-15-203. Initial Application

A. To apply to participate in the LRP, a primary care provider who has not previously participated in the LRP shall submit an initial application to the Department by June 1 of each year.

B. A primary care provider who submitted an initial application to the Department according to subsection (A) but was not approved to participate in the LRP during the June allocation process according to subsection (I) or because loan repayment funds were not available, may reapply during the October allocation process of the same calendar year by submitting a supplemental initial application by October 1.

C. A primary care provider applying to participate in the LRP shall submit an initial application in a Department–provided format to the Department containing:

1. The following information in a Department-provided format that includes:

a. The primary care provider's:

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

ii. Social Security number; and

iii. Date of birth;

b. The name, street address, e-mail address, and telephone number of the prospective employer or employer where the primary care provider provides or will provide primary care services while participating in the LRP, including the dates that the primary care provider is expected to start and end providing primary care services;

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

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

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

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

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

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

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

j. Whether the primary care provider has defaulted in a health professional service obligation and if so, a description of the circumstances of the default;

k. Whether the primary care provider is subject to a judgment lien for a debt to a federal agency, and if so, a description of the circumstances of the default;

l. If applying to participate in the Primary Care Provider LRP, whether the primary care provider:

i. Has defaulted on:

(1) A Federal income tax liability,

(2) Any federally-guaranteed or insured student or home mortgage loan,

(3) A Federal Health Education Assistance Loan,

(4) A Federal Nursing Student Loan, or

(5) A Federal Housing Authority Loan; or

ii. Is delinquent on:

(1) A payment for court-ordered child support, or

(2) A payment for state taxes; or

m. If applying to participate in the Rural Private Primary Care Provider LRP, whether the primary care provider is delinquent on payment for state taxes or court-ordered child support;

n. Whether the primary care provider has experience providing primary care services to a medically underserved population;

o. Whether the primary care provider is providing services at a critical access hospital and primary care services at a service site according to R9-15-202(A)(1)(g);

p. Whether the primary care provider agrees to allow the Department to submit a supplemental request for additional information or documentation;

q. An attestation that:

i. The Department is authorized to verify all information provided in the initial application;

ii. The primary care provider is applying to participate in the LRP for two years with the State of Arizona for loan repayment of all or part of qualifying educational loans identified in the initial application;

iii. The qualifying educational loans identified in the application were for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect a loan for other purposes;

iv. The primary care provider will charge fees for primary care services according to the sliding-fee schedule in R9-15-202(A)(1)(f); and

v. The information submitted as part of the initial application is true and accurate; and

r. The primary care provider's signature and date of signature.

2. In addition to the information required in subsection (C)(1), a primary care provider shall submit:

a. One of the following as proof of U.S. citizenship:

i. U.S. passport, current or expired;

ii. Birth certificate;

iii. Naturalization documents; or

iv. Documentation as a U.S. National;

b. A copy of the primary care provider's Social Security card;

c. A copy of the primary care provider's current driver's license;

d. Documentation showing Arizona residency according to A.R.S. § 15-1802;

e. Documentation showing completion of graduate studies issued by an accredited educational agency;

f. A copy of the primary care provider's current Arizona licenses or if applicable certificates in a health profession licensed under A.R.S. Title 32;

g. If a physician, documentation showing the physician:

i. Has completed:

(1) A professional residency program in family medicine, pediatrics, obstetrics-gynecology, internal medicine, or psychiatry; or

(2) A fellowship, residency, or certification program in geriatrics; and

ii. Is either board certified or board eligible in:

(1) Family medicine,

(2) Internal medicine,

(3) Pediatrics,

(4) Geriatrics,

(5) Obstetrics-gynecology, or

(6) Psychiatry;

h. If a primary care provider is a physician assistant practicing as a behavioral health provider, a copy of the primary care provider's national certificate issued by the National Commission on Certification of Physician Assistant in Psychiatry;

i. For a primary care provider who has completed health service experience to a medically underserved population, a written statement for each service site where the primary care provider provided primary care services that includes:

i. The service site's name, street address, e-mail address, and telephone number;

ii. The number of clock hours completed;

iii. A description of the primary care services provided;

iv. The primary care service start and end dates;

v. The service site's federal or state designation as medically underserved or a HPSA designated by a federal agency; and

vi. The name and signature of an individual authorized by the government agency, the accredited educational institution, or the non-profit organization and the date signed;

j. For each service site where a primary care provider will provide primary care services, a copy of a contract, a letter verifying employment, or a letter of intent to hire signed by the primary care provider and the licensee, licensee's designee, or a tribal authority from the service site where the primary care provider will provide primary care services including:

i. The name, street address, e-mail address, and telephone number of the service site;

ii. The name of a contact person for the service site;

iii. Whether the primary care provider is providing primary care services full-time or half-time; and

iv. If currently employed, the employment start date;

k. If more than one service site licensee or tribal authority is identified in subsection (C)(2)(j), the signature and date of signature of each service site licensee, licensee's designee, or tribal authority;

l. Documentation showing any obligation for health professional service owed under a contract with federal, state, or local government or another entity will be completed before beginning a period of primary care services under the LRP;

m. For each qualifying educational loan:

i. The following information provided in a Department-provided format:

(1) The lender's name, street address, e-mail address, and telephone number;

(2) The street address where the loan repayment funds are sent;

(3) The loan identification number;

(4) The original date of the loan;

(5) The primary care provider's name as it appears on the loan contract;

(6) The original loan amount;

(7) The current balance of the loan, including the date provided;

(8) The interest rate on the loan;

(9) The purpose for the loan;

(10) The month and year of the start and the end of the academic period covered by the loan; and

(11) The percentage of the loan repayment funds the primary care provider establishes for a lender if more than one lender is receiving loan repayment funds;

ii. For each qualifying educational loan, a copy of the most recent billing statement from the lender; and

iii. Documentation from the lender or the National Student Loan Data System established by the U.S. Department of Education verifying that the loan is a qualifying educational loan;

n. For each service site where the primary care provider will provide primary care services, documentation in a Department provided-format that includes:

i. Name, street address, telephone number, e-mail address, and fax number of the service site;

ii. Whether the primary care provider is providing primary care services full-time or half-time;

iii. The number of primary care service hours per week the primary care provider is expected to provide;

iv. The dates that the primary care provider is expected to start and end providing primary care services;

v. If a primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;

vi. Service site practice type;

vii. Whether the service site is:

(1) Public or non-profit service site in A.R.S. § 36-2172, or

(2) Private practice service site in A.R.S. § 36-2174;

viii. Except for a free-clinic, whether the service site accepts Medicare, AHCCCS, and a qualifying health plan;

ix. Except for a free-clinic, if the service site accepts:

(1) Medicare, the Medicare identification number;

(2) AHCCCS, the AHCCCS provider number; and

(3) Qualifying health plan, the qualifying health plan provider number;

x. Distance from the nearest sliding-fee schedule clinic having the same practice type;

xi. Documentation of a service site's HPSA designation and HPSA score dated within 30 calendar days of the initial application submission date;

xii. Documentation of primary care services provided during the past 24 months including the:

(1) Number of encounters,

(2) Number of AHCCCS encounters,

(3) Number of Medicare encounters,

(4) Number of self-pay encounters on sliding-fee schedule, and

(5) Number of encounters free-of-charge; and

xiii. The name, title, e-mail address, and telephone number of a contact person for the service site;

o. An attestation, including the service site licensee, licensee's designee, or tribal authority's signature and date of signature, that the service site shall comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;

p. If a primary care provider provides services at a critical access hospital according to R9-15-202(A)(1)(g), documentation in a Department provided-format that includes the:

i. Name, street address, telephone number, e-mail address, and fax number of the critical access hospital;

ii. Number of service hours per week that the primary care provider is expected to provide at the critical access hospital;

iii. Name, title, e-mail address, and telephone number of a contact person for the critical access hospital;

q. If the primary care provider's employer is not the licensee or tribal authority of the service site identified in subsection (C)(2)(o), documentation in a Department provided-format that includes:

i. An attestation that the employer will comply with the requirements required in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;

ii. The name, title, e-mail address, and telephone number of a contact person for the employer;

iii. Whether the employer is:

(1) Public or non-profit service site in A.R.S. § 36-2172, or

(2) Private practice service site in A.R.S. § 36-2174;

iv. Whether the primary care provider is providing primary care services full-time or half-time;

v. The dates that the primary care provider is expected to start and end providing primary care services; and

vi. The employer's signature and date of signature;

r. Except for a free-clinic or federal or state prison, a copy of the service site's:

i. Sliding-fee schedule in R9-15-202(A)(2),

ii. Sliding-fee schedule policy in R9-15-202(A)(2),

iii. Sliding-fee schedule signage in R9-15-202(A)(2) posted on the premises; and

s. If a free-clinic, a copy of the policy in R9-15-202(A)(2)(f) that the free-clinic provides primary care services to individuals at no charge.

D. If more than one service site licensee, tribal authority, or employer is identified in subsection (C)(2)(o) or (q), the signature and date of signature of each service site licensee, tribal authority, or employer.

E. If documentation of an existing obligation for health professional service owed under contract required in subsection (C)(1)(i) was included in the initial application, after completing the obligation, a primary care provider shall submit before the start of the primary care provider's loan repayment contract with the Department documentation demonstrating that the obligation was completed.

F. 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.

G. The Department shall accept an initial application no more than 45 calendar days before initial application submission date required in subsection (A) and (B).

H. If the Department receives an initial application from a primary care provider at a time other than the time stated in subsection (A) and (B), the Department shall return the initial application to the primary care provider.

I. The Department shall not approve a primary care provider's initial application during a June allocation process if:

1. The primary care provider's service site employs two other primary care providers approved to participate in the LRP during the June allocation process, or
2. The primary care provider's employer employs four other primary care providers approved to participate in the LRP during the June allocation process.

J. The Department shall review a primary care provider's initial application according to R9-15-206.

R9-15-204. Supplemental Initial Application

A. If a primary care provider submits an initial application to the Department according to R9-15-203 and is not approved to participate in the LRP during the initial application allocation process, the primary care provider may reapply for participation during the October allocation process of the same calendar year.

B. A primary care provider reapplying for an October allocation process shall submit a supplemental initial application in a Department-provided format to the Department containing:

1. The primary care provider's name, home address, telephone number, and e-mail address;
2. A primary care provider's attestation that:
   a. The Department is authorized to verify all information provided in the supplemental initial application;
   b. The primary care provider is applying to participate in the LRP for two years with the State of Arizona for loan repayment of all or part of qualifying educational loans identified in the initial application;
   c. The initial application submitted prior to the October allocation process of the same calendar year is still accurate, except for loan or lender information;
   d. The primary care provider will charge fees for primary care services according to R9-15-202;
   e. The information submitted as part of the supplemental initial application is true and accurate; and
   f. The primary care provider's signature and date of signature;
3. For each primary care provider lender, the following:
   a. The lender's name, street address, e-mail address, and telephone number;
   b. The loan identification number;
   c. The loan balance including principal and interest; and
   d. A copy of the most recent billing statement for the loans listed on the initial application;

4. An attestation from the service site's licensee, licensee's designee, or tribal authority that includes:
   a. Name, street address, telephone number, e-mail address, and fax number of the service site;
   b. Whether the service site is:
      i. Public or non-profit service site in A.R.S. § 36-2172, or
      ii. Private practice service site in A.R.S. § 36-2174;
   c. The service site provider agrees to comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;
   d. Whether the primary care provider is providing primary care services full-time or half-time;
   e. The dates that the primary care provider is excepted to start and end providing primary care services;
   f. The name, title, e-mail address, and telephone number of a contact person for the service site;
   g. The information submitted as part of the supplemental application is true and accurate; and
   h. The service site's licensee, licensee's designee, or tribal authority signature and date of signature; and
5. If the primary care provider's employer is not the licensee or tribal authority of the service site identified in subsection (B)(4), an attestation from the employer that includes:
   a. The name, title, e-mail address, and telephone number of a contact person for the employer;
   b. Whether the employer is:
      i. Public or non-profit service site in A.R.S. § 36-2172, or
      ii. Private practice service site in A.R.S. § 36-2174;
   c. An attestation that the employer will comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;
   d. Whether the primary care provider is providing primary care services full-time or half-time;
   e. The dates that the primary care provider is expected to start and end providing primary care services;

f. The information submitted as part of the supplemental initial application is true and accurate; and

g. The employer's signature and date of signature.

C. Documentation of a service site's HPSA designation and HPSA score dated within 30 calendar days of the supplemental initial application submission date.

D. If more than one service site licensee, tribal authority, or employer is identified in subsection (B)(4) or (5), the signature and date of signature of each service site licensee, tribal authority, or employer.

E. The Department shall review a primary care provider's supplemental initial application according to R9-15-206.

R9-15-205. Renewal Application

A. To continue participation in the LRP, a primary care provider who is expected to complete the initial two years of participation in the LRP in the 12 months after April 1, and who has a HPSA score of 14 or more shall submit a renewal application to the Department by April 1 of each year.

B. To continue or resume participation in the LRP, the following primary care providers shall submit to the Department by October 1 of each year:

1. A renewal application:

a. A primary care provider who has a HPSA score of less than 14 and has completed the initial two years of participation in the LRP before the end of the calendar year; or

b. A primary care provider who participated in the LRP during the current calendar year and who has completed or three or more years of participation in the LRP before the end of the calendar year; or

2. The initial application in R9-15-203(C):

a. A primary care provider who previously participated in the LRP, completed the first two years of participation in the LRP, and is applying to resume participation; or

b. A primary care provider who was previously denied approval to renew participation in the LRP because loan repayment funds were not available.

C. A primary care provider applying to continue participation in the LRP for an additional year shall submit a renewal application in a Department-provided format to the Department containing:

1. The primary care provider's:

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

b. Existing LRP contract number;

2. The name of each service site where the primary care provider provides primary care services, including street address, telephone number, e-mail address, and fax number;

3. Except for an initial application change documented according to R9-15-211, list any change in the primary care provider's health service priority in R9-15-207 or R9-15-208;

4. For each lender receiving loan repayment funds according to the initial application or R9-15-211, the:

   a. Lender's name, street address, e-mail address, and telephone number;

   b. Street address where the loan repayment funds are sent;

   c. Loan identification number;

   d. If different from the initial application, the percentage of the loan repayment funds that the lender is identified by the primary care provider to receive;

   e. Current loan balance, including date provided; and

   f. Whether the primary care provider requests to continue loan repayment to the lender;

5. If the primary care provider wants to add a qualifying educational loan:

   a. The following information provided in a Department-provided format:

      i. The lender's name, street address, e-mail address, and telephone number;

      ii. The street address where the loan repayment funds are sent;

      iii. The loan identification number;

      iv. The original date of the loan;

      v. The primary care provider's name as it appears on the loan contract;

      vi. The original loan amount;

      vii. The current balance of the loan, including the date provided;

      viii. The interest rate on the loan;

      ix. The purpose for the loan;

      x. The month and year of the start and the end of the academic period covered by the loan; and

      xi, If more than one lender is receiving loan repayment funds, the primary care provider shall advise the Department of the percentage of the loan repayment funds that each lender is identified by the primary care provider to receive;

   b. For each qualifying educational loan, a copy of the most recent billing statement from the lender; and

c. Documentation from the lender or the National Student Loan Data System established by the U.S. Department of Education verifying that the loan is a qualifying educational loan;

6. Whether the primary care provider is subject to a judgment lien for a debt to a federal agency;

7. If applying to participate in the Primary Care Provider LRP, whether the primary care provider:

   a. Has defaulted on:

      i. A Federal income tax liability,

      ii. Any federally-guaranteed or insured student or home mortgage loan,

      iii. A Federal Health Education Assistance Loan,

      iv. A Federal Nursing Student Loan, or

      v. A Federal Housing Authority Loan; or

   b. Is delinquent on:

      i. A payment for court-ordered child support, or

      ii. A payment for state taxes; or

8. If applying to participate in the Rural Private Primary Care Provider LRP, whether the primary care provider is delinquent on payment for state taxes or court-ordered child support;

9. Whether the primary care provider is providing services at a critical access hospital and primary care services at a service site according to R9-15-202(A)(1)(g);

10. Whether the primary care provider agrees to allow the Department to submit a supplemental request for additional information or documentation;

11. An attestation that:

   a. Except for the circumstances listed in subsection (C)(3), the information in the initial application, other than loan balances and requested repayment amounts, is still current;

   b. The Department is authorized to verify all information provided in the renewal application;

   c. The primary care provider is applying to participate in the LRP for an additional year with the State of Arizona for loan repayment of all or part of the qualifying educational loans identified in the renewal application;

   d. The primary care provider will charge fees for primary care services established in the sliding-fee schedule according to R9-15-202; and

e. The information submitted as part of the renewal application is true and accurate; and

12. The primary care provider's signature and date of signature.

D. In addition to the information required in subsection (C), the following documentation:

1. For each service site where a primary care provider provides primary care services, documentation in a Department provided-format that includes:

a. A statement signed by the licensee, licensee's designee, or tribal authority from the service site where the primary care provider will provide primary care services that the primary care provider's employment is extend for an additional year;

b. The date the primary care provider is expected to end providing primary care services;

c. Whether the primary care provider is providing primary care services full-time or half-time;

d. The number of primary care service hours per week the primary care provider is expected to provide;

e. Documentation of primary care services provided during the past 12 months including the:

i. Number of encounters,

ii. Number of AHCCCS encounters,

iii. Number of Medicare encounters,

iv. Number of self-pay encounters on sliding-fee schedule, and

iv. Number of encounters free-of-charge;

f. If the primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;

g. An attestation that the service site will comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;

h. The name, title, e-mail address, and telephone number of a contact person for the service site; and

i. The service site licensee's, licensee's designee, or tribal authority's signature and date of signature;

2. If the primary care provider's employer is not the licensee or tribal authority of the service site identified in subsection (D)(1), documentation in a Department provided-format that includes:
   a. A statement that the employer will extend the primary care provider's employment for at least an additional year;
   b. The date the primary care provider is expected to end providing primary care services;
   c. Whether the primary care provider is providing primary care services full-time or half-time;
   d. The number of primary care service hours per week the primary care provider is expected to provide;
   e. If the primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
   f. An attestation that the employer will comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;
   g. The name, title, e-mail address, and telephone number of a contact person for the employer; and
   h. The employer's signature and date of signature;
3. If a primary care provider provides services at a critical access hospital according to R9-15-202(A)(1)(g), documentation in a Department provided-format that includes the:
   a. Name, street address, telephone number, e-mail address, and fax number of the critical access hospital;
   b. Number of service hours per week that the primary care provider is expected to provide at the critical access hospital;
   c. Name, title, e-mail address, and telephone number of a contact person for the critical access hospital;
4. Except for a free-clinic or federal or state prison, for each service site where the primary care provider provides or will provide primary care services:
   a. A copy of the sliding-fee schedule in R9-15-202(A)(2),
   b. A copy of the sliding-fee schedule policy in R9-15-202(A)(2), and
   c. A copy of the service site's sliding-fee schedule signage in R9-15-202(A)(2) posted on the premises;

5. If a free-clinic, a copy of the policy in R9-15-202(A)(2)(f) that the free-clinic provides primary care services to individuals at no charge;
6. Documentation of a service site's HPSA designation and HPSA score dated within 30 calendar days of the renewal application submission date; and
7. For each lender receiving loan repayment funds, a copy of the most recent billing statement.

E. If more than one service site licensee, tribal authority, or employer is identified in subsection (D)(1) and (2), the signature and date of signature of each service site licensee, tribal authority, or employer.

F. 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.

G. The Department shall accept a renewal application no more than 30 calendar days before renewal application submission date required in subsection (A) or (B).

H. If the Department receives a renewal application at a time other than the time stated in subsection (A) or (B) , the Department shall return the renewal application to the primary care provider that submitted the renewal application.

I. The Department shall review a primary care provider's renewal application according to R9-15-206.

R9-15-205.01. Renewal Application Requirements

A. A primary care provider whose contract ends before or on June 30, 2016 may renew the primary care provider's contract by submitting a renewal application to the Department according to the requirements in 9 A.A.C. 15 effective August 9, 2001.

B. A primary care provider whose contract ends after June 30, 2016 and before April 1, 2017 and is requesting to participate in the LRP for a third year may submit a renewal application to the Department before April 30, 2016.

R9-15-206. Time-frames

A. The overall time-frame begins, for:

1. An initial application, on the date established as the deadline for submission of an initial application in R9-15-203;
2. A supplemental initial application, on the date established as the deadline for submission of a supplemental initial application in R9-15-204;

3. A renewal application, on the date established as the deadline for submission of a renewal application in R9-15-205; or
4. A request to add or transfer to another service site or employer, add or change a lender, add or change a qualifying educational loan, change hours worked, suspend or cancel a contract, or waive liquidated damages, on the date the request is received by the Department.

B. Within the administrative completeness review time-frame for each type of approval in Table 2.1, the Department shall:

1. Provide a notice of administrative completeness to a primary care provider; or
2. Provide a notice of deficiencies to a primary care provider, including a list of the missing information or documents.

C. If the Department provides a notice of deficiencies to a primary care provider:

1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the primary care provider;
2. If the primary care provider submits the missing information or documents to the Department within the time-frame in Table 2.1, the substantive review time-frame begins on the date the Department receives the missing information or documents; and
3. If the primary care provider does not submit the missing information or documents to the Department within the time-frame in Table 2.1, the Department shall consider the application withdrawn.

D. Within the substantive review time-frame for each type of approval in Table 2.1, the Department:

1. Shall approve or deny a primary care provider's request; and
2. May make a written comprehensive request for additional information or documentation, if the primary care provider agreed to allow the Department to submit a supplemental request for additional information and documentation.

E. If the Department provides a written comprehensive request for additional information or documentation to the primary care provider:

1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request until the date the Department receives the information and documents requested; and
2. The primary care provider shall submit to the Department the information and documents listed in the written comprehensive request within 10 working days after the date of the written supplemental request.

F. During the substantive review time-frame the Department shall, for each initial, supplemental initial, or renewal application that the Department determines is complete and demonstrates that the primary care provider and service site complies with the requirements in A.R.S. Title 36, Chapter 21 and this Article, by 60 calendar days after the application submission date established in this Article, determine a:

1. Health service priority according to R9-15-207 and R9-15-208, and
2. Highest HPSA score according to R9-15-207(B)(2) and R9-15-208(B)(1) or (B)(2).

G. The Department shall issue:

1. An approval for a primary care provider to participate in the:
   a. Primary Care Provider Loan Repayment Program in A.R.S. § 36-2172 if:
      i. The primary care provider and the primary care provider's service site complies with the requirements in A.R.S. Title 36, Chapter 21 and this Article; and
      ii. The primary care provider has a health care priority according to R9-15-207 that makes the primary care provider eligible for available loan repayment funds according to R9-15-202; or
   b. Rural Private Primary Care Provider Loan Repayment Program in A.R.S. § 36-2174 when:
      i. The primary care provider and the primary care provider's service site complies with the requirements in A.R.S. Title 36, Chapter 21 and this Article; and
      ii. The primary care provider has a health care priority according to R9-15-208 that makes the primary care provider eligible for loan repayment funds according to R9-15-202; or
2. A denial to a primary care provider, including the reason for the denial and the appeal process in A.R.S. Title 41, Chapter 6, Article 10, if:
   a. The primary care provider does not submit all of the information and documentation listed in a written supplemental request for additional information and documentation;
   b. The Department determines that the primary care provider or the primary care provider's service site does not comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article; or

c. The Department determines that the primary care provider and the primary care provider's service site comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article, but there are:

i. No loan repayment funds available for the primary care provider;

ii. For an initial application, a primary care provider's employer employs four other primary care providers approved to participate in the LRP; or

iii. For an initial application, a primary care provider's service site employs two other primary care providers approved to participate in the LRP.

H. If the Department issues a denial based on the determination in subsection (G)(2)(c), the Department shall include in the denial, notice that depending on the availability of loan repayment funds, the primary care provider may submit a supplemental initial application for approval to participate in the LRP during the October allocation process of the same calendar year.

I. If the Department approves a primary care provider's initial application according to subsection (G)(1) to participate in the LRP, the primary care provider is approved to participate for two years.

J. The Department shall determine the effective date of a loan repayment contract after receiving acceptance from a primary care provider following the Department's notice of approval in subsection (G).

Table 2.1. Time-frames (in calendar days)

Type of approval	**Authority (A.R.S. § or A.A.C.)**	**Overall Time-frame (in working days)**	**Time-frame for applicant to complete application (in working days)**	**Administrative Completeness Time-frame (in working days)**	**Substantive Review Time-frame (in working days)**
Initial application	R9-15-203	45	20	15	30
Supplemental initial application	R9-15-204	45	10	15	30
Renewal application	R9-15-205	45	10	15	30
Request to Change	R9-15-211	15		5	10
Request to suspend a LRP contract	R9-15-212	15		5	10
Request to waive liquidated damages	R9-15-214	15		5	10
Request to cancel a LRP contract	R9-15-215	15		5	10

R9-15-207. Primary Care Provider Health Service Priority

A. For a primary care provider providing primary care services at multiple service sites, the Department shall determine the health service priority points in subsection (B)(1) through (6) for each service site and:

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

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

1. The service site is located in a rural area:
   a. Yes = 10 points, or
   b. No = 0 points;
2. The service site's highest geographic, facility, or population HPSA score, consistent with subsection (A), provided by the primary care provider assigned by the United States Secretary of Health and Human Services for the area in which the service site is located;
3. The service site's percentage of the total encounters reported according to R9-15-203(C)(2)(n)(xii) that are AHCCCS, Medicare, approved sliding-fee schedule, and free-of-charge encounters:

Percentage	Points
Greater than 50%	10
35-50%	8
26-34%	6
11-25%	4
Less than 10%	2

4. Except for a federal or state prison, if:
   a. A medical primary care provider, including a pharmacist, and the distance from the primary care provider's service site to the next service site that provides

medical services and offers reduced primary care services fees according to an approved sliding-fee schedule is:

Miles	Points
Greater than 25	4
Less than 25	0

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

Miles	Points
Greater than 25	4
Less than 25	0

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

Miles	Points
Greater than 25	4
Less than 25	0

5. For an initial application only, whether the primary care provider is newly employed at the service site or by the employer:
   a. Yes = 2 points, or
   b. No = 0 points;
6. The primary care provider only provides primary care services when the primary care provider and the patient are physically present at the same location:
   a. Yes = 4 points, or
   b. No = 0 points;
7. The primary care provider is a resident of Arizona according to A.R.S. § 15-1802:
   a. Yes = 4 points, or
   b. No = 0 point;
8. The primary care provider is a graduate of an Arizona graduate educational institution:
   a. Yes = 4 points, or
   b. No = 0 point;

9. For an initial application only, whether the primary care provider has experience providing primary care services to a medically underserved population:
   a. Yes = 4 points, or
   b. No = 0 point; and
10. The primary care provider is providing or agrees to provide primary care services full-time:
   a. Yes = 3 points, or
   b. No = 0 points.

C. To determine a service site's highest HPSA score, the Department shall apply the following HPSA designations:

1. A Primary Medical Care HPSA score if a primary care provider provides medical or pharmaceutical primary care services;
2. A Dental HPSA score if a primary care provider provides dental primary care services; and
3. A Mental Health HPSA score if a primary care provider provides behavioral health primary care services.

D. For the purpose of determining a health service priority and allocating loan repayment funds, the Department shall consider a primary care provider who provides services at a critical access hospital in addition to primary care services at a service site according to R9-15-202(A)(1)(g) to be providing services full-time.

E. The Department shall determine a primary care provider's initial or renewal application health service priority by calculating the sum of the assigned points for the factors described in subsection (B).

F. The Department shall apply the factors in subsection (G), if the Department determines there are:

1. More than one initial application or renewal application that have the same health service priority and there are funds available for only one initial or renewal application; or
2. More than two initial applications that have the same health service priority for:
   a. A service site and there is one health care provider with a higher health service priority approved to participate in the LRP during the current June allocation process, or
   b. An employer and there are three primary care providers with a higher health service priority approved to participate in the LRP during the current June allocation process.

G. To determine a primary care provider's participation in subsection (F) for the LRP, the Department shall apply the following to each primary care provider's application:

1. If only one application for a primary care provider who is a resident of Arizona, the Department shall approve the primary care provider to participation;
2. If more than one application for a primary care provider who is a resident of Arizona, the Department shall apply each of the following factors in descending order until no two applications are the same and all available loan repayment funds have been allocated:
   a. Whether a primary care provider will provide primary care services full-time;
   b. Whether the primary care provider's service site is located in a rural area;
   c. The service site highest HPSA score reported in subsection (B)(2);
   d. Whether the primary care provider provides primary care services when the primary care provider and a patient are at the same location;
   e. Whether the primary care provider has experience providing primary care services to a medically underserved population;
   f. The amount of total hours the primary care provider has experience providing primary care services in a medically underserved population if reported in subsection (G)(2)(e); and
   g. Whether the primary care provider's practice or specialty is identified as the greatest unmet healthcare discipline or specialty area in Arizona determined by the U. S. Department of Health & Human Services, Health Resources and Services Administration.

H. If more than one initial application or renewal application for a primary care provider in subsection (F) remains after the Department's determinations in subsection (F) and there are limited loan repayment funds available, the Department will randomly selection one primary care provider's initial application or renewal application to approve the primary care provider for participation in the LRP.

I. When the Department holds a random selection to determine one initial application or renewal application identified in subsection (H), the Department shall:

1. Assign an Assistant Director from a different division within in the Department than the Primary Care Provider LRP division to be responsible for the random selection; and
2. Invite all the primary care providers whose initial application or renewal applications are identified to participate in the random select.

J. The Department shall notify a primary care provider of the Department's decision according to R9-15-206.

R9-15-208. Rural Private Primary Care Providers Health Service Priority

A. For a primary care provider providing primary care services at multiple service sites, the Department shall determine the health service priority points in subsection (B)(1) through (6) for each service site and:

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

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

1. The service site is a designated HPSA, the service site's highest geographic, facility, or population HPSA score consistent with subsection (A) provided by the primary care provider assigned by the United States Secretary of Health and Human services for the area in which the service site is located;
2. The service site is not a designated HPSA, the service site's AzMUA score, assigned by the Department, converted to an equivalent HPSA score calculated by dividing the AzMUA score by 4.65 then rounding the quotient to the higher number;
3. The service site's percentage of the total encounters reported according to R9-15-203(C)(2)(n)(xii) that are AHCCCS, Medicare, approved sliding-fee schedule, and free-of-charge encounters:

Percentage	Points
Greater than 50%	10
35-50%	8
26-34%	6
11-25%	4
Less than 10%	2

4. Except for a federal or state prison, if:
   a. A medical primary care provider, including a pharmacist, the distance from the primary care provider's service site to the next service site that provides medical

services and offers reduced primary care services fees according to an approved sliding-fee schedule:

Miles	Points
Greater than 25	4
Less than 25	0

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

Miles	Points
Greater than 25	4
Less than 25	0

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

Miles	Points
Greater than 25	4
Less than 25	0

5. For an initial application only, whether the primary care provider is newly employed at the service site or by the employer:
   a. Yes = 2 points, or
   b. No = 0 points;
6. The primary care provider only provides primary care services when the primary care provider and the patient are physically present at the same location:
   a. Yes = 4 points, or
   b. No = 0 points;
7. The primary care provider is a resident of Arizona according to A.R.S. § 15-1802:
   a. Yes = 4 points, or
   b. No = 0 point;
8. The primary care provider is a graduate of an Arizona graduate educational institution:
   a. Yes = 4 points, or
   b. No = 0 point;

9. For an initial application only, whether the primary care provider has experience providing primary care services to a medically underserved population:
   a. Yes = 4 points, or
   b. No = 0 point; and
10. The primary care provider is providing or agrees to provide primary care services full-time:
   a. Yes = 3 points, or
   b. No = 0 points.

C. To determine a service site's highest HPSA score, the Department shall apply the following HPSA designations:

1. A Primary Medical Care HPSA score if a primary care provider provides medical or pharmaceutical primary care services;
2. A Dental HPSA score if a primary care provider provides dental primary care services; and
3. A Mental Health HPSA score if a primary care provider provides behavioral health primary care services.

D. For the purpose of determining a health service priority and allocating loan repayment funds, the Department shall consider a primary care provider who provides services at a critical access hospital in addition to primary care services at a service site according to R9-15-202(A)(1)(g) to be providing services full-time.

E. The Department shall determine a primary care provider's initial or renewal application health service priority by calculating the sum of the assigned points for the factors described in subsection (B).

F. The Department shall apply the factors in subsection (G), if the Department determines there are:

1. More than one initial application or renewal application that have the same health service priority and there are funds available for only one initial or renewal application; or
2. Two or more initial applications that have the same health service priority for:
   a. A service site and there is one primary care provider with a higher health service priority approved to participate in the LRP during the current June allocation process; or
   b. An employer and there are three primary care providers with a higher health service priority approved to participate in the LRP during the current June allocation process.

G. To determine a primary care provider's participation in subsection (F) for the LRP, the Department shall apply the following to each primary care provider's application:

1. If only one application is for a primary care provider who is a resident of Arizona, the Department shall approve the primary care provider to participation;
2. If more than one application is for a primary care provider who is a resident of Arizona, the Department shall apply each of the following factors in descending order until no two applications are the same and all available loan repayment funds have been allocated:
   a. Whether a primary care provider will provide primary care services full-time;
   b. Whether the primary care provider's service site is a non-profit;
   c. The highest service site highest HPSA score or converted AzMUA score in subsection (B)(1) or (2);
   d. Whether the primary care provider provides primary care services when the primary care provider and a patient are at the same location;
   e. Whether the primary care provider has experience providing primary care services to a medically underserved population;
   f. The number of clock hours the primary care provider has experience providing primary care services in a medically underserved population if reported in subsection (G)(2)(e); and
   g. Whether the primary care provider's practice or specialty is identified as the greatest unmet healthcare discipline or specialty area in Arizona determined by the U. S. Department of Health & Human Services, Health Resources and Services Administration.

H. If more than one initial application or renewal application for a primary care provider in subsection (F) remains after the Department's determinations in subsection (G) and there are limited loan repayment funds available, the Department will randomly select one primary care provider's initial application or renewal application and approve the primary care provider for participation in the LRP.

I. When the Department holds a random selection to determine one primary care provider from the primary care providers identified in subsection (H), the Department shall:

1. Assign an Assistant Director from a different division within in the Department than the LRP division to be responsible for the random selection; and
2. Invite all the primary care providers whose initial application or renewal applications are identified to participate in the random selection.

J. The Department shall notify a primary care provider of the Department's decision according to R9-15-206.

R9-15-209. Allocation of Loan Repayment Funds

A. Each fiscal year, for an initial application packet or renewal application that demonstrates a primary care provider's and the primary care provider's service site's compliance with A.R.S. Title 36, Chapter 21 and this Article, the Department shall allocate loan repayment funds according to this Section and in the following order to the primary care provider with the highest health service priority:

1. During the April allocation process, primary care providers with a HPSA score of 14 or more who are approved to participate for a third year in the:
   a. Primary Care Provider LRP, or
   b. Rural Private Primary Care Provider LRP;
2. During the June allocation process, if there are additional loan repayment funds available after the allocation process in subsection (A)(1), primary care providers who are initially approved to participate for two years in the:
   a. Primary Care Provider LRP, or
   b. Rural Private Primary Care Provider LRP; and
3. During the October allocation process, if there are additional loan repayment funds available after the allocation process in subsection (A)(2), primary care providers delineated in subsection (B) in the:
   a. Primary Care Provider LRP; or
   b. Rural Private Primary Care Provider LRP.

B. A primary care provider is allowed to apply for participation in the LPR according to the requirements in this Chapter and be allocated loan repayment funds according to subsection (A)(3), if the primary care provider has:

1. Completed the first two years of participation in the LRP but was denied approval to continue participation because no loan repayment funds were available during the allocation process;
2. Previously participated in the LRP, completed at least the first two years of participation, and is applying to resume participation in the LRP;
3. Completed the first two years of participation in the LRP and currently has a HPSA score below 14, and is applying to continue participation in the LRP during the same calendar year as the completion of the first two years;

4. Completed the first three years of participation in the LRP and is applying to continue participation in the LRP during the same calendar year as the completion of the first three years of participation; or

5. Submitted an initial application during the same calendar year that demonstrated the primary care provider's and the primary care provider's service site's compliance with A.R.S. Title 36, Chapter 21 and this Article but was denied approval to participate because:

   a. There were no loan repayment funds available;

   b. For an initial application, a primary care provider's employer employs four other primary care providers approved to participate in the LRP; or

   c. For an initial application, a primary care provider's service site employs two other primary care providers approved to participate in the LRP.

C. A person donating monies to the LRP shall designate whether the donation is for:

1. The LRP to be used at the discretion of the Department for loan repayment allocations or for LRP administrative costs; or

2. One of the following:

   a. The primary care loan repayment program established according to A.R.S. § 36-2172;

   b. The rural private primary care loan repayment program established according to A.R.S. § 36-2174;

   c. A specific type or types of primary care provider; or

   d. A specific county in Arizona;

D. The Department shall use monies donated to the LRP to supplement allocations made according to A.R.S. Title 36, Chapter 21 and this Article based on a primary care provider's health service priority and, if applicable, any designation made for the donation according to subsection (C).

E. If state loan repayment funds and state-appropriated funds are depleted, but there are donated funds available and the primary care provider with the next highest health service priority is not designated to receive the donated funds according to (C)(2) the donated monies are not allocated during the current allocation process.

F. The Department shall determine the amount of loan repayment funds allocated to a primary care provider based on the primary care provider's service site's highest HPSA score as determined in R9-15-207 (B)(2) or R9-15-208 (B)(1) or (2), as follows:

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

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

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

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

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

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

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

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

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

I. When calculating the allocation of loan repayment funds for a primary care provider who resumes participation in the LRP, the Department shall consider the contract year of service to be the succeeding year following the actual contract years of service completed during the primary care provider's previous participation in the LRP.

J. If the Department has inadequate funds to provide the maximum annual amount allowable and a primary care provider agrees to accept the lesser amount, the Department shall allocate the lesser amount agreed to by the primary care provider.

K. If the Department determines no loan repayment funds are available during a fiscal year for allocations based on an initial application or a renewal application, the Department shall provide a notice at least 30 calendar days before the initial or renewal application submission date that the Department will not accept intimal or renewal applications.

R9-15-210. Verification of Primary Care Services and Disbursement of Loan Repayment Funds

A. A primary care provider shall submit a completed service verification form and an encounter report form to the Department, in a Department-provided format, no more than 10 working days after each contract quarter ends.

B. If primary care services are provided by means of telemedicine, a primary care provider shall:

a. Report the number of telemedicine hours worked, and

b. Attest that the originating site where the telemedicine patient is located and the distant site where the primary care provider is located are both in a HPSA or, if applicable, both in an AzMUA.

C. If a primary care provider provides primary care services at a critical access hospital with an outpatient treatment center, the primary care provider shall report the:

a. Total number of hours providing primary care services at a qualifying service site separate from the critical access hospital, and

b. Total number of hours worked at the critical access hospital.

D. A primary care provider reporting verification of primary care service hours worked at the primary care provider's approved service site shall submit a Department-provided form containing:

1. The primary care provider's name;

2. The beginning and ending dates during which the primary care services were provided;

3. Whether the primary care provider is providing primary care services full-time or half-time;

4. The primary care provider's notarized signature and date of signature; and

5. The primary care provider's approved service site's licensee, tribal authority, or employer's notarized signature and date of signature.

E. A primary care provider reporting primary care service encounters provided at the primary care provider's approved service site shall submit a Department-provided form containing:

1. The primary care provider's name;
2. The beginning and ending dates during which the primary care services were provided;
3. The number of total encounters the primary care provider provided during the time reported in subsection (E)(2);
4. The number of total encounters used the sliding-fee scale the primary care provider provided during the time reported in subsection (E)(2);
5. The primary care provider's notarized signature and date of signature; and
6. The primary care provider's approved service site's licensee, tribal authority, or employer's notarized signature and date of signature.

F. Upon receipt of a completed service verification form and encounter report form, the Department shall disburse loan payment funds to the primary care provider's lender or lenders.

G. Primary care services performed before the effective date of a contract do not satisfy contracted primary care health professional service obligation and are not eligible for loan repayment funds.

H. The Department shall disburse loan repayment funds for primary care services provided during a contract period according to the allocations in R9-15-209.

I. The Department may delay disbursing loan repayment funds to a primary care provider's lender or lenders if the primary care provider fails to submit complete or timely service verification and encounter report forms.

J. The Department shall not disburse loan repayment funds to a primary care provider's lender or lenders if the primary care provider fails to submit complete and accurate information required in the service verification and the encounter report forms.

R9-15-211. Request for Change

A. To request a change, a primary care provider shall submit to the Department, in a Department-provided format, a request to change that includes:

1. The reason for the request:
   a. To add or transfer to another service site or employer,
   b. To add or change a qualifying educational loan or lender, or
   c. To change primary care service hours from full-time to half-time or from half-time to full-time;

2. The primary care providers name, home address, telephone number, and e-mail address;

3. An attestation that:

   a. The Department is authorized to verify all the information provided, and

   b. The information submitted is true and accurate; and

4. The primary care provider's signature and date of signature.

B. In addition to the information required in subsection (A), a primary care provider shall submit if:

1. Adding or transferring to another service site or employer, submit the following information at least 30 calendar days before providing primary care services at another service site or employer:

   a. The information required in R9-15-203(C)(2)(n) for the service site and in R9-15-203(C)(2)(p) for a critical access hospital, if applicable;

   b. An attestation signed and date signed by a licensee, licensee's designee, or tribal authority from the service site stating that the service site will comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;

   c. If the primary care provider's employer is not the licensee or tribal authority of the service site identified in subsection (B)(1)(a), documentation in a Department provided-format that includes:

      i. An attestation that the employer will comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;

      ii. The name, title, e-mail address, and telephone number of a contact person for the employer;

      iii. Whether the primary care provider is providing primary care services full-time or half-time;

      iv. The dates that the primary care provider is expected to start and end providing primary care services; and

      v. The employer's signature and date of signature;

   d. Except for a free-clinic or a federal or state prison, a copy of the service site's:

      i. Sliding-fee schedule in R9-15-202(A)(2),

      ii. Sliding-fee schedule policy in R9-15-202(A)(2), and

      iii. Sliding-fee schedule signage in R9-15-202(A)(2) posted on the premises; and

   e. Documentation that the service site is a HPSA or an AzMUA;

2. Adding or changing a qualifying educational loan or lender:
   a. The information requested, in a Department-provided format, that includes an attestation signed and date signed by an individual from the lending institution, certifying that the loan meets the requirements in R9-15-201 for a qualifying educational loan;
   b. Documentation from the lender or the National Student Loan Data System, established by the U.S. Department of Education verifying, that the loan is for a qualifying educational loan;
   c. For a qualifying educational loan, a copy of the most recent billing statement from the lender; and
   d. If different from the initial application, the percentage of the loan repayment funds that the lender is identified by the primary care provider to receive; and
3. Changing primary care service hours worked:
   a. A copy of an agreement or a letter verifying approval to change primary care service hours signed by the licensee, tribal authority, or employer from the service site where the primary care provider provides primary care service, including:
      i. The name of each service site where the primary care services are provided;
      ii. The date the primary care provider is expected to begin revised primary care services hours;
      iii. The number of primary care service hours per week the primary care provider is expected to work; and
      iv. If a primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
   b. The name, title, e-mail address, and telephone number of a contact person for each service site, tribal authority, or employer; and
   c. The information, in a Department-provided format, establishing the percentage of loan repayment funds each lender may receive if different from the initial application.

C. If a primary care provider's personal information changes, the primary care provider shall submit:

1. A written notice stating the information being changed and indicating the new information; and

2. If the change is in the primary care provider's legal name, a copy of one of the following with the primary care provider's new name:
   a. Marriage certificate,
   b. Divorce decree,
   c. Professional license, or
   d. Other legal document establishing the primary care provider's legal name.

D. If more than one service site licensee, tribal authority, or employer is identified in subsection (B)(1), the signature and date of signature of each service site licensee, tribal authority, or employer.

E. Before a primary care provider provides primary care service at another service site or employer, or changes primary care services from full-time or half-time hours worked, the primary care provider shall obtain the Department's approval for the change.

F. If a change in service site or a change in primary care service hours worked affects a primary care provider's service site points or health service priority, the Department shall determine whether the primary care provider's loan repayment amount will increase or decrease; and if:

1. A loan repayment amount will increase, the primary care provider's loan repayment amount will not change until the primary care provider obtains approval to renew participation; or
2. A loan repayment amount will decrease, the primary care provider's loan repayment amount will decrease according to amounts in R9-15-209, effective on the date the Department approves the primary care provider's request to change service site or primary care service hours.

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

H. If a change in primary care service hours worked is from half-time to full-time:

1. The primary care provider's allocated loan repayment funds will not change until the primary care provider's renewal application is approved to continue participation; and
2. A primary care provider who was initially allocated loan repayment funds based on providing primary care services full-time but is currently providing primary care services half-time, the primary care provider's loan repayment funds will revert to the loan repayment funds initially allocated after the Department approves the primary care provider's request to change back to full-time primary care service hours.

I. A primary care provider shall submit a request to change according to this section to the Department:

1. At least 10 working days before the effective date of a change to a qualifying educational loan or lender; and
2. At least 30 calendar days before the effective date of a change to add or transfer to another service site or employer or to change primary care service hours worked.

J. A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided.

K. For a request submitted according to subsection (A), the Department shall notify a primary care provider of the Department's decision according to R9-15-206.

R9-15-212. Contract Suspension

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

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

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

1. The primary care provider's name, home address, telephone number, and e-mail address;
2. The service site's name, street address, e-mail address, and telephone number, and the name of the individual authorized to act on behalf of the service site;
3. The reasons for the primary care provider's request to suspend the contract;
4. The beginning and ending dates of the requested contract suspension;
5. A statement that the information included in the request for contract suspension is true and accurate; and
6. The primary care provider's signature and date of signature.

C. Upon receiving a request for contract suspension, the Department may contact the individual in subsection (B)(2):

1. To verify the information in the request for contract suspension, and
2. To obtain information regarding the circumstances that caused the request for contract suspension.

D. A primary care provider may request an initial contract suspension for up to six months. If the primary care provider is unable to resume providing primary care services by the end of the initial contract suspension period, the primary care provider may request an additional six-month contract suspension for a total maximum allowable contract suspension of 12 months.

E. A primary care provider requesting an additional six-month contract suspension shall submit a written request to the Department:

1. That includes the requirements in subsection (B), and
2. At least 30 calendar days before the expiration of the initial contract suspension period.

F. During a primary care provider's contract suspension period, a primary care provider who wants to continue to participate in the LRP shall submit a renewal application according to R9-15-205.

G. During a primary care provider's contract suspension period, the Department shall not disburse loan repayment funds to a primary care provider's lender.

H. A primary care provider is responsible for making loan payments during the contract suspension period.

I. If the Department approves a primary care provider's request for a contract suspension due to transfer to another service site or employer, the primary care provider shall report progress made in identifying another service site or employer at least once every 30 calendar days.

J. If the primary care provider does not obtain employment at another service site or employer or resume providing primary care services by the end of the contract suspension period, the Department shall consider that the primary care provider has failed to complete the terms of the contract or does not intend to complete the terms of the contract.

K. For a request submitted according to subsection (B), the Department shall notify a primary care provider of the Department's decision according to R9-15-206.

R9-15-213. Liquidated Damages for Failure to Complete Contract

A. A primary care provider who fails to complete the terms of the contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(I), unless the primary care provider receives a waiver of the liquidated damages under R9-15-214.

B. Upon receiving notification or upon the Department's determination that a primary care provider is unable or does not intend to complete the terms of the primary care provider's contract, the Department shall:

1. Withhold loan repayment funds,
2. Determine liquidated damages owed, and
3. Notify the primary care provider of the amount of liquidated damages owed.

C. A primary care provider shall pay the liquidated damages to the Department within one year after the termination date of a primary care provider's primary care service specified in the loan repayment contract or within one year after the end of a contract suspension approved according to R9-15-212, whichever is later.

R9-15-214. Waiver of Liquidated Damages

A. The Department shall waive liquidated damages owed under A.R.S. Title 36, Chapter 21 or this Article if the primary care provider is unable to complete the terms of the contract due to the primary care provider's death.

B. The Department may waive liquidated damages owed under A.R.S. Title 36, Chapter 21 or this Article if the primary care provider is unable to complete the terms of the contract because:

1. The primary care provider suffers from a physical or behavioral health condition resulting in the primary care provider's temporary or permanent inability to perform the services required by the contract; or
2. An individual in the primary care provider's immediate family has a chronic or terminal illness.

C. A primary care provider may submit to the Department a written request for a waiver of liquidated damages that includes:

1. The primary care provider's name, home address, telephone number, and e-mail address;
2. For each service site where the primary care provider provided primary care services, the service site's:
   a. Name, street address, e-mail address, and telephone number; and
   b. The name of a contact person for the service site;
3. A statement describing the primary care provider's physical or behavioral health condition or the chronic or terminal illness of the primary care provider's immediate family member;
4. A statement describing why the primary care provider cannot complete the contact;
5. Documentation of the primary care provider's physical or behavioral health condition or the chronic or terminal illness of the primary care provider's immediate family member;
6. A statement that the information included in the request for waiver is true and accurate; and
7. The primary care provider's signature and date of signature.

D. Upon receiving a request for waiver, the Department may contact the individual authorized to act on behalf of the service site to verify the information in the request for waiver and to obtain any additional information regarding the request for waiver.

E. In determining whether to waive liquidated damages, the Department shall consider:

1. The physical or behavioral health condition of the primary care provider or the chronic or terminal illness of the primary care provider's immediate family member; and
2. Whether the documentation demonstrates that the primary care provider is permanently unable or temporarily unable to provide primary care services beyond the expiration date of the loan repayment contract.

F. For a request submitted according to subsection (C), the Department shall notify a primary care provider of the Department's approval or disapproval according to R9-15-206.

R9-15-215. Contract Cancellation

A. A primary care provider may submit a written request to the Department requesting cancellation of a loan repayment contract within 60 calendar days after the start date of the contract if:

1. No loan repayment has been disbursed to the primary care provider's lender; and
2. The primary care provider is unable or does not intend to complete the terms of the contract, and includes:
   a. The primary care provider's name, home address, telephone number, and e-mail address;
   b. The service site's name, street address, e-mail address, and telephone number; and the name of the individual authorized to act on behalf of the service site; and
   c. The primary care provider's signature and date of signature.

B. For a request submitted according to subsection (A), the Department shall notify a primary care provider of the Department's decision according to R9-15-206.

C. The Department may cancel a contract and waive liquidated damages based upon a primary care provider's request to cancel a contract in subsection (A).

D. The Department may cancel a primary care provider's contract if the Department determines that:

1. The primary care provider:
   a. Has, other than allowed in subsection (A), failed to complete the terms of the contract; or
   b. Is not complying with A.R.S. Title 36, Chapter 21 and this Article; or
2. A primary care provider's service site is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Chapter.

E. If the Department cancels a primary care provider's contract, the Department shall provide written notice that includes the specific reason for the cancellation and the appeal process in A.R.S. Title 41, Chapter 6, Article 10.