



Replacement Check List

For rules filed within the
1st Quarter
January 1 - March 31, 2016

THE ARIZONA ADMINISTRATIVE CODE

Within the stated calendar quarter, this Chapter contains all rules made, amended, repealed, renumbered, and recodified; or rules that have expired or were terminated due to an agency being eliminated under sunset law. These rules were either certified by the Governor's Regulatory Review Council or the Attorney General's Office; or exempt from the rulemaking process, and filed with the Office of the Secretary of State. Refer to the historical notes for more information. Please note that some rules you are about to remove may still be in effect after the publication date of this Supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

Title 9. Health Services

Chapter 15. Department of Health Services - Loan Repayment

Supplement Release Quarter: 16-1

Sections, Parts, Exhibits, Tables or Appendices modified

R9-15-101, R9-15-201 through R9-15-205, R9-15-205.01, R9-15-206, Table 2.1, R9-15-207 through R9-15-218, R9-15-301 through R9-15-318

REMOVE Supp. 01-2
Pages: 1 - 19

REPLACE with Supp. 16-1
Pages: 1 - 24

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Disclaimer: Please be advised the person listed is the contact of record as submitted in the rulemaking package for this supplement. The contact and other information may have changed and is provided as a public courtesy.

PUBLISHER

**Arizona Department of State
Office of the Secretary of State, Public Services Division**

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the Administrative Code. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
PUBLIC SERVICES DIVISION
March 31, 2016

RULES

A.R.S. § 41-1001(17) states: “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The Arizona Administrative Code is where the official rules of the state of Arizona are published. The Code is the official codification of rules that govern state agencies, boards, and commissions. Virtually everything in your life is affected in some way by rules published in the Arizona Administrative Code, from the quality of air you breathe to the licensing of your dentist. This chapter is one of more than 230 in the Code compiled in 21 Titles.

ADMINISTRATIVE CODE SUPPLEMENTS

Rules filed by an agency to be published in the Administrative Code are updated quarterly. Supplement release dates are printed on the footers of each chapter:

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2016 is cited as Supp. 16-1.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the Arizona Administrative Register for recent updates to rule Sections.

ARTICLES AND SECTIONS

Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering system separated into subsections.

HISTORICAL NOTES AND EFFECTIVE DATES

Historical notes inform the user when the last time a Section was updated in the Administrative Code. Be aware, since the Office publishes each quarter by entire chapters, not all Sections are updated by an agency in a supplement release. Many times just one Section or a few Sections may be updated in the entire chapter.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules are often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in the introduction of a chapter can be found at the Secretary of State’s website, www.azsos.gov/services/legislative-filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the Arizona Administrative Register online at www.azsos.gov/rules, click on the Administrative Register link.

In the Administrative Code the Office includes editor’s notes at the beginning of a chapter indicating that certain rulemaking Sections were made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

If you are researching rules and come across rescinded chapters on a different paper color, this is because the agency filed a Notice of Exempt Rulemaking. At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

This chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit, should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1., R1-1-113.

Public Services managing rules editor, Rhonda Paschal, assisted with the editing of this chapter.

TITLE 9. HEALTH SERVICES

CHAPTER 15. DEPARTMENT OF HEALTH SERVICES - LOAN REPAYMENT

Editor's Note: Laws 2015, Chapter 3, § 8, required the Department to provide public notice and an opportunity for the public to comment on proposed exempt rules in Supp. 16-1. The Department posted a draft of the rule amendments on its website on February 19, 2016. Even though the proposed exempt rules were not published in the Register, the rules are considered final exempt rules because the Department provided a means for the public to comment on the draft rules (Supp. 16-1).

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

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

ARTICLE 1. GENERAL

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

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

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

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

Table listing sections R9-15-101 through R9-15-117 and Appendix A through J, with their respective page numbers.

ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

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

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

Table listing sections R9-15-201 through R9-15-230, including Qualifying Educational Loans and Restrictions, Primary Care Provider and Service Site Requirements, Initial Application, Supplemental Initial Application, Renewal Application, Renewal Application Requirements, Time-frames, Primary Care Provider Health Service Priority, Rural Private Primary Care Provider Health Service Priority, Allocation of Loan Repayment Funds, Verification of Primary Care Services and Disbursement of Loan Repayment Funds, Request for Change, Loan Repayment Contract Suspension, Liquidated Damages for Failure to Complete a Loan Repayment Contract, Waiver of Liquidated Damages, Loan Repayment Contract Cancellation, and various Repealed sections.

ARTICLE 3. REPEALED

Article 3, consisting of Sections R9-15-301 through R9-15-318, repealed by final exempt rulemaking at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

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

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

Table listing Section R9-15-301, Repealed, with page number 23.

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R9-15-302.	Repealed	23	R9-15-311.	Repealed	24
R9-15-303.	Repealed	23	R9-15-312.	Repealed	24
R9-15-304.	Repealed	23	R9-15-313.	Repealed	24
R9-15-305.	Repealed	23	R9-15-314.	Repealed	24
R9-15-306.	Repealed	23	R9-15-315.	Repealed	24
R9-15-307.	Repealed	23	R9-15-316.	Repealed	24
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R9-15-309.	Repealed	24	R9-15-318.	Repealed	24
R9-15-310.	Repealed	24			

ARTICLE 1. GENERAL**R9-15-101. Definitions**

In addition to the definitions in A.R.S. §§ 36-401 and 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 loan repayment 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 loan repayment 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. "Dental services" means the same as "dentistry" in A.R.S. § 32-1201.
13. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
14. "Direct patient care" means medical services, dental services, pharmaceutical services, or behavioral health services provided to a specific individual by a primary care provider and for services provided by the primary care provider to or for the specific individual including:
 - a. Documenting the services in the specific individual's medical records,
 - b. Consulting with other health care professionals about the specific individual's need for services, and
 - c. Researching information specific to the individual's need for services.
15. "Educational expenses" has the same meaning as in 42 C.F.R. § 62.22.
16. "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.
17. "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.
18. "Federal prison" means a secure facility managed and run by the Federal Bureau of Prisons that confines an individual convicted of a crime.
19. "Full-time" means working at least 40 hours per week for at least 45 weeks per service year.
20. "Free-clinic" means a facility that provides primary care services, on an outpatient basis, to individuals at no charge.
21. "Government student loan" means an advance of money made by a federal, state, county, or city agency that is authorized by law to make the advance of money.
22. "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.
23. "Health professional school" has the same meaning as "school" in 42 C.F.R. § 62.2.
24. "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.
25. "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 U.S. Department of Health and Human Services to have an inadequate number of primary care providers under 42 U.S.C. § 254e.
26. "Health service experience to a medically underserved population" means at least 500 clock hours of medical services, dental services, pharmaceutical services, 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.
27. "Health service priority" means the number assigned by the Department to an initial application or renewal application and used to determine whether loan repayment

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- funds are allocated to a primary care provider requesting approval to participate in the LRP.
28. "Immediate family" means an individual in any of the following relationships to a primary care provider:
 - a. Spouse;
 - b. Natural, adopted, foster, or stepchild;
 - c. Natural, adoptive, or stepparent;
 - d. 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; or
 - j. Son-in-law or daughter-in-law.
 29. "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.
 30. "Living expenses" has the same meaning as in 42 C.F.R. § 62.22.
 31. "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.
 32. "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.
 33. "Marriage and family therapist" means an individual licensed under A.R.S. § 32-3311.
 34. "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.
 35. "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 federal government or of the state in which the lender has its principle place of business.
 36. "Overall time-frame" has the same meaning as in A.R.S. § 41-1072.
 37. "Pharmaceutical services" means the same as "practice of pharmacy" in A.R.S. § 32-1901.
 38. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
 39. "Physician" has the same meaning as in A.R.S. § 36-2351.
 40. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
 41. "Population" means the total number of permanent residents according to the most recent decennial census published by the U.S. 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.
 42. "Poverty level" means a measure of income, issued annually by the U.S. Department of Health and Human Services and published in the Federal Register.
 43. "Primary care area" has the same meaning as in A.A.C. R9-24-201.
 44. "Primary care loan" means a long-term, low-interest-rate financial contract between the U.S. Department of Health and Human Services, Health Resources and Services Administration and a full-time student pursuing a degree in allopathic or osteopathic medicine.
 45. "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.
 46. "Primary care service" means medical services, dental services, pharmaceutical services, or behavioral health services provided on an outpatient basis by a primary care provider.
 47. "Private practice" means an individual or entity in which:
 - a. One or more primary care providers provide primary care services; and
 - b. Each primary care provider is an owner who can be held personally responsible for the primary care services provided by any of the primary care providers.
 48. "Professional counselor" means an individual licensed under A.R.S. § 32-3301.
 49. "Psychiatrist" means a physician who is board certified or board eligible to provide behavioral health services.
 50. "Psychologist" has the same meaning as in A.R.S. § 32-2061.
 51. "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.
 52. "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

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- b. Obtained before the submission of an initial application.
53. "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).
54. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
55. "Service site" means a health care institution that provides primary care services at a specific location.
56. "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.
57. "Sliding-fee schedule" has the same meaning as in A.A.C. R9-1-501.
58. "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 Provider Loan Repayment Program, established according to A.R.S. § 36-2174.
59. "State loan repayment funds" means monies provided to the Department from the U.S. Department of Health and Human Services, Health Resources and Services Administration.
60. "State prison" means a secure facility managed and run by a state in which an individual convicted of a crime is confined.
61. "Student" means an individual pursuing a course of study at a health professional school.
62. "Substantive review time-frame" has the same meaning as in A.R.S. § 41-1072.
63. "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.
64. "Telemedicine" has the same meaning as:
 - "Telemedicine" as defined in A.R.S. § 36-3601,
 - "Teledentistry" as defined in A.R.S. § 36-3611, or
 - "Telepractice" as defined in A.R.S. §32-3251.
65. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a federal and state holiday or a statewide furlough day.

Historical Note

Adopted effective November 16, 1983 (Supp. 83-6). Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section amended by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

R9-15-201. Qualifying Educational Loans and Restrictions

- A. The Department shall use loan repayment funds to pay for principal, interest, and related expenses of:
1. 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. A qualifying educational loan 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 completed before the start of the primary care provider's loan repayment program contract,
 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 identified by the primary care provider is 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.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

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 U.S. 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 U.S. 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, 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 an 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 services per week at the 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, or 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 health professional service obligation 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 as allowed in A.R.S. § 36-2172, or
 - ii. Private practice service site as allowed 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

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- 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. Is 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, or 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 loan 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:
 - a. State taxes, or
 - b. Court-ordered child support.
- Historical Note**
- New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).
- 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 (H) 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 to the Department an initial application containing:
 1. The following information in a Department-provided format:
 - 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 individual 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;
 1. 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 loan 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:
 - i. State taxes, or
 - ii. 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

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- 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 supplemental requests for additional information or documentation in R9-15-206;
 - 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 initial 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. One of the following as proof of U.S. citizenship:
 - a. U.S. passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation as a U.S. National;
 3. A copy of the primary care provider's Social Security card;
 4. A copy of the primary care provider's current driver's license;
 5. Documentation showing Arizona residency according to A.R.S. § 15-1802;
 6. Documentation showing completion of graduate studies issued by an accredited educational agency;
 7. 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;
 8. If a physician, documentation showing the physician:
 - a. Has completed:
 - i. A professional residency program in family medicine, pediatrics, obstetrics-gynecology, internal medicine, or psychiatry; or
 - ii. A fellowship, residency, or certification program in geriatrics; and
 - b. Is either board certified or board eligible in:
 - i. Family medicine,
 - ii. Internal medicine,
 - iii. Pediatrics,
 - iv. Geriatrics,
 - v. Obstetrics-gynecology, or
 - vi. Psychiatry;
 9. If the 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 Assistants in Psychiatry;
 10. 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:
 - a. The service site's name, street address, e-mail address, and telephone number;
 - b. The number of clock hours completed;
 - c. A description of the primary care services provided;
 - d. The primary care service start and end dates;
 - e. The service site's federal or state designation as medically underserved or as a HPSA designated by a federal agency; and
 - f. 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;
 11. If applicable, documentation showing that the primary care provider's health professional service obligation owed under contract with a federal, state, or local government or another entity will be completed before beginning a period of primary care services under the LRP;
 12. For each 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. 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;
 - b. 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;
 13. 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:
 - a. The name, street address, e-mail address, and telephone number of the service site;
 - b. The name of a contact individual for the service site;
 - c. Whether the primary care provider is providing primary care services full-time or half-time; and
 - d. If currently employed, the employment start date;
 14. If more than one service site licensee or tribal authority is identified in subsection (C)(13), the signature and date of signature of each service site licensee, licensee's designee, or tribal authority;

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15. For each service site where the primary care provider will provide primary care services, documentation, in a Department-provided format, that includes:
 - a. Name, street address, telephone number, e-mail address, and fax number of the service site;
 - b. Whether the primary care provider is providing primary care services full-time or half-time;
 - c. The number of primary care service hours per week the primary care provider is expected to provide;
 - d. The dates that the primary care provider is expected to start and end providing primary care services;
 - e. If a primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
 - f. Service site practice type;
 - g. Whether the service site is:
 - i. Public or non-profit service site according to A.R.S. § 36-2172, or
 - ii. Private practice service site according to A.R.S. § 36-2174;
 - h. Except for a free-clinic, whether the service site accepts Medicare, AHCCCS, and a qualifying health plan;
 - i. Except for a free-clinic, if the service site accepts:
 - i. Medicare, the service site's Medicare identification number;
 - ii. AHCCCS, the service site's AHCCCS provider number; and
 - iii. Qualifying health plan, the service site's qualifying health plan provider number;
 - j. Distance from the nearest sliding-fee schedule clinic having the same practice type;
 - k. Documentation of a service site's HPSA designation and HPSA score, dated within 30 calendar days before the initial application submission date;
 - l. Documentation of the primary care services provided by the service site during the past 24 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
 - v. Number of encounters free-of-charge; and
 - m. The name, title, e-mail address, and telephone number of a contact individual for the service site;
 16. 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;
 17. If the primary care provider will provide 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 individual for the critical access hospital;
 18. Except for a free-clinic or federal or state prison, a copy of the service site's:
 - a. Sliding-fee schedule in R9-15-202(A)(2)(d)(i),
 - b. Sliding-fee schedule policy in R9-15-202(A)(2)(d)(ii),
 - c. Sliding-fee schedule signage in R9-15-202(A)(2)(d)(iii) posted on the premises;
 19. If the service site is 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; and
 20. If the primary care provider's employer is not the licensee or tribal authority of the service site identified in subsection (C)(13), documentation in a Department-provided format that includes:
 - a. 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;
 - b. The name, title, e-mail address, and telephone number of a contact individual for the employer;
 - c. Whether the employer is 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;
 - d. Whether the primary care provider is or will be 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; and
 - f. The employer's signature and date of signature;
 21. If more than one service site licensee, tribal authority, or employer is identified in subsection (C)(20), the signature and date of signature of each service site licensee, tribal authority, or employer.
- D.** If documentation of an existing health professional service obligation owed under contract, required in subsection (C)(11) 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.
- E.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
- F.** The Department shall accept an initial application no more than 45 calendar days before initial application submission date required in subsection (A) and (B).
- G.** 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.
- H.** 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.
- I.** The Department shall review a primary care provider's initial application according to R9-15-206.

Historical Note

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

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Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

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 by submitting a supplemental initial application by October 1.
- B.** A primary care provider reapplying for an October allocation process according to R9-15-203(B) shall submit a supplemental initial application in a Department-provided format to the Department that contains:
1. The primary care provider's name, home address, telephone number, and e-mail address;
 2. The 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 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. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
 - f. The information submitted as part of the supplemental initial application is true and accurate; and
 - g. 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; and
 - c. The loan balance including principal and interest;
 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 expected to start and end providing primary care services;
 - f. The name, title, e-mail address, and telephone number of a contact individual for the service site;
 - g. The information submitted as part of the supplemental initial 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 subsec-

tion (B)(4), an attestation from the employer that includes:

- a. The name, title, e-mail address, and telephone number of a contact individual for the employer;
 - b. Whether the employer is:
 - i. Public or non-profit service site according to A.R.S. § 36-2172, or
 - ii. Private practice service site according to A.R.S. § 36-2174;
 - c. Whether the primary care provider is providing primary care services full-time or half-time;
 - d. The dates that the primary care provider is expected to start and end providing primary care services;
 - e. 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;
 - 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.
6. A copy of the most recent billing statement for the loans listed on the initial application;
 7. Documentation of a service site's HPSA designation and HPSA score dated within 30 calendar days before the supplemental initial application submission date.
- C.** 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.
- D.** The Department shall accept a supplemental initial application no more than 30 calendar days before the renewal application submission date required in subsection (A) or (B).
- E.** The Department shall review a primary care provider's supplemental initial application according to R9-15-206.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-205. Renewal Application

- A.** 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 whose service site has a HPSA score of 14 or more may request to continue participation by submitting 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 may 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 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

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- 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 loan repayment 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 a request for change according to R9-15-211, list any changes that may affect 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 primary care provider wants a lender 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 lender's name, street address, e-mail address, and telephone number;
 - b. The street address where the loan repayment funds are sent;
 - c. The loan identification number;
 - d. The original date of the loan;
 - e. The primary care provider's name as it appears on the loan contract;
 - f. The original loan amount;
 - g. The current balance of the loan, including the date provided;
 - h. The interest rate on the loan;
 - i. The purpose for the loan;
 - j. The month and year of the start and the end of the academic period covered by the loan; and
 - k. 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;
 6. For each qualifying educational loan, a copy of the most recent billing statement from the lender;
 7. For any qualifying educational loan identified in subsection (C)(5), 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;
 8. Whether the primary care provider is subject to a judgment lien for a debt to a federal agency;
 9. 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
 10. 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;
 11. 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);
 12. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
 13. 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 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;
 14. The primary care provider's signature and date of signature;
 15. 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 provides primary care services that the primary care provider's employment is extended at least 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;

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- h. The name, title, e-mail address, and telephone number of a contact individual for the service site; and
- i. The service site licensee's, licensee's designee, or tribal authority's signature and date of signature;
16. 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:
- Name, street address, telephone number, e-mail address, and fax number of the critical access hospital;
 - Number of service hours per week that the primary care provider is expected to provide at the critical access hospital; and
 - Name, title, e-mail address, and telephone number of a contact individual for the critical access hospital;
17. If the primary care provider's employer is not the licensee or tribal authority of the service site identified in subsection (C)(15), documentation in a Department-provided format, that includes:
- A statement that the employer will extend the primary care provider's employment for at least an additional year;
 - The date the primary care provider is expected to end providing primary care services at the service site;
 - Whether the primary care provider is providing primary care services full-time or half-time;
 - The number of primary care service hours per week the primary care provider is expected to provide;
 - If the primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
 - 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;
 - The name, title, e-mail address, and telephone number of a contact individual for the employer; and
 - The employer's signature and date of signature; and
18. If more than one service site licensee, tribal authority, or employer is identified in subsection (C)(15) and (16), the signature and date of signature of each service site licensee, tribal authority, or employer.
- D.** In addition to the information required in subsection (C), the following documentation:
- 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 copy of the sliding-fee schedule in R9-15-202(A)(2)(d)(i),
 - A copy of the sliding-fee schedule policy in R9-15-202(A)(2)(d)(ii), and
 - A copy of the service site's sliding-fee schedule signage in R9-15-202(A)(2)(d)(iii), posted on the premises;
 - 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;
 - Documentation of a service site's HPSA designation and HPSA score, dated within 30 calendar days before the renewal application submission date; and
 - For each lender receiving loan repayment funds, a copy of the most recent billing statement.
- E.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
- F.** The Department shall accept a renewal application no more than 30 calendar days before the renewal application submission date required in subsection (A) or (B).
- G.** 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.
- H.** The Department shall review a primary care provider's renewal application according to R9-15-206.
- Historical Note**
- New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).
- R9-15-205.01. Renewal Application Requirements**
- A.** A primary care provider whose loan repayment contract ends before or on June 30, 2016 may renew the primary care provider's loan repayment contract by submitting a renewal application to the Department according to the requirements in 9 A.A.C. 15 that were effective August 9, 2001.
- B.** A primary care provider whose loan repayment contract ends after June 30, 2016, and before April 1, 2017, and whose service site has a HPSA score of 14 or more may be requesting to participate in the LRP for a third year may submit a renewal application in R9-15-205 to the Department before April 30, 2016.
- Historical Note**
- New Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).
- R9-15-206. Time-frames**
- A.** The overall time-frame begins, for:
- An initial application, on the date established as the deadline for submission of an initial application in R9-15-203;
 - A supplemental initial application, on the date established as the deadline for submission of a supplemental initial application in R9-15-204;
 - A renewal application, on the date established as the deadline for submission of a renewal application in R9-15-205; or
 - 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 loan repayment 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:
- Provide a notice of administrative completeness to a primary care provider; or
 - 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:
- 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

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- 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;
 - 2. May make a written comprehensive request for additional information or documentation; and
 - 3. May make supplement requests, if the primary care provider agrees to allow the Department to submit supplemental requests 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 comprehensive 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 comply 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 or R9-15-208, and
 - 2. Highest HPSA score according to R9-15-207(B)(2) or 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 when:
 - i. The primary care provider and the primary care provider's service site complies with the requirements in A.R.S. Title 36, Chapter 21 and this Article; and
 - ii. The primary care provider has a health care priority according to R9-15-207 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 comprehensive 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:
 - i. There are no loan repayment funds available for the primary care provider;
 - ii. For an initial application, the primary care provider's employer employs four other primary care providers approved to participate in the LRP; or
 - iii. For an initial application, the 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, a 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) for participation 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)(1).

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

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

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Renewal application	R9-15-205	45	10	15	30
Request for Change	R9-15-211	15		5	10
Request to suspend a loan repayment contract	R9-15-212	15		5	10
Request to waive liquidated damages	R9-15-214	15		5	10
Request to cancel a loan repayment contract	R9-15-215	15		5	10

Historical Note

New Table 2.1 made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

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, the Department shall use that service site's points 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 Department shall use the average of all service sites' points 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), assigned by the U.S. Secretary of Health and Human Services for the area in which the service site is located according to documentation provided by the primary care provider;
3. The service site's percentage of the total encounters reported according to R9-15-203(C)(15)(l) or R9-15-205(C)(15)(e) 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, or
Less than 10%	2;
4. Except for a service site at 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, or
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, or
Less than 25	0; and

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, or
Less than 25	0;

5. For an initial application only, 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, 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 con-

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sider 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 health care provider with a higher health service priority approved to participate in the LRP during the same 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 same June allocation process.
- G. To determine participation in the LRP for a primary care provider in subsection (F), 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 for 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 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 number 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, as 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 shall 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 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 LRP division to be responsible for the random selection, and
 - 2. Invite all the primary care providers whose initial applications 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.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-208. Rural Private 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, the Department shall use that service site's points 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 Department shall use the average of all service sites' points 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. If the service site is a designated HPSA, the service site's highest geographic, facility, or population HPSA score, consistent with subsection (A), assigned by the U.S. Secretary of Health and Human Services for the area in which the service site is located according to documentation provided by the primary care provider;
 - 2. If the service site is not a designated HPSA, the service site's AzMUA score, assigned by the Department, converted to an equivalent HPSA score as 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)(15)(l) or R9-15-205(C)(15)(e) 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, or
Less than 10%	2;
 - 4. Except for a service site at 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

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- services fees according to an approved sliding-fee schedule:
- | | |
|-----------------|--------|
| Miles | Points |
| Greater than 25 | 4, or |
| 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, or |
| Less than 25 | 0; and |
- 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, or |
| Less than 25 | 0; |
5. For an initial application only, the primary care provider is newly employed at the service site or by the employer:
- Yes = 2 points, or
 - 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:
- Yes = 4 points, or
 - No = 0 points;
7. The primary care provider is a resident of Arizona according to A.R.S. § 15-1802:
- Yes = 4 points, or
 - No = 0 point;
8. The primary care provider is a graduate of an Arizona graduate educational institution:
- Yes = 4 points, or
 - No = 0 point;
9. For an initial application only, the primary care provider has experience providing primary care services to a medically underserved population:
- Yes = 4 points, or
 - No = 0 point; and
10. The primary care provider is providing or agrees to provide primary care services full-time:
- Yes = 3 points, or
 - No = 0 points.
- C.** To determine a service site's highest HPSA score, the Department shall apply the following HPSA designations:
- A Primary Medical Care HPSA score, if a primary care provider provides medical or pharmaceutical primary care services,
 - A Dental HPSA score if a primary care provider provides dental primary care services, and
 - 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:
- 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
 - Two or more initial applications that have the same health service priority for:
 - A service site and there is one primary care provider with a higher health service priority approved to participate in the LRP during the same June allocation process; or
 - An employer and there are three primary care providers with a higher health service priority approved to participate in the LRP during the same June allocation process.
- G.** To determine participation in the LRP for a primary care provider in subsection (F), the Department shall apply the following to each primary care provider's application:
- If only one application is for a primary care provider who is a resident of Arizona, the Department shall approve the primary care provider for participation;
 - 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:
 - Whether a primary care provider will provide primary care services full-time;
 - Whether the primary care provider's service site is a non-profit;
 - The highest service site highest HPSA score or converted AzMUA score in subsection (B)(1) or (2);
 - Whether the primary care provider provides primary care services when the primary care provider and a patient are at the same location;
 - Whether the primary care provider has experience providing primary care services to a medically underserved population;
 - 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
 - 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 shall 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:
- Assign an Assistant Director from a different division within in the Department than the LRP division to be responsible for the random selection, and
 - Invite all the primary care providers whose initial applications 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.

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Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-209. Allocation of Loan Repayment Funds

- A.** Each fiscal year, for an initial application 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 approved for initial participation 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 LRP 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 is currently providing primary care services at a service site with 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
- G.** The Department shall allocate loan repayment funds to physicians and dentists according to the following:

- 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, the primary care provider's employer employs four other primary care providers approved to participate in the LRP; or
 - c. For an initial application, the primary care provider's service site employs two other primary care providers approved to participate in the LRP.
- C.** 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 (D).
- D.** A person donating monies to the LRP shall designate whether the donation is for:
 - 1. The LRP to use 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 Provider Loan Repayment Program established according to A.R.S. § 36-2172;
 - b. The Rural Private Primary Care Provider 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;
- 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 (D)(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.

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

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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 loan repayment contract year of service to be the succeeding year following the actual loan repayment 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 is not accepting initial or renewal applications.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

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

- A. If primary care services are provided by means of telemedicine, a primary care provider shall:
 - 1. Report the number of telemedicine hours worked, and
 - 2. 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.
- B. If a primary care provider provides primary care services at a critical access hospital with a separate qualifying service site, the primary care provider shall report the:
 - 1. Total number of hours the primary care provider provided primary care services at the qualifying service site separate from the critical access hospital, and
 - 2. Total number of hours worked at the critical access hospital.
- C. A primary care provider shall submit verification of primary care service hours worked at the primary care provider's approved service site on a Department-provided format 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.
- D. A primary care provider shall submit documentation of primary care service encounters provided at the primary care provider's approved service site in 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 (D)(2);
 - 4. The number of total encounters used the sliding-fee scale the primary care provider provided during the time reported in subsection (D)(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.
- E. Upon receipt of the verification in subsection (C) and the documentation in subsection (D), the Department shall disburse loan payment funds to the primary care provider's lender or lenders.
- F. Primary care services performed before the effective date of a loan repayment contract do not satisfy the contracted primary care health professional service obligation and are not eligible for loan repayment funds.
- G. The Department shall disburse loan repayment funds for primary care services provided during a loan repayment contract period according to the allocations in R9-15-209.
- H. 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.
- I. 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.

Historical Note

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April

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1, 2016 (Supp. 16-1).

R9-15-211. Request for Change

- A.** To request a change, a primary care provider shall submit the following information to the Department, in a Department-provided format:
1. The primary care providers name, home address, telephone number, and e-mail address;
 2. Whether the request is to:
 - a. Add or transfer to another service site or employer,
 - b. Add or change a qualifying educational loan or lender, or
 - c. Change primary care service hours from full-time to half-time or from half-time to full-time;
 3. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
 4. An attestation that:
 - a. The Department is authorized to verify all the information provided, and
 - b. The information submitted is true and accurate; and
 5. The primary care provider's signature and date of signature.
- B.** In addition to the information required in subsection (A), a primary care provider:
1. If adding or transferring to a new service site or new employer, shall submit the following information about the new service site or employer:
 - a. In a Department-provided format:
 - i. The information required in R9-15-203(C)(15) for the new service site and in R9-15-203(C)(17) for a new critical access hospital, if applicable;
 - ii. An attestation signed and date signed by a licensee, licensee's designee, or tribal authority from the new service site stating that the new 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;
 - iii. If the primary care provider's new employer is not the licensee or tribal authority of the service site identified in subsection (B)(1)(a)(i):
 - (1) An attestation that the new employer will comply with the requirements in R9-15-202, including agreeing to notify the Department when the primary care provider's employment status changes;
 - (2) The name, title, e-mail address, and telephone number of a contact individual for the new employer;
 - (3) Whether the primary care provider is providing primary care services full-time or half-time;
 - (4) The dates that the primary care provider is expected to start and end providing primary care services; and
 - (5) The new employer's signature and date of signature;
 - b. Except for a service site that is a free-clinic or a federal or state prison, a copy of the new service site's:
 - i. Sliding-fee schedule in R9-15-202(A)(2)(d)(i),
 - ii. Sliding-fee schedule policy in R9-15-202(A)(2)(d)(ii), and
 - iii. Sliding-fee schedule signage in R9-15-202(A)(2)(d)(iii), posted on the premises;
 2. If adding or changing a qualifying educational loan or lender, shall submit the following information about the qualifying educational loan or lender:
 - a. In a Department-provided format:
 - i. 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, and
 - ii. The percentage of the loan repayment funds that the primary care provider is requesting that the lender receive;
 - 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; and
 - c. For a qualifying educational loan, a copy of the most recent billing statement from the lender; and
 3. If changing primary care service hours worked, shall submit the following information about the change in primary care service hours:
 - a. In a Department-provided format:
 - i. The name, title, e-mail address, and telephone number of a contact individual for each service site, tribal authority, or employer; and
 - ii. The percentage of loan repayment funds each lender may receive if different from the initial application; and
 - b. 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 per week.
- 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.** 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.

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- E. 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.
- F. 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.
- G. 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. For 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.
- H. 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.
- I. A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided.
- J. 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.
- Historical Note**
- Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).
- R9-15-212. Loan Repayment Contract Suspension**
- A. A primary care provider may request a loan repayment 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 loan repayment contract, or
 2. To transfer to another service site or employer.
- B. To request a loan repayment contract suspension, a primary care provider shall submit to the Department a written request for a loan repayment contract suspension, at least 30 calendar days before the proposed start date of the loan repayment 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 loan repayment contract;
 4. The beginning and ending dates of the requested loan repayment contract suspension;
 5. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
 6. A statement that the information included in the request for loan repayment contract suspension is true and accurate; and
 7. The primary care provider's signature and date of signature.
- C. Upon receiving a request for a loan repayment contract suspension, the Department may contact the individual in subsection (B)(2):
1. To verify the information in the request for the loan repayment contract suspension, and
 2. To obtain information regarding the circumstances that caused the request for loan repayment contract suspension.
- D. A primary care provider may request an initial loan repayment 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 loan repayment contract suspension period, the primary care provider may request an additional six-month loan repayment contract suspension for a total maximum allowable loan repayment contract suspension of 12 months.
- E. A primary care provider requesting an additional six-month loan repayment contract suspension shall submit a written request to the Department at least 30 calendar days before the expiration of the initial loan repayment contract suspension period that includes the requirements in subsection (B).
- F. During a primary care provider's loan repayment contract suspension period, a primary care provider who plans to continue to participate in the LRP is required to shall submit a renewal application according to R9-15-205.
- G. During a primary care provider's loan repayment 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 loan repayment contract suspension period.
- I. If the Department approves a primary care provider's request for a loan repayment contract suspension due to transfer to another service site or employer, the primary care provider shall written report progress made in identifying another service site or employer to the Department 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 loan repayment contract suspension period, the Department shall consider that the primary care provider has failed to complete the terms of the loan repayment contract or does not intend to complete the terms of the loan repayment contract.
- K. For a request submitted according to subsection (B) or (E), the Department shall notify a primary care provider of the Department's decision according to R9-15-206.

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Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

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

- A. A primary care provider who fails to complete the terms of the loan repayment 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 loan repayment 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 loan repayment contract suspension approved according to R9-15-212, whichever is later.

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

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 loan repayment 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 loan repayment 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 loan repayment contract; or
 2. An individual in the primary care provider's immediate family has a chronic or terminal illness.
- C. To request a waiver of liquidated damages, a primary care provider shall submit to the Department:
 1. A written request for a waiver of liquidated damages that includes:
 - a. The primary care provider's name, home address, telephone number, and e-mail address;
 - b. For each service site where the primary care provider provided primary care services, the service site's:
 - i. Name, street address, e-mail address, and telephone number; and
 - ii. The name of a contact individual for the service site;
 - c. 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;

- d. A statement describing why the primary care provider cannot complete the contact;
 - e. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
 - f. A statement that the information included in the request for waiver is true and accurate; and
 - g. The primary care provider's signature and date of signature; and
2. 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.
- 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 during or 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.

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-215. Loan Repayment 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 loan repayment 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 loan repayment contract, and
 3. A written request that 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;
 - c. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206; and
 - d. 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 loan repayment contract and waive liquidated damages based upon a primary care pro-

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vider's request to cancel the loan repayment contract in subsection (A).

- D.** The Department may cancel a primary care provider's loan repayment contract if the Department determines that:
1. The primary care provider:
 - a. Except as allowed in subsection (A), has failed to complete the terms of the loan repayment 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 loan repayment 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.

Historical Note

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed; new Section made by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-216. Repealed**Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-217. Repealed**Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-218. Repealed**Historical Note**

Repealed effective February 7, 1995 (Supp. 95-1). New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-219. Repealed**Historical Note**

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

R9-15-220. Repealed**Historical Note**

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

R9-15-221. Repealed**Historical Note**

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

R9-15-222. Repealed**Historical Note**

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

R9-15-223. Repealed**Historical Note**

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

R9-15-224. Repealed**Historical Note**

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

R9-15-225. Repealed**Historical Note**

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

R9-15-226. Repealed**Historical Note**

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

R9-15-227. Repealed**Historical Note**

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

R9-15-228. Repealed**Historical Note**

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

R9-15-229. Repealed**Historical Note**

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

R9-15-230. Repealed**Historical Note**

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

ARTICLE 3. REPEALED**R9-15-301. Repealed****Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-302. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-303. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-304. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-305. Repealed**Historical Note**

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

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by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-306. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-307. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-308. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-309. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-310. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-311. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-312. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823,

effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-313. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-314. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-315. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-316. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-317. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).

R9-15-318. Repealed**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2823, effective August 9, 2001 (Supp. 01-2). Section repealed by final exempt rulemaking under Laws 2015, Ch. 3, § 8, at 22 A.A.R. 851, effective April 1, 2016 (Supp. 16-1).