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16.02.01 - HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM

000. LEGAL AUTHORITY.

Title 39, Chapter 59, Idaho Code grants to the Department of Health and Welfare the authority to develop a loan repayment program and to promulgate rules to administer the program. (12-21-92)

001. TITLE AND SCOPE.

These rules shall be known as the Idaho Department of Health and Welfare Rules, Title 02, Chapter 01, "Health Professional Loan Repayment Program." These rules contain the legal requirements for implementation. (12-21-92)

002. PURPOSE.

These rules provide criteria for the implementation of Idaho's Health Professional Loan Repayment Program and award of loan repayment funds for primary health care providers willing to work in Idaho primary care shortage areas as provided for in Title 39, Chapter 59, Idaho Code. (12-21-92)

003. DEFINITIONS.

01. Applicant. A primary care physician, nurse practitioner, or physician assistant who applies in writing to the Program for loan repayment. (12-21-92)

02. Approved Site. A primary care shortage area which meets the application and selection criteria established by the Board in Sections 008 and 009. (12-21-92)

03. Board. The Health Professional Loan Repayment Board created by the Department to oversee the selection of eligible providers and community/service areas and to make loan payment awards. (12-21-92)

04. Community/Service Area. A rational service area for primary care delivery as determined by the Department and approved by the Board. (11-6-93)

05. Department. The Idaho Department of Health and Welfare. (12-21-92)

06. Educational Loan. A governmental or commercial loan incurred to pay educational expenses associated with medical and nursing education, including tuition, fees, books, supplies, educational equipment and materials, and living expenses. (12-21-92)

07. Lender. The financial institution which loaned funds necessary for the completion of the participant's medical or nursing education. (12-21-92)

08. Loan Repayment. A medical or nursing education loan that is paid in full or in part by the state if the participant renders health care services in a state designated primary care shortage area. (12-21-92)

09. Loan Repayment Program Contract. The agreement which is signed by an applicant and the Board under this chapter in which the applicant agrees to accept loan repayment not to exceed twenty thousand dollars (\$20,000) per year and to provide primary health care services in an agreed-upon, approved primary care shortage area as determined by the Board, for the period of obligated service. (12-21-92)

10. Nurse Practitioner. A health care provider licensed pursuant to Title 54, Chapter 14, Idaho Code. (12-21-92)

11. Obligated Service. Full or part time service in an approved community/service area, that is deemed a primary care shortage area as determined by the Board, for a minimum of two (2) years or such longer period to which the applicant agrees in the loan repayment program contract. No period of internship, residency, or other advanced clinical training shall be counted toward satisfying a period of obligated service under this chapter. (12-21-92)

12. Participant. A licensed physician, nurse practitioner, or physician assistant who has commenced practice as a primary care provider in a state-designated primary care shortage area and has entered into a contractual agreement with the state to participate in the Idaho Health Professional Loan Repayment Program. (12-21-92)
13. Physician Assistant. A health care provider licensed pursuant to Title 54, Chapter 18, Idaho Code. (12-21-92)
14. Primary Care. The provision of professional comprehensive health services that includes health education and disease prevention, initial assessment of health problems, treatment of acute and chronic health problems, and the overall management of an individual's or family's health care services as provided by an Idaho licensed internist, obstetrician, pediatrician, family practitioner, general practitioner, nurse practitioner or physician assistant. It provides the initial contact for health services and referral for secondary and tertiary care. (12-21-92)
15. Primary Care Physician. An internist, obstetrician, pediatrician, family practitioner, or general practitioner licensed pursuant to Title 54, Chapter 18, Idaho Code. (12-21-92)
16. Primary Care Shortage Area. An area underserved by primary care providers and determined by the Department to be capable of financially supporting health care professionals: Criteria for determining underservice include, but are not limited to: weighted consideration of the percentage of the population below federal poverty guidelines, the percentage of the population over sixty-five (65) years of age, infant mortality rate, fertility rate, and the number of primary care physicians, nurse practitioners, or physician assistants per population. (11-6-93)
17. Program. The Health Professional Loan Repayment Program established in Section 004. (12-21-92)
18. Program Director. The contractor selected by the Department to administer the Health Professional Loan Repayment Program. (12-21-92)

004. HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM.

The Department's Division of Health, an agent of the state, is responsible for carrying out the Program. The Department is responsible for setting policy under this Program. (12-21-92)

005. HEALTH PROFESSIONAL LOAN REPAYMENT BOARD.

01. Program Director. The Program Director shall present a list of nominees to the Director. The Director then shall appoint the Board. (12-21-92)
02. Meeting Schedule. The Board shall meet at least annually, but may meet on an ad hoc basis. (12-21-92)
03. Board Membership. Board membership shall include nine individuals: (12-21-92)
 - a. Two (2) at-large members; (12-21-92)
 - b. Two (2) primary care physician members; (12-21-92)
 - c. One (1) nurse practitioner member; (12-21-92)
 - d. One (1) physician assistant member; (12-21-92)
 - e. One (1) hospital administration member; and, (12-21-92)
 - f. Two (2) community representative members. (12-21-92)
04. Appointments. Appointments to the Board shall be for three (3) years; Board members may be reappointed at the end of each three-year (3) period. Initially, one (1) at-large member, one (1) primary care physician member, the hospital administrative member and one (1) community representative member shall be appointed for

two (2) years; subsequent appointments shall be for three-year (3) periods. (12-21-92)

05. Quorum. A majority of the Board members constitutes a quorum for the transaction of business. A majority vote is required by the quorum in finalizing decisions. (12-21-92)

06. Powers and Duties. Necessary powers and duties of the Board to carry out the purposes of this chapter include: (12-21-92)

a. Determining eligibility of an applicant to receive loan repayment under this chapter in accordance with the guidelines under Section 006; (12-21-92)

b. Determining eligibility of a community/service area as a primary care shortage area in accordance with the guidelines under Section 008; (12-21-92)

c. Applying selection criteria to eligible applicants under this chapter in accordance with the guidelines under Section 007; (12-21-92)

d. Applying selection criteria to eligible community/service areas under this chapter in accordance with the guidelines under Section 009; (12-21-92)

e. Determining the amount of loan repayment to be made on behalf of an applicant within the parameters set forth in Section 011 which Board determination shall include an investigation of the outstanding education loans incurred by the applicant; (12-21-92)

f. Determining the conditions of loan repayment made on behalf of an applicant; (12-21-92)

g. Entering into a two-year (2) to four-year (4) loan repayment program contract to provide repayment of education loans in exchange for the delivery of health care services by a primary care physician, nurse practitioner, or physician assistant within an approved community/service area; (12-21-92)

h. Authorizing the expenditure of funds appropriated for repayment of education loans for providers who apply and qualify for assistance under the loan repayment program; (12-21-92)

i. Enforcing its rights under a loan repayment program contract, including the commencement and prosecution of court action; (12-21-92)

j. Canceling a loan repayment program contract for reasonable cause; (12-21-92)

k. Approving a loan application packet for applicants and community/service areas; (12-21-92)

l. Accepting gifts, grants, loans, and other aid or amounts from any person, association, foundation, trust, corporation, governmental agency, or other entity to be used for purposes of the Program; (12-21-92)

m. Proposing rules governing the activities authorized under this chapter; (12-21-92)

n. Conducting program business according to Robert's Rules of Order such as annually electing a chairman of the Board who conducts Board meetings; and (12-21-92)

o. Having access to legal authority or counsel from the Department via the state assistant attorney general. (12-21-92)

006. PRIMARY CARE PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN ASSISTANT APPLICATION CRITERIA.

To be eligible to apply, the primary care provider must meet the following criteria: (12-21-92)

01. Primary Care Physician. Must be a graduate of an accredited medical school of allopathic or osteopathic medicine and have completed or be enrolled in the final year of an approved graduate training program in

family practice, general practice, obstetrics, pediatrics, or internal medicine; or, have a current and valid license to practice medicine in Idaho by the time of execution of the loan repayment program contract. (12-21-92)

02. Nurse Practitioner or Physician Assistant. Must be enrolled as a student in the final year of an approved course of study or program which leads to licensure as a nurse practitioner or physician assistant; or, have a current and valid license to practice in the state of Idaho as a nurse practitioner or physician assistant by the time of execution of the loan repayment program contract. (12-21-92)

03. Application Requirements and Restrictions. (12-21-92)

a. The applicant must not be practicing in the state of Idaho on or before July 1 of the fiscal year in which there is an appropriation to fund the loan repayment program. For purposes of this chapter, those primary care physicians in a residency program in Idaho are not considered practicing in Idaho and may apply for the Program. (11-6-93)

b. The applicant must submit an application on a form provided by the Program for participation in the Program. (12-21-92)

c. The applicant must agree to serve for not less than two (2) years and up to four (4) years. (12-21-92)

007. PRIMARY CARE PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN ASSISTANT SELECTION CRITERIA.

Applicants shall be selected for participation in the Program based upon the following criteria: (12-21-92)

01. Commitment to Serve. The individual's commitment to serve in a primary care shortage area as determined by the statement of commitment on the application form. (12-21-92)

02. Idaho Residents. High consideration will be given to individuals who are or have been Idaho residents. (12-21-92)

03. Availability for Service. The availability of the individual for service, with consideration being given to individuals who will be available for service at the earliest dates. (12-21-92)

04. Length of Proposed Commitment. The length of the individual's proposed service commitment, with consideration being given to individuals who agree to serve for longer periods of time. (12-21-92)

05. Full-time or Part-time Participation. Full-time or part-time participation shall be given consideration based upon the need of the specific community/service area selected for practice. (12-21-92)

06. Selection for Participation. Selection for participation is contingent upon the health care provider having in his possession a valid, current and unrestricted license to practice his profession in the state of Idaho at the time of commencement of his participation. (12-21-92)

07. Modifications to the Provider Application. Any modification to the approved provider application must be made in writing and approved by the Board prior to signing the state contract. (11-6-93)

008. COMMUNITY/SERVICE AREA APPLICATION.

To be designated as a state primary care shortage area, the community/service area must meet the following criteria (For purposes of these rules, primary care provider calculations exclude Indian Health Service providers, military census divisions, and military care providers located in military census divisions.): (11-6-93)

01. Demonstration of Need. Must be shown to demonstrate a demand for primary health care services which could support the health professional's desired full-time equivalency status. Community/service areas' demand for services, utilizing area specific data, will be determined by the following method: (12-21-92)

a. The community/service area's population shall be divided by two thousand (2,000). Primary care

physicians plus sixty percent (60%) of the mid-levels currently practicing in the community/service area will be subtracted from the result. The final number is the relative demand for health professionals in the community/service area. Relative demand estimates will be updated annually by the Department dependent upon the availability of program funding. (11-6-93)

b. The top community/service areas in descending order of demand for primary health care services, based on providers needed, will be designated as primary care shortage areas of greatest need. The number of community/service areas included on the list of primary care shortage areas of greatest need will be determined by the Board. (11-6-93)

c. Community/service areas listed as primary care shortage areas of greatest need in Section 008.01.b. will be ranked according to the point totals accumulated under Section 008.02. (12-21-92)

d. In the event of a tie between two (2) or more communities in point totals, higher priority will be assigned to that community with the lower percentage of population between fifty percent (50%) and two hundred percent (200%) of the Federal Poverty Guidelines. (12-21-92)

02. Ranking of Service Areas. Once the community/service areas are established as primary care shortage areas of greatest need, these areas shall be prioritized or ranked based on state specific data that include the following five (5) criteria: (11-6-93)

a. Five-year (5) infant mortality rate; (12-21-92)

b. Five-year (5) fertility rate; (12-21-92)

c. Percent of population below one hundred percent (100%) of the federal poverty guidelines; (12-21-92)

d. The percent of population over sixty-five years (65) of age; (12-21-92)

e. The presence of a functioning acute care hospital within the community/service area. (12-21-92)

03. Calculation of Community/Service Area Criteria. Criteria defined in Section 008.02 are calculated in the following manner: (12-21-92)

a. The five-year (5) average infant mortality rate for the community/service area. This criteria is worth up to ten (10) points.

Infant Mortality Rate - (1986-1990: N=40, MN=9.73, SD=3.84)

Rate Range	Points
Less than 2.05	0
2.05 - 5.89	2
5.90 - 9.73	4
9.74 - 13.57	6
13.58 - 17.41	8
Greater than 17.41	10

(12-21-92)

b. The five-year (5) average fertility rate for the community/service area. This criteria is worth up to ten (10) points.

Fertility Rate - (1986-1990: N=44, MN=77.1, SD=13.6)

Rate Range	Points
Less than 49.9	0
49.9 - 63.5	2
63.6 - 77.1	4
77.2 - 90.7	6
90.8 - 104.3	8
Greater than 104.38	10

(12-21-92)

c. The percentage of the community/service area's population below one-hundred percent (100%) of Federal Poverty Guidelines (FPG). This criteria is worth up to ten (10) points.

Percent Below One Hundred Percent (100%) of FPG
 (1990 Census: N=44, MN=14.5, SD=4.0)

Percentage Range	Points
Less than 6.5	0
6.6 - 10.5	2
10.6 - 14.5	4
14.6 - 18.5	6
18.6 - 22.5	8
Greater than 22.5	10

(12-21-92)

d. The percentage of the community/service area's population over sixty-five (65) years of age. This criteria is worth up to ten (10) points.

Percent Over Sixty-Five (65) Years of Age
 (1990 Census: N=44, MN=13.0, SD=3.0)

Percentage Range	Points
Less than 7.00	0
7.01 - 10.00	2
10.01 - 13.00	4
13.01 - 16.00	6
16.01 - 19.00	8
Greater than 19.00	10

(12-21-92)

e. Community/service areas with a functioning acute care hospital within its borders shall be awarded ten (10) additional points. (12-21-92)

04. Submission of Applications. There shall be an invitation or call for community/service area applications based on the state's designation of the community/service area as a primary care shortage area of greatest need. Applications shall be submitted to the Program on an annual basis. Applications shall be considered active for a period of one (1) year following the submission of the application and may be renewed in subsequent years contingent upon program funding. (11-6-93)

009. COMMUNITY/SERVICE AREA SELECTION.

Community/service area applicants will be selected for provider participation at their locale with the Idaho Health Professional Loan Repayment Program based upon the following considerations: (12-21-92)

01. Primary Consideration. Primary consideration will be given to community/service areas, designated as state primary care shortage areas, most in demand and need. (12-21-92)

02. Distance from Nearest Services. Distance from the nearest provider and difficult travel conditions to that provider, e.g., winter driving conditions, type of road or mountain passes. (12-21-92)

03. Letters of Reference. Letters of support from practicing physicians in the community/service area, and, where they exist, civic leaders, hospital administrators, business leaders, chambers of commerce, citizens, local health departments, and other local health care providers. (12-21-92)

04. Evidence of Community Support. Evidence of community support which may include, where appropriate: (12-21-92)

a. A back-up call schedule to assure the new primary health care provider will have adequate free time; (12-21-92)

b. Payment of malpractice insurance; (12-21-92)

c. Provision of relocation expenses; (12-21-92)

d. Income guarantees; (12-21-92)

e. Free office space; (12-21-92)

f. Retention plans or clauses; and, (12-21-92)

g. Other evidence of community support. (12-21-92)

05. Assurances of Continued Support. Assurances that other community providers will continue to see their share of Medicaid, Medicare, and indigent patients. (12-21-92)

06. Modifications to the Community/Service Area Application. Any modification to the community/service area application must be made in writing and approved by the Board prior to the provider signing the state contract. (11-6-93)

010. CRITERIA FOR AWARDING LOAN REPAYMENT FUNDS.

The following criteria shall be used by the Board in awarding loan repayment funds to eligible health care providers in eligible community/service areas: (12-21-92)

01. Greatest Demand For Services. A primary care shortage area of greatest demand and need having the resources to support the eligible primary health care provider which was selected by the Board according to the criteria set forth in Section 009. (11-6-93)

02. Selection of Primary Health Care Provider. An eligible primary health care provider which was selected by the Board according to the criteria set forth in Section 007. (12-21-92)

03. Notification of Match. The Board's approval of a loan repayment award is contingent upon written notification of a successful match between the primary care provider and the designated and approved community/service area. (11-6-93)

04. Evidence of a Provider Contract/Agreement. Following the Board's approval of an award, the community/service area must provide evidence of a contract/agreement between the primary care provider and the designated and approved community/service area, within a time period as determined by the Board. (11-6-93)

011. REPAYMENT PROVISIONS.

01. Annual Repayment Amount. The Board shall establish the loan repayment amount for physicians, nurse practitioners, and physician assistants. The annual loan repayment, based on the level of full-time equivalency (FTE) that the participant agrees to serve, shall be the greater of either the applicant's existing loan repayment schedule at the time of application or twenty-five percent (25%) of the existing total loan amount. No repayment award shall exceed the actual loan debt or the statutory ceiling of twenty thousand dollars (\$20,000) per year. (12-21-92)

02. Repayment Limitations. Repayment shall be limited to loans covering reasonable education and living expenses and shall include principal and interest. (12-21-92)

03. Repayment Schedule. Repayment of loans shall begin no later than ninety (90) days after the Board has received notification the participant has officially begun working in the designated and approved primary care shortage area. (12-21-92)

04. Repayment Restrictions. Financial debts or service obligations which do not qualify for repayment include: Public Health and National Health Service Corps scholarship training programs; National Health Service Corps scholarship program; Armed Forces (i.e., Army, Navy, or Air Force) health professional scholarship programs; and loans not obtained from a government entity or commercial lending institution, such as loans from friends and relatives; and, loans obtained for educational or personal expenses while at school which exceed the "reasonable" level of cost of attendance. (12-21-92)

05. Loan Defaults. The Board may not provide for repayment of any loan that is in default at the time of the application. (12-21-92)

06. Documentation of Services. Participants will be required to submit appropriate documentation of service as required by the Board verifying the terms of the agreement have been met. (12-21-92)

07. Release of Information. Participants shall agree to execute a release to allow the Board access to loan records and to acquire information from lenders necessary to verify eligibility and to determine loan repayments. (12-21-92)

08. Release of Liability. The Board members, Program Director, Idaho State University, Department of Health and Welfare, and the State shall not be held responsible for any outstanding payments on principal and interest to any lender once a participant's eligibility expires or is terminated. (12-21-92)

09. Terms of Service. The following are the terms of service for the loan repayment program: (12-21-92)

a. The participant shall contract to provide a minimum of two (2) years to a maximum of four (4) years in whole year increments; (12-21-92)

b. The participant shall begin service within twelve (12) months from entering into the contract; (12-21-92)

c. The participant shall provide full-time service on the average of forty (40) hours per week, forty-six (46) weeks per year, to allow for continuing education and vacation; or part-time service on the average of less than forty (40) hours per week, forty-six (46) weeks per year, to allow for continuing education and vacation, at an approved community/service area in a primary care shortage area as determined by the Board, for a minimum of two (2) years to a maximum of four (4) years as agreed upon by the applicant in the loan repayment program contract; (12-21-92)

d. No period of internship, residency, or other advanced clinical training may be counted toward satisfying a period of obligated service under this Program; and, (12-21-92)

e. The participant shall provide services to the extent reasonably possible to Medicare, Medicaid, and medically indigent patients who reside in the service area in which the participant is obligated to practice. (12-21-92)

10. **Income Tax Liability.** The participant shall be responsible for paying income tax obligations on the loan repayment funds that are paid by the Program. (12-21-92)

012. APPROVAL REQUIRED FOR PARTICIPATION.

01. **Applicant Loan Repayment Contract.** An applicant may sign a loan repayment program contract only on: (12-21-92)

a. The Board's approval of the applicant's application; (12-21-92)

b. The applicant's pairing with an approved community/service area; (12-21-92)

c. The Board's notice of award of funding of an approved health care provider with obligated service in an approved community/service area; and, (12-21-92)

d. Evidence that the approved health care provider is in possession of a valid, current, and unrestricted license to provide primary care services. (12-21-92)

02. **Board Notification of Applicant.** The Board shall provide written notice to an applicant within thirty (30) days of the Board's decision to approve or disapprove an applicant's participation in the loan repayment program. (12-21-92)

013. LOAN REPAYMENT PROGRAM CONTRACT.

01. **Loan Repayment Contract.** Before becoming a participant in the Loan Repayment Program under this chapter, each applicant selected shall enter into a loan repayment program contract with the state agreeing to the terms and conditions upon which the loan repayment is granted. (12-21-92)

02. **Contract Terms and Conditions.** The loan repayment program contract shall include terms and conditions to carry out the purposes and intent of this chapter. (12-21-92)

03. **Program Board's Contract Signatory.** The Program Director with the approval of the Board shall sign the loan repayment program contract for the state. (12-21-92)

04. **Applicant's Signature.** The contract shall also be signed by the applicant. (12-21-92)

05. **Contract Provisions.** The loan repayment program contract shall contain the following provisions: (12-21-92)

a. An agreement that the state will pay the participant's financial institution(s) a sum equal to or less than the total amount of the participant's educational loans; and, the participant will accept loan repayments and serve for a period of obligated service equal to a minimum of two (2) years, or such longer period to which the applicant may agree, in an approved community/service area; (12-21-92)

- b. A provision that any financial obligation of the state arising out of a loan repayment program contract entered into under this chapter, and any obligation of the participant that is conditioned thereon, is contingent on funds being appropriated for loan repayments under this chapter; (12-21-92)
- c. A statement of the damages to which the Department is entitled for the participant's breach of the loan repayment program contract; (12-21-92)
- d. A statement that the Program, Board or Department is not held liable for malpractice during the participant's practice in an approved community/service area; (12-21-92)
- e. A statement that the Program, Board or Department is not held responsible for any portion of unpaid loans following a participant's obligated service; and (12-21-92)
- f. Such other statements of the rights and liabilities of the Department and of the participant, not inconsistent with this chapter. (12-21-92)

014. PARTICIPANT BREACH OF LOAN REPAYMENT PROGRAM CONTRACT.

- 01. Breach of Contract. Reasons for breach of contract may include: (12-21-92)
 - a. If full-time, providing less than the usual and customary full-time service for at least forty-six (46) weeks per year; (12-21-92)
 - b. If part-time, providing less than the usual and customary part-time health care services for at least forty-six (46) weeks per year; (12-21-92)
 - c. Misrepresentation of any item in the loan repayment program contract; (12-21-92)
 - d. Failing to begin or complete the minimum obligated service; (12-21-92)
 - e. A significant impairment of the participant's ability to practice medicine due to loss of license, disciplinary action or restriction of privileges by a county medical society, state medical association, hospital, physicians/nurse practitioners/physician assistants licensing board, or any other official sanctioning organization; (12-21-92)
 - f. A failure to submit required quarterly reports (as described in Section 015) beyond a time period of three (3) consecutive months. (12-21-92)
- 02. Participant Liability. Any participant who breaches the loan repayment program contract shall be liable for the total amount of loan repayment contract funds paid by the Program to the lender, plus an unserved obligation penalty rate as determined in Section 28-22-104(2), Idaho Code, assessed on the amount paid by the Program on behalf of the participant. (12-21-92)
- 03. Recovery of Damages Owed to State. Any amount of damages the state is entitled to recover under this chapter shall be paid to the state within one (1) year from the date of the breach of the loan repayment program contract. Amounts not paid within the one (1) year period may be subject to collection through deductions in Medicaid payments, wage garnishment, or other collection methods. (12-21-92)
- 04. Recovery of Damages Owed to Program. Damages recoverable for breach of contract by the Program include all interest, costs, and expenses incurred in collection, including attorneys' fees. (12-21-92)
- 05. Credit to Program. Damages collected under this Section shall be deposited in the Program's account as a dedicated credit for the Program. (12-21-92)
- 06. Exceptions to Breach of Contract. Reasons for which the Program will not require payment of damages for breach of the loan repayment program contract include: (12-21-92)

- a. Death of the participant; (12-21-92)
- b. Serious illness or disability of the participant, spouse or child; and, (12-21-92)
- c. Call to active military duty with contract to resume following release from active duty. (12-21-92)

07. Request for Relocation Due to Breach of Contract. If a participant has breached the contract or it is imminent that the participant may breach the contract for reasons beyond the participant's control, the participant must initiate a request to the Board for relocation to another primary care shortage area in the state. The Board may, without obligation to do so, authorize relocation to another primary care shortage area where the participant may resume participation in the loan repayment program. If relocation is not possible and a breach is imminent, the Board shall determine whether payment of damages due to the breached contract is required. (12-21-92)

015. PARTICIPANT REPORTING.

01. Quarterly Report. The loan recipient shall submit a signed quarterly report to the Program (by the twentieth (20th) day of the given month) which shall include: (12-21-92)

- a. The number of patient visits; (12-21-92)
- b. A payment source profile to include the number of Medicare, Medicaid, private insurance, private pay, nonpaying patients; and, (12-21-92)
- c. A report of time taken off for continuing medical education, vacation, and sick leave. (12-21-92)

02. Program Review and Verification of Participant's Report. Upon the Program's receipt of the signed quarterly report from the participant, the Program will review and verify the participant's requirements for reporting and participation; and, if found satisfactory, the Program shall continue to disburse the scheduled loan repayment checks to the program participant's lending institution(s). (12-21-92)

016. -- 995. (RESERVED).

996. ADMINISTRATIVE PROVISIONS.

Contested case appeals shall be governed by Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 03, Sections 05.03.000, et seq., "Rules Governing Contested Cases and Declaratory Rulings." (12-21-92)

997. CONFIDENTIALITY.

Before any information about a participant, applicant, or lender contained in Department records may be released to the person who is the subject of the record, to another Department unit, to another governmental agency, or to a private individual or organization, the unit of the Department with custody of the record must comply with Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 01, "Rules Governing Protection and Disclosure of Department Records (Confidentiality)." (12-21-92)

998. INCLUSIVE GENDER.

For the purpose of these rules, words used in the masculine gender include the feminine or vice versa, where appropriate. (12-21-92)

999. SEVERABILITY.

Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 01, are severable. If any rule, or part thereof, or the application of such rule to any person, or circumstance is declared invalid, that invalidity does not affect the validity of any remaining portion of this chapter. (12-21-92)