

INVENTORY OF ARIZONA STRATEGIES TO ADDRESS RURAL HEALTH CARE INFRASTRUCTURE

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INTRODUCTION

PURPOSE

In order to address the issue of making health care more accessible and affordable to all Arizonans, the Statewide Health Care Insurance Plan Task Force has identified the need for Arizona to ensure that strategies are in place to promote and support rural health care delivery systems. As a result of the Arizona State Planning Grant which is funded by the Health Resources and Services Administration, the AHCCCS Administration has sought to provide the Task Force with additional information regarding the issue of rural infrastructure strategies. This effort has resulted in:

- A policy brief by William M. Mercer, which examined the characteristics of the rural uninsured and reviewed strategies that have been employed in other states to improve access to rural health care.
- The current paper which specifically looks at those strategies that have been implemented in Arizona to address rural infrastructure issues.

It is the hope that the information set forth in these two papers, will help facilitate the Task Force's deliberations regarding the issue of what other strategies may need to be implemented or enhanced in Arizona in order to address this issue.

BACKGROUND

Report Format

In this paper, the specific programs/strategies have been grouped into four general strategic categories, based on similar groupings that were used in the Mercer report. These more general strategies include:

- Increasing the number of rural practitioners
- Minimizing geographic isolation
- Improving viability of health care facilities including hospital solvency
- Supporting financially rural-based health care service programs

Under each of these categories, specific strategies are described that have been implemented in Arizona (See Diagram 1 on page 3 for an overview). A general description of the program is provided along with information about funding and any identified issues or needs that were noted. Additionally, a summary table is provided at the end of the paper.

Medically Underserved Areas

While the focus was to highlight those strategies which focus on “rural areas” in particular, many of the programs cited are more broadly targeted at Medically Underserved Areas in Arizona. These are designated areas of the state for which there is a need for medical services on the basis of demographic data. There are federally designated areas and Arizona designated areas. The differences between the two designations are the demographics and the method of scoring used.

Designation for a federal medically underserved area (MUA) is based on an area having an Index of Medical Underservice (IMU) score of less than or equal to 62.0 points. The IMU is a weighted score derived from four demographics: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of population below the federal poverty level, and percentage of the population 65 years and older. Benefits of being designated as a MUA include: enhanced federal grant eligibility, eligibility to apply for federal funding to develop and operate Community Health Centers, Migrant Health Centers, health care for the homeless, Federally Qualified Health Centers (FQHCs) and FQHC Look-A-Likes, and eligibility for enhanced reimbursement for Rural Health Clinics (see Appendix 1 for a map of MUAs within Arizona).

The Arizona medically underserved area (AzMUA) was established to specify eligibility for two state programs: Tobacco Tax Primary Care and the Arizona Medical Student Loan Program. Designation is based on the application of the Primary Care Index. The index consists of the totaled score of 14 weighted items including: provider to population ratio, percentage of population below poverty, percentage of uninsured births, infant mortality rate, and ambulatory sensitive conditions. The areas scoring in approximately the top 25% are designated AzMUAs. Federally designated Health Professional Shortage Areas (HPSAs) are also considered AzMUAs (see Appendix 2 for a map of AzMUAs within Arizona).

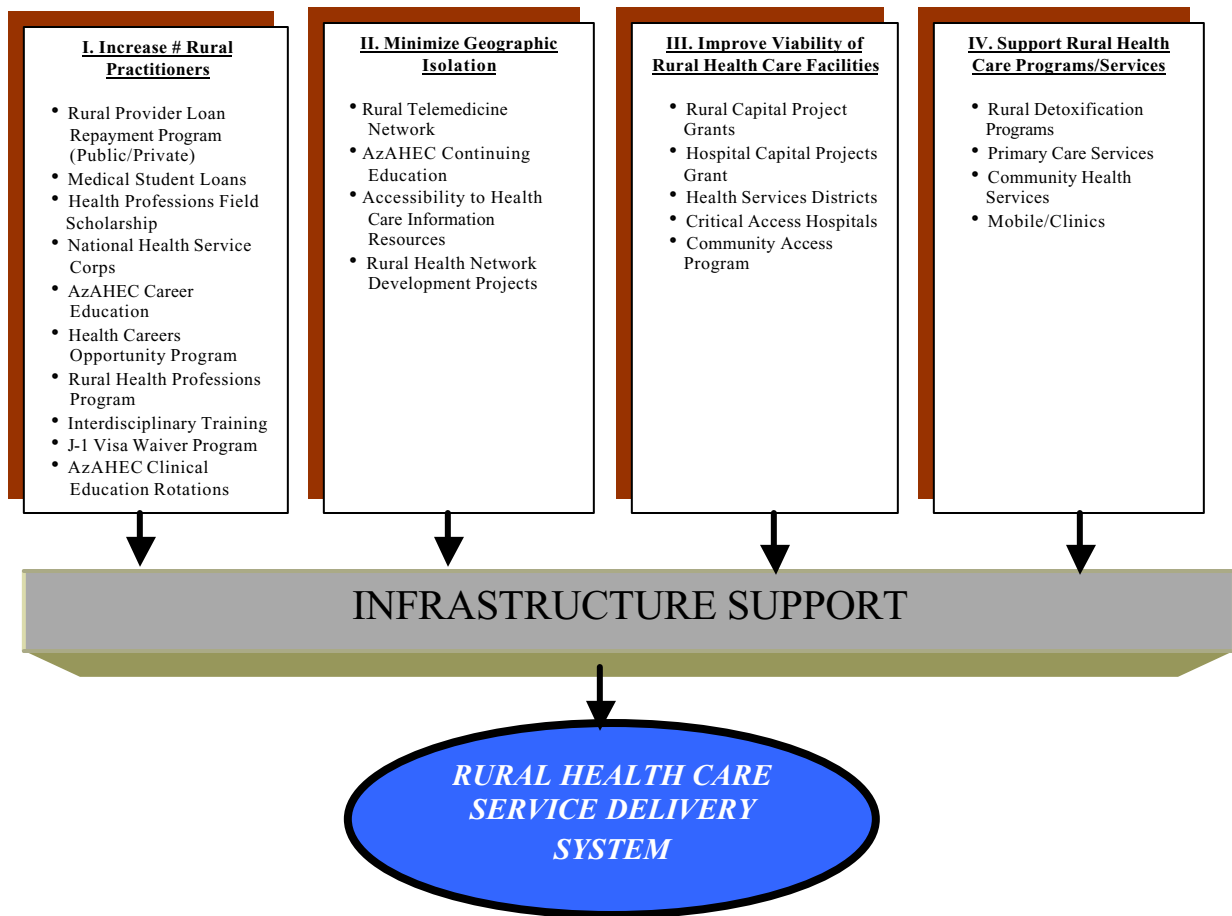
Most medically underserved areas are in rural areas of the state, but some of these areas are in the more urban counties of Pima and Maricopa, e.g., Marana, Catalina, El Mirage, and Buckeye.

Recognition of Other Strategies

In addition to the specific strategies identified in this paper, it should be noted that there are other support systems which also contribute to the enhancement of rural health care infrastructure. Examples of these support systems include:

- Tribal health care infrastructure strategies to improve access of health care to tribal members (note: while a few federal grants awarded to tribes are highlighted in this paper, an extensive survey of tribal strategies was beyond the scope of this paper at this time).
- Technical assistance provided by numerous state agencies, centers for higher education, and state health care associations.

DIAGRAM 1: STRATEGIES TO IMPROVE RURAL HEALTH CARE DELIVERY IN ARIZONA



DESCRIPTION OF SPECIFIC PROGRAMS

STRATEGY I. INCREASE NUMBER OF RURAL PRACTITIONERS

➤ **Primary Care Provider Loan Repayment Program (Public or Private Non-Profit)**

General Description

The primary care provider loan repayment program began in 1995 and pays off portions of qualifying educational loans of physicians, dentists and mid-level providers (i.e., nurse practitioners, registered nurses and physician assistants) in return for service in federally designated Health Professional Shortage Areas (HPSAs) in Arizona or Arizona designated Medically Underserved Areas (AzMUAs). Providers must demonstrate current or prospective employment with a public or non-profit entity and contract with Arizona Department of Health Services (ADHS) for a minimum of two years. In order to promote provider retention at the participating sites, the physicians are allowed to extend the initial two-year contracts for a third and fourth year. Since retention rates of physicians in this program have been high, loans for retention are awarded prior to loans for recruitment of new physicians to the program. ADHS oversees the program pursuant to ARS 36-2172 and must ensure that program requirements are consistent with the requirements of the National Health Service Corps Loan Repayment Program.

For physicians, the loan payment is a maximum of \$20,000 for the first or second year of service and \$25,000 for the third and fourth year of service. For mid-level providers, the loan payment is a maximum of \$7,500 for each of the two years of service. Heavy financial penalties usually around two times the amount of the loan are given to those who do not serve or complete their required obligation.

Each year, approximately 10-14 providers receive loan repayment monies each year through this and the rural private loan repayment program (see next page). Currently, there are 16 primary care providers contracted to serve public, or private non-profit entities in both rural and urban AzMUAs and HPSAs (see Appendix 3 for a list of contracts).

Funding

The public, non-profit service sites are funded with 50% state general funds and a 50% match of federal grant funds from HRSA's Bureau of Primary Health Care. The amount allocated for the state/federal program is \$100,000/\$100,000 per fiscal year. 84% of loan funds are used for rural areas and the remaining 16% are used for urban areas.

Identified Needs/Issues

Applications for this program have only begun to be denied within this past year due to inadequate funding. It was also noted that while physicians tend to stay in their designated areas past the required two years, mid-level providers generally leave their designated areas after completing their required years of service.

➤ **Primary Care Provider Loan Repayment Program (Rural Private)**

General Description

This program which began in 1997, is set forth in ARS 36-2174 and is similar to the primary care provider loan repayment program described above except to be eligible, the provider must agree to provide an organized, discounted, sliding fee scale service for medically uninsured individuals from families with annual incomes below 200% of FPL (see Appendix 4 for a map and list of sliding fee scales in Arizona).

Each year, approximately 10-14 providers receive loans through this program and the public, non-profit loan repayment program mentioned above. Currently, there are 14 primary care providers contracted to serve in rural, private service sites (see Appendix 3 for a list of contracts).

Funding

\$111,200 of tobacco tax monies is annually appropriated to ADHS.

Identified Needs/Issues

See comments above under primary care provider loan repayment program.

➤ **Arizona Medical Student Loan Program**

General Description

The Arizona Medical Student Loan program established pursuant to ARS 15-1721 et seq, has been in existence for 14 years and provides educational loans sponsored by the State of Arizona. The loans are forgiven for licensed physicians who serve in a MUA for a minimum of two years. If the service commitment is not met, the loan must be repaid in full plus interest. Students at two colleges in Arizona may qualify for consideration: Arizona residents attending the University of Arizona, College of Medicine and those attending Midwestern University's Arizona College of Osteopathic Medicine (AZCOM).

No later than three years after graduation or four years if required by the residency program, the physician will obtain a license and begin the service commitment. Loans

that are awarded for two years have a two year commitment and three or four year loans result in a three or four year service commitment respectively.

The minimum amount of funding per year is the amount of public medical school tuition, which is \$9,210 for 2000-2001. The maximum amount of funding per year, which includes additional funding for books, supplies, and some living expenses is \$21,250 for 2000-2001.

The program supports an average of 15 medical students per year. For FY 2000, there were 22 applications received and 16 of those students received loans (see Appendix 5 for a list of contracts).

Funding

\$322,050 of state general fund monies was appropriated to the University of Arizona for FY 2001.

Identified Needs/Issues

In 1992-1993, the statutes changed, and liquidated damages for not completing the service obligation were raised from \$5,000 to the amount borrowed plus 7% interest. Prior to the change, only 57% of students fulfilled their service obligation. Since the change in the statute, 100% of the students participating continue to fulfill their service obligation. As of FY 2001, only 19 out of 60 (32%) students who have completed their service obligation since 1979 have chosen to continue service in their designated area after their service requirement was met.

➤ Health Professions Field Scholarships

General Description

ARS 15-1645 allows each of the five Area Health Education Centers (AHEC) in Arizona to grant an annual scholarship of not more than \$8,000 to at least two students who are enrolled in a health professions program (medicine, nursing, pharmacy or physical therapy) and are residents in the AHEC's geographic area. The student must agree to practice in the AHEC geographic area for two years or one year of service for each year of scholarship support, whichever is longer. If appropriated funds, the Arizona Board of Regents will waive all tuition and fees for students granted such scholarship.

Funding

As a result of the passage of Proposition 204, AzAHEC now receives an annual allocation of \$4 million from tobacco settlement dollars. In the future a portion of this money may be used to support this scholarship program. Continual funding of AzAHEC

with tobacco settlement dollars is contingent on there being settlement dollars remaining after funding the program costs associated with the AHCCCS expansion to 100% FPL.

Identified Needs/Issues

None identified at this time.

➤ **National Health Service Corps (Loan Repayment and Scholarship)**

General Description

National Health Service Corps recruits and places health professionals at eligible sites within federally designated HPSAs. The Office of Primary Care Resources at ADHS has a recruiter who recruits physicians, nurse practitioners, physician assistants, certified nurse-midwives, dentists, dental hygienists and mental health professionals for the State of Arizona. They serve in community-based systems of care in return for scholarship or loan repayment assistant.

Scholarship recipients serve where they are most needed upon completion of their training. The amount awarded will cover up to four years of education and accounts for tuition, fees, books, supplies, and equipment. For each year of support that is received in the scholarship program, one year must be served with a minimum obligation of two years. Failure to complete the required service will result in having to pay back the amount of the scholarship awarded.

Fully trained clinicians with qualified educational loans are offered repayment of those loans if they choose to serve at an eligible site. In addition, participants receive tax assistance payment equal to 39% of the loan repayment amount and a competitive salary. The minimum obligation for the Loan Repayment Program is two years. Failure to complete the required service will result in heavy financial consequences around three times the amount of the loan.

There are currently around 35 providers participating in the National Health Service Corps in Arizona. 27 are under the scholarship program and 8 are under the Loan Repayment Program. There are more scholars, because scholarships are placed first followed by loan repayments. Recently, there have been 10 - 15 placements per year, which has increased from about 3 - 6 placements per year (see Appendix 6 for a list of contracts).

The maximum amount awarded for scholarships depends on the school and the maximum amount awarded for loan repayment is around \$35,000 per year.

Funding

All funding for this program comes from federal grant dollars. In FY 1999, \$257,000 from HRSA went towards this program and the State Primary Care Provider Loan Repayment Program.

Identified Needs/Issues

There is a high demand for both of these programs and the number of applications is greater than the number of scholarships/loan repayments awarded each year. It is estimated that around 40% of providers stay in their designated areas after their required obligation.

➤ **National Health Service Corps (SEARCH: Student/Resident Experiences and Rotations in Community Health)**

General Description

This program which began in 1994, provides opportunities for health professional students and residents to serve on interdisciplinary health care teams in underserved areas. The National Health Service Corps works with the regional/state primary care associations and primary care offices to educate individuals through 4-6 week rotations (e.g. in Arizona, the program is facilitated through the Arizona Association of Community Health Centers). Students may receive a small stipend to cover housing expenses.

To qualify, students must have started their training as a physician, nurse practitioner, physician assistant, nurse-midwife, dentist, dental hygienist, psychologist, social worker, psychiatric clinical nurse specialist, or marriage and family therapist. Students who have National Health Service Corps scholarships are given priority to rotations. This program aims to place as many applicants as possible and rarely denies applicants.

From March 2000 – April 2001, 120 students participated in rotations. Currently there are 5 students participating. Service is provided in an urban or rural community-based system of care, 90% of which are in HPSAs and MUAs.

Funding

The Arizona Association of Community Health Centers was just awarded a \$152,000 two-year continuation grant from HRSA's U.S. Department of Health & Human Services.

Identified Needs/Issues

None identified at this time.

➤ **Arizona Area Health Education Centers (AzAHEC) Career Education Program**

General Description

These AzAHEC sponsored programs (Med-Start, “Hands-on-Health” Career Days, Mentorship Programs, and Healing Pathways) are designed to encourage, nurture and recruit people from rural and other medically underserved communities into health professions education programs and ultimately into health professions. Young people from the middle schools through college (especially minority and disadvantaged students) are targeted. Last year (when only the federal funds were available), 73 students participated in AzAHEC sponsored career education programs.

With the recent boost in AzAHEC funding, AzAHEC is currently planning to implement a statewide health career camp which will include ongoing support to the students at their home schools. Additionally AzAHEC is giving consideration to sponsoring other activities such as school clubs, mentorship programs, and field trips to health education centers. These programs are being designed to compliment other existing programs such as the federally funded Health Careers Opportunity Program which focuses on health careers for minority and other disadvantage students or the federally funded Indians into Medicine Program which prepares Native Americans so they can be competitive in the medical school application process.

Funding

AzAHEC currently receives approximately \$600,000 annually from the federal government (Department of Health and Human Services, Human Resources and Services Administration (DHHS-HRSA)) and an additional \$400,000 for AHEC programs targeted along the border. In addition, as a result of the passage of Proposition 204 AHEC now receives an annual allocation of \$4 million from tobacco settlement dollars. A portion of these federal and state monies will be used to support career education programs. Continual funding of AzAHEC with tobacco settlement dollars is contingent on there being settlement dollars remaining after funding the program costs associated with the AHCCCS expansion to 100% FPL.

Identified Needs/Issues

None identified at this time.

➤ **The Arizona Comprehensive Health Careers Opportunity Program (HCOP)**

General Description

This program is currently in its seventh year of operation in Arizona. Northern Arizona University (NAU) first received a grant for this program in 1994, followed by a grant to the University of Arizona (UofA) in 2000. Both grantees form the Arizona

Comprehensive HCOP Program. This program is designed to assist qualified individuals from medically underserved communities in entering and graduating from degree programs in the health professions. Eligibility is based on low-income status and is not a source of funding or financial aid. Instead, this program targets students at both high school and college levels who want to learn more about health career options and make progress towards achieving those goals. Types of assistance include enrollment in a HCOP Supplemental Instruction Study Class, personal tutoring, assistance in mastering the complexities of the university bureaucracy, limited scholarship assistance in preparing for med-school entrance exams, liaison with members of the faculty, and other cross-cultural interventions.

The University College of Health Professions at Northern Arizona University program serves hundreds of students each year through a collaboration among hospitals, K-12 school districts, community health agencies, community and four-year colleges, and university health programs. The Rural Health Office at the University of Arizona calls their program Southern Arizona Border-HCOP (SAB-HCOP), which is directed at four Arizona–Mexico border counties. This program focuses on finding solutions for educational barriers that students commonly face. The Arizona Comprehensive HCOP Program has several sub-contractors, including the UofA College of Medicine Office of Minority Affairs and the UofA Center for Native American Health.

Funding

This program is funded by HRSA's Bureau of Health Professions. The NAU HCOP is funded by a five-year grant, the most recent two-year (2001 – 2002) funding was for \$375,694. The SAB-HCOP project is funded by a five-year grant of over \$2.5 million. Funds are promised for a total of five years – based the annual availability of federal funds.

Identified Needs/Issues

None identified at this time.

➤ **AzaHEC Clinical Education Rotation Program**

General Description

This program provides supported education rotations for health professions students and medical residents in a variety of clinical practice sites in rural and other medically underserved communities. Students may participate in these clinical education rotations from numerous health disciplines (e.g., nursing, physical therapy, dental hygiene, public health) as well as from all medical institutes in the state (public and private). During last year (when only the federal funds were available), 52 medical students and 145 health professional students participated in the clinical rotation program.

Funding

AzaHEC currently receives approximately \$600,000 annually from the federal government (DHHS-HRSA) and an additional \$400,000 for AHEC programs targeted along the border. In addition as a result of the passage of Proposition 204 AHEC now receives an annual allocation of \$4 million from tobacco settlement dollars. A portion of these federal and state monies will be used to support the clinical education rotation program. Continual funding of AzaHEC with tobacco settlement dollars is contingent on there being settlement dollars remaining after funding the program costs associated with the AHCCCS expansion to 100% FPL.

Identified Needs/Issues

None identified at this time.

➤ Rural Health Professions Program

General Description

The Rural Health Professions program began in 1997 and is an interdisciplinary program which provides students in the health profession with intensive training experiences in rural communities throughout Arizona (see ARS 15-1754). Each year 15 medical students, 4 pharmacy students and 10 nurse practitioner students are selected to participate in the Rural Health Professions program. The nurse practitioners are chosen from all three state universities with the medical and pharmacy students coming from the University of Arizona.

The pharmacy and medical students are placed at a rural site during three points in their health education – between the summer of the first and second years, during a third year primary care rotation, and as part of a fourth year elective preceptorship. The nurse practitioners are placed in the rural setting between the summer of the first and second year. These placements are generally 4 to 6 weeks in duration. If the student has a family, the program is committed to send the entire family to the rural community. Additionally, the students are teamed with two mentors through their academic instruction, one of who works closely with the student during their rural placement.

Currently there are 60 medical students, 15 pharmacy and 40 nurse practitioners participating in this program.

Funding

This program receives state general fund dollars. In FY 2002, \$480,600 was appropriated to the University of Arizona – Health Services program for the Rural Health Professionals Program and in FY 2003 \$492,500.

Identified Needs/Issues

There are usually 22-25 applicants for the 15 positions in medicine available per year. They have considered expanding the program, but to do this, they will have to ask for additional funding. There has only been one instance where there were more applicants than positions available in the Pharmacy program. The Arizona College of Nursing reported that recently, they have received slightly more applications than positions available.

➤ **Interdisciplinary Training for Health Care in Rural Areas – Nuestra Comunidad, Nuestra Salud Project**

General Description

The Nuestra Comunidad, Nuestra Salud (NCNS) Project began in 1994 and seeks to focus on training, recruitment, and retention of health care professionals who have the relevant knowledge and skills for practice in rural communities in and around Nogales, Arizona. Participation in this project is open to the University of Arizona graduates and undergraduates in six disciplines: Pharmacy, Nursing, Medicine, Social Work, Public Health, and Nutrition. The project also provides stipends in the amount of \$20/day to support participants in these disciplines. There are a variety of training options available, including a 3 credit course on Issues in Rural Health Care, a semester long Field Work Practicum/Externship, and tutoring in Spanish.

There are currently 13 students participating in interdisciplinary training. The 13 students are from various disciplines and form one team. For example, the current team includes: pharmacy (2), nurses (6), nurse practitioners, (3), and social work (2). The fall and spring practicums are a semester long with students in the target community at least one day per week, with some disciplines requiring 2 days/week. The summer practicum requires 5 days/week for 8 weeks. Each spring, the project offers both a practicum and course work. Last spring, the Issues in Rural Health Care course was comprised of 2 pharmacy students, 10 public health students, and 4 nursing students. The students were then divided into 3 teams who serviced Bisbee, Ajo, and Sells.

Some of the students in the Rural Health Professions program mentioned above are placed in the NCNS project for their rural health rotations.

Funding

The University of Arizona, School of Pharmacy administers the NCNS Project and received a HRSA Quentin N. Burdick Rural Health Program grant in 2000. The three-year continuation grant in the amount of \$745,959 will terminate in 2003. This current funding cycle is a continuation of the original grant funded for 1994-1997, that was awarded additional continuing grants for 1997-2000 and 2000-2003.

Identified Needs/Issues

None identified at this time.

➤ **Medical School Applications**

General Description

ARS 15-1751 requires that the University of Arizona, College of Medicine give priority consideration to applicants who show a willingness to practice in AzMUAs.

➤ **Arizona J-1 Visa Waiver Program**

General Description

Pursuant to Public Law 103-416, as of 1994, the J-1 visa allows foreign primary care physicians, trained in the United States to remain in this country after their studies are completed (as opposed to having to return to their home land for 2 years), if requested by a state health department. ADHS, as the state health department, may request up to 20 J-1 waivers per year for physicians to work at least three years in designated HPSAs or MUAs. Their services must be offered on a sliding fee scale (see Appendix 4 for a list of participating clinics). The program also supports physicians in specialties, to a maximum of two specialists per federal fiscal year, when there is a substantiated need.

There are approximately 22 applications for the waiver each year and all of the 20 waiver allotments are usually utilized. Currently, approximately 60 providers are participating in the J-1 waiver program within Arizona (see Appendix 7 for a list of contracts).

Funding

Funding is not needed for this waiver.

Identified Needs/Issues

None identified at this time.

➤ **Payment of Obstetrical Practitioners' Insurance Premium**

General Description

While this program began in 1990, in recent years, it has not been funded. Pursuant to ARS 36-2173, this program allows physician or mid-level practitioners providing obstetrical services in rural areas to receive financial assistance to offset medical

malpractice premium expenses. Such providers must have a contract with AHCCCS and be practicing in rural areas of the state. Providers performing less than 51 deliveries may receive no more than \$5,000 and those performing more than 50 deliveries may receive not more than \$10,000.

Funding

This program was funded through state general fund monies.

Identified Needs/Issues

This program was discontinued due to limited funding. Apparently, \$10,000 was not enough financial assistance to encourage a significant number of obstetricians to move to rural areas.

STRATEGY II. MINIMIZE GEOGRAPHIC ISOLATION

➤ Arizona Rural Telemedicine Network

General Description

Telemedicine involves the practice of health care delivery, diagnosis, consultation, treatment and transfer of medical data through interactive audio, video or data communication. Telemedicine allows access to medical specialty services while decreasing health care costs and can be used to provide ongoing training for preceptors, medical students, and residents and distance learning in health care.

The University of Arizona has established a telemedicine network in the state which provides medical service via both real-time and store-and-forward technologies in 20 communities.

Funding

The following is appropriated directly to University of Arizona:

- \$1,290,600 in FY 2002 and \$1,310,900 in FY 2003 of state general fund dollars for the telemedicine network.
- \$125,000 in FY 2002 from tobacco tax monies for the establishment of a telemedicine behavioral health program in rural areas through grants to regional telemedicine behavioral health providers.

Additionally, for both FY 2002 and FY 2003 the State appropriated \$250,000 of tobacco tax monies to ADHS to support telemedicine pilot programs designed to facilitate provision of medical services to persons living in medically underserved areas.

Identified Needs/Issues

None identified at this time.

➤ **AzaHEC Continuing Education Program**

General Description

This program provides continuing education to health care professionals on a variety of topics in multiple remote, rural and medically underserved practice sites. In addition to “warm body programs” strategies such as telemedicine-based distance learning, web-based programs and satellite based programming are or may be used. Through this program remote-site providers are able to attend professional update courses away from their practice communities. During last year (when only the federal funds were available), 4,300 health professionals participated in 109 programs.

Funding

AzaHEC currently receives approximately \$600,000 annually from the federal government (DHHS-HRSA) and an additional \$400,000 for AHEC programs targeted along the border. In addition as a result of the passage of Proposition 204 AHEC now receives an annual allocation of \$4 million from tobacco settlement dollars. A portion of these federal and state monies will be used to support the continuing education program.

Identified Needs/Issues

None identified at this time.

➤ **Accessibility to Health Care Information Resources in Rural Areas**

General Description

With enhancement of electronic information networks, a number of efforts have been initiated to make health care information resource more accessible in rural sites. Examples include:

- The establishment of the Arizona Health Information Network, a statewide cooperative network which provides a platform for educational and informational resources for participating health care institutions.

- The purchase of computer hardware and software in Page and Safford for primary care residents to stay in touch with faculty and staff at their home institution via the Internet.
- The Arizona State Office of Rural Health Program serving in the role as a clearinghouse for rural health care information through data dissemination, publications, and its Web site.
- Research assistance provided by AzAHEC to students and health professionals, e.g., will conduct literature searches on requested topics. Additionally, with the enhanced funding AzAHEC will be establishing a dedicated system for distance learning that will be built on the back of the current University of Arizona telemedicine system.

Funding

Funding varies depending on the project.

Identified Needs/Issues

None identified at this time.

➤ **Rural Health Network Development Projects**

General Description

The Federal Office of Rural Health Policy, HRSA, DHHS, funds rural health network development grants designed to further ongoing collaborative relationships among health care organizations by funding rural health networks that focus on integrating clinical, information, administrative, and financial systems across members. There are currently two such projects being funded in Arizona and these are:

- White Mountain Apache Tribe's one year grant is to develop a comprehensive case management system; including the development of an integrated health care delivery system among the Tribe, IHS and Johns Hopkins University. The goal of these efforts is to coordinate and improve health care for tribal members specifically those living in isolated villages.
- Southwest Alliance of Navajo's grant involves the use of a mid-level provider to be onsite at an IHS satellite clinic, allowing the provision of primary health care locally and furthering development of other integrated services.

Funding

For FY 2000, White Mountain Apache Tribe received \$124,993 and Southwest Alliance of Navajo received \$200,000 of federal grant monies from DHHS-HRSA.

Identified Needs/Issues

None identified at this time.

STRATEGY III. IMPROVE VIABILITY OF HEALTH CARE FACILITIES INCLUDING HOSPITAL SOLVENCY

➤ **Rural Capital Project Grants (Health Facilities Program)**

General Description

Capital project grants are made available through ADHS to public and private non-profit entities that provide health services in rural or AzMUAs. Monies from these grants may be used for purchase, lease, lease-purchase, construction, establishment or equipping a medical clinic or clinics. Maximum amount of any medical project is \$500,000 and for a dental project it is \$350,000. A recipient may only receive one capital project in any two-year period and is limited to two capital project grants.

Since 1998, a total of 19 facility projects have been funded. Six projects were funded in FY 1998, eight in FY 1999 and five in FY 2000. Fourteen of the projects have been completed to date. No funding was available for FY 2001 (see Appendix 8 for a list of projects).

Funding

Monies from the medically needy account were appropriated as follows:

FY 2002 - \$1.5 million

FY 2003 - \$1.5 million

Identified Needs/Issues

None identified at this time.

➤ **Hospital Capital Project Grants**

General Description

Capital project grants are made available through ADHS to public and private non-profit hospitals that provide health services in rural or medically underserved areas. Monies from the grants may be used to purchase or lease land, buildings, equipment and

furnishings and for other costs associated with construction, expansion or renovation of facilities to expand health care services.

Funding

Monies from the medically needy account were appropriated as follows:

- FY 2002 - \$1.5 million
- FY 2003 - \$1.5 million

Identified Needs/Issues

None identified at this time.

➤ **Support of Health Service Districts**

General Description

Health service districts may be established in AzMUAs for the purpose of purchasing, leasing, lease-purchasing, constructing, establishing, equipping, operating or maintaining an ambulance service and/or a medical clinic(s). The chief advantage in forming a health service district is that a community can tax itself to support medical and emergency services for the community.

Beginning in FY 2002, the State is providing financial support to assist with the establishment of health service districts and to assist existing health service districts in the performance of their duties. Currently, there is only one health service district, which is located in Ajo. However, funds have not been awarded to Ajo yet from the newly appropriated funds.

Funding

Tobacco tax monies of \$150,000 are appropriated to ADHS.

Identified Needs/Issues

This is a new program and the intent is to assist communities in developing health service districts. However, the process is fairly involved (includes impact statements, petitions, bonds, hearings, and elections) and it is yet to be determined whether interested communities will actually make it all the way through the process.

➤ **Critical Access Hospital Program**

General Description

The Critical Access Hospital (CAH) program which is a component of the Medicare Rural Hospital Flexibility Program is designed to increase the revenue base for rural hospitals that are designated as CAHs; providing the opportunity for small rural facilities to remain financially viable. In addition to receiving cost-based Medicare reimbursement, CAHs in Arizona are also eligible for enhanced Medicaid funding.

The University of Arizona, Rural Health Office, has received funding from DHHS-HRSA for the development of the CAH program in Arizona. Through this grant, the Rural Health Office will:

- Assist eligible rural hospitals to achieve designation as an Arizona Critical Access Hospital.
- Assist CAHs with the development of quality assurance programs
- Conduct a needs assessment of what the current issues are being faced by emergency medical services in rural health networks and provide assistance in addressing these issues.
- Assist CAHs in the development of network capacity.

Currently there are 5 rural hospitals (i.e., Wickenburg, Willcox, Benson, Douglas, and Page) which are submitting applications to become CAHs. Additionally there are potentially 8 more rural hospitals which may submit applications in the future.

Funding

In FY 2002 the Rural Health Office has received a grant from DHHS-HRSA for \$525,000 for the provision of technical support related to the implementation of the CAH program.

For FY 2002 and FY 2003, a total of \$1.7 million (\$800,000 state general fund and \$900,000 federal Title XIX money) is appropriated each year to AHCCCS for reimbursement to small rural hospital designated as CAHs.

Identified Needs/Issues

None identified at this time.

➤ **Community Access Program**

General Description

The Federal Community Access Program (CAP), which is overseen by HRSA, DHHS, provides grants to states in order to increase access to health care by eliminating fragmented delivery, improve efficiencies among safety-net providers and encourage greater private sector involvement. These programs build upon existing models of service integration in order to help providers develop integrated, community-wide systems that serve the uninsured and underinsured.

Currently there are 4 CAP projects in Arizona and include:

- Yavapai County – In January 2001, the Yavapai County Health Department replaced its single free clinic with a new, more efficient, community-based, integrated health care system. This was made possible through tobacco tax funds. In March 2001, CAP funding was awarded and is being used to implement the following three objectives. 1) To implement the HealthPro practice management system, including automated medical records, appointment management, and financial systems. 2) To improve access to community resources through expansion of a case-managed social service/referral coordination system. 3) To integrate public health programs and funding into the delivery of primary health care services, and ensure clients are informed and appropriately referred to all of the services they need.
- Eastern Cochise Safety-Net Alliance – This alliance consists of 5 health care facilities in Cochise County who collaborate to provide care to the medically underserved. The goal is to develop the ability for all facilities to communicate patient data across the communications infrastructure utilizing either direct access or interfaces.
- Community Access Program of Arizona – This project is designed to strengthen the medical service safety net among practitioners for residents in Yuma County. Specific project activities include: organizing the Yuma County Medical Cooperative, begin development of an integrated health information system, develop system-wide quality improvement measures, develop cooperative model of health care delivery that includes cross-border arrangements.
- Pima Community Access Program – This project builds on existing networks of primary care, specialty and hospital providers in Pima County to provide increased access for uninsured residents. The plan is to enroll up to 30,000 uninsured residents of Pima County in a network which would provide heavily discounted primary care, specialty care and hospital services. A pool of funds would be established from which patients could borrow to pay for high cost services such as surgery.

Funding

Federal funding for the CAP grants is as follows:

- Yavapai County – \$400,521 in FY 2001
- Eastern Cochise safety-Net Alliance - \$897,926 in FY 2001
- Community Access Program in Arizona - \$942,235 in FY 2001
- Pima Community Access Program - \$740,025 in FY 2000

Identified Needs/Issues

Continuing funding for the CAP grants is in jeopardy.

STRATEGY IV. FINANCIAL SUPPORT OF RURAL SERVICE DELIVERY PROGRAMS

➤ **Rural Detoxification Programs**

General Description

Beginning in 1995, tobacco tax monies were made available for detoxification programs in rural counties. Currently there are two programs which receive the funding: Crossroads Mission Life Skills Program in Yuma which is administered by Excel and Community Behavioral Health Rural detoxification Program in Page which is administered by NARBHA.

Funding

Annually appropriates \$375,000 of tobacco tax monies to ADHS for detoxification programs in rural counties of which:

- \$250,000 for long-term social model detoxification program that emphasized rehabilitation
- \$125,000 for short-term detoxification treatment

Identified Needs/Issues

None identified at this time.

➤ **Primary Care Programs**

General Description

Pursuant to ARS 36-2907.05, ADHS may contract with providers to provide comprehensive primary care service to low income at risk residents, including primary health care services provided through mobile medical clinics in rural areas or medically underserved areas. Services may include outreach, medical care, laboratory services, well child care, immunizations, pharmacy, preventive health and dental services. Primary care providers were required to locate in AzMUAs or close to underserved areas, many of them being rural areas.

In FY 2000 ADHS had contracts with 22 primary care provider agencies operating 85 service delivery sites (see Appendix 9 for a list of contracts). During this period approximately 14,000 clients were served.

Funding

For FY 2002 and FY 2003, \$6 million dollars from the medically needy account is appropriated to ADHS for programs providing primary care of which \$500,000 shall be used for programs which provide primary care or urgent care services during evening and weekend hours.

Identified Needs/Issues

None identified at this time.

➤ **Community Health Centers**

General Description

Pursuant to ARS 36-2907.06, ADHS may contract with qualifying community health centers to provide primary health care services to indigent or uninsured Arizonans. These centers must be in MUAs. Primary health care services include medical care, prenatal care, laboratory, pharmacy, preventive health and dental care, emergency services and transportation. Persons receiving the care must not be eligible for AHCCCS or Medicare and must have a family income below 200% FPL.

In FY 2000 ADHS had contracts with 17 agencies operating 21 delivery sites. During this period, approximately 37,000 clients were served.

Funding

For FY 2002 \$5 million dollars from the medically needy account is appropriated to ADHS and for FY03 \$4,740,000 is appropriated.

Identified Needs/Issues

None identified at this time.

➤ Mobile Clinic Programs

General Description

A number of agencies support mobile health clinics whose goal is to provide needed health care services to AzMUAs/MUAs. Examples of these types of programs include:

- University of Arizona, Rural Health Office Mobile Clinic which provides primary care services in four Pima County rural and medically underserved communities.
- Yavapai County Health Department, Wellness On Wheels Mobile Health Clinic which offers family medical services targeted at low-uninsured individuals and families.
- Prescott VA Medical Center, Mobile Health Clinic which improves access to health care for veterans living in remote areas and Indian reservations throughout Arizona.
- Office of Oral Health, Mobile Dental Units which are lent to health centers or other facilities in medically underserved areas.
- The University of Arizona's Department of Ophthalmology Medical Eye Unit, which serves rural areas throughout the state.

Funding

Funding varies depending on the program.

Identified Needs/Issues

None identified at this time.

Summary Table: Inventory of Arizona Strategies to Address Rural Infrastructure Issues

Program Description	Statutory Authority	Resp. Agency	Current Funding	Recipients of Funds
Strategy I. Increase Number of Rural Practitioners				
<i>Primary Care Provider Loan Repayment Program</i> Pays off portion of education loans of physicians, dentists, mid-level practitioners in MUAs.	ARS 36-2172	ADHS	\$200,000 (50% federal/50% state)	Currently contracts with 16 primary care providers
<i>Rural Private Primary Care Provider Loan Repayment Program</i> Similar to program above except targets providers in private practice who must agree to provider care on sliding fee to individuals below 200% of FPL.	ARS 36-2174 ARS 36-2921	ADHS	\$111,200 (tobacco tax monies)	Currently contracts with 14 primary care providers
<i>Arizona Medical Student Loan Program</i> Provides educational loads which are forgiven for licensed physicians who service in a MUA for at least 2 years.	ARS 15-1721	U of A and AZCOM	\$322,050 (state general fund)	Supports an average of 15 medical students per year.
<i>Health Professions Field Scholarships</i> Each AHEC may grant annual scholarship of not more than \$8,000 to 2 students in health professions program and who agree to practice in AHEC area for specified periods.	ARS 15-1645	AzAHEC	TBD using \$4 million tobacco settlement appropriation	Not currently operating.
<i>National Health Service Corps (Loan Repayment and Scholarship)</i> Recruits and places health professionals at eligible sites and provides either scholarships or loan repayments for health professionals who agree to serve in federally designated HPSAs.	Public Law 106-554	ADHS	In FY 1999, \$257,000 from HRSA went to this program and the State Loan Repayment Program.	Currently 35 providers with 27 under scholarship program and 8 under

Summary Table: Inventory of Arizona Strategies to Address Rural Infrastructure Issues

Program Description	Statutory Authority	Resp. Agency	Current Funding	Recipients of Funds
Strategy I. Increase Number of Rural Practitioners (con't)				
<i>National Health Service Corps (SEARCH)</i> Provides opportunities for health professional students and residents to serve on interdisciplinary health care teams in underserved areas as part of 4-6 week rotations.	Public Law 106-554	Az Assoc. of Community Health Centers	\$152,000 (federal HRSA grant)	From March 2000-April 2001, 120 students participated. There are currently 5 students placed in rotations.
<i>Arizona Area Health Education Centers (AZAHEC) Career Education Program</i> Encourage and recruit youth in rural / MUAs to enter into health professions education programs.	ARS 15-1643 ARS 5-52 ARS 36-2901.02	AzaHEC and 5 AHECs	Use portion of \$1 million (federal HRSA grant) and will use portion of \$4 million tobacco settlement appropriation	Last year 73 students participated in career education program (will be increasing with new funding)
<i>Arizona Comprehensive Health Careers Opportunity Program (HCOP)</i> Assists qualified individuals from MUAs in entering and graduating from degree programs in the health professions.	Public Law 105-392	NAU College of Health Professions and U of A Rural Health Office	Funded by two Federal HRSA Grants: NAU received \$375,694 for 2001-2002. UofA was awarded a five-year grant for over \$2.5 million.	Hundreds of high school and college students throughout the state with focuses around NAU and the Arizona-Mexico border
<i>AzaHEC Clinical Education Rotations</i> Provides educational rotations for health professional students and residents in rural/MUAs clinical practice sites.	ARS 15-1643 ARS 5-522 ARS 36-2901.02	AzaHEC and 5 AHECs.	Use portion of \$1 million (federal HRSA grant) and will use portion of \$4 million tobacco settlement appropriation	Last year 52 medical students and 145 health professional students participated in clinical rotation programs.

Summary Table: Inventory of Arizona Strategies to Address Rural Infrastructure Issues

Program Description	Statutory Authority	Resp. Agency	Current Funding	Recipients of Funds
Strategy I. Increase Number of Rural Practitioners (con't)				
<i>Rural Health Professions Program</i> Provides health profession students with training experiences in rural communities. Includes medical and pharmacy students from U of A and NP students from all three universities.	ARS 15-1754 FY02/03 General Appropriation	U of A, Health Services	In FY02 - \$480,600 and FY03 - \$492,500 (state general fund)	Each year adds 15 medical, 4 pharmacy and 10 nurse practitioner students.
<i>Nuestra Comunidad, Nuestra Salud Project</i> Training, recruitment and retention of health care professionals around Nogales includes provision of stipends to support participants.	Public Law 100-607	U of A, College of Pharmacy	\$745,959(3-year HRSA grant)	The current fall semester has a team of 13 students from pharmacy, nursing, and social work disciplines.
<i>Medical School Applications</i> Priority consideration must be given to U of A, College of Medicine applicants if willing to practice in MUA.	ARS 15-1751	U of A, College of Medicine	NA	NA
<i>J-1 Visa Waiver Program</i> Allows foreign physicians trained in USA to stay and work in underserved areas for 3 years.	Public Law 103-416	ADHS	None	20 waivers per year
<i>Obstetrical Insurance Premium Payment Program</i> Financial assistance with medical malpractice premium expenses for obstetricians practicing in rural areas.	ARS 36-2173	ADHS	Was funded through state general funds.	This program was discontinued.

Summary Table: Inventory of Arizona Strategies to Address Rural Infrastructure Issues

Program Description	Statutory Authority	Resp. Agency	Current Funding	Recipients of Funds
Strategy II. Minimize Geographic Isolation				
<i>Arizona Rural Telemedicine Network</i> Facilitate provision of medical services to persons in MUAs as well as distance learning in health care.	FY02/03 General Appropriation ARS 36-2921	U of A and ADHS	U of A - \$1.29 million in FY02 (gen. funds) ADHS -\$250,000 in FY02 (tobacco tax)	Currently in the process of issuing RFP for FY02 funds.
<i>Rural Telemedicine Behavioral Health Programs</i> Establishment of telemedicine behavioral health program in rural areas.	Laws 2001, Chapter 374, Sec. 8	U of A	\$125,000 in FY 02 (tobacco tax)	Currently in the process of issuing RFP for FY02 funds
<i>AzAHEC Continuing Education</i> Provision of continuing education programs in rural MUAs sites and mini-sabbatical support to attend other courses outside of their community	ARS 15-1643 ARS 5-522 ARS 36-2901.02	AZAHEC and 5 AHEC	Use portion of \$1 million (federal HRSA grant) and will use portion of \$4 million tobacco settlement appropriation	Last year 4,300 health professionals participated in 109 programs.
<i>Accessibility to Health Care Information</i> Variety of efforts to enhance electronic information networks.	Varies, depending on program	Varies (e.g., RHO, AzAHEC	Varies, depending on program	Varies, depending on program
<i>Rural Health Network Development Projects</i> Federally funded grants to further collaborative relationships among health care organizations.	Public Law 104-229, Section 330A	HRSA	White Mt - \$124,993 and Navajo - \$200,000 (federal HRSA money)	White Mountain Apache and Southwest Alliance of Navajo have received these grants.

Summary Table: Inventory of Arizona Strategies to Address Rural Infrastructure Issues

Program Description	Statutory Authority	Resp. Agency	Current Funding	Recipients of Funds
Strategy III. Improve Viability of Health Care Facilities Including Hospital Solvency				
<i>Rural Capital Project Grants</i> Capital project grants for public / private non-profit health care entities in rural / MUAs.	Laws 2001, Chapter 384, Sec 3	ADHS	For FY 02 \$ 1.5 million (tobacco tax)	19 projects since 1998 have received funding. Currently in the process of issuing RFP for FY 02 funds
<i>Hospital Capital Project Grants</i> Capital project grants for public / private non-profit hospitals in rural / MUAs.	Laws 2001, Chapter 384, Sec 4	ADHS	For FY 02 \$1.5 million (tobacco tax)	Currently in the process of issuing RFP for FY 02 funds.
<i>Health Service Districts</i> Financial support to establish districts or to assist existing districts.	ARS 36-2921	ADHS	For FY 02 \$150,000 (tobacco tax)	There is currently only one service district, which is located in Ajo (funds have not been awarded yet)
<i>Critical Access Hospitals(CAH) Program</i> Establishment of CAH program which will result in enhanced revenue base (Medicare/Medicaid) for small rural hospitals designated as critical access hospitals.	Public Law 105-33 Laws 2001, Chapter 385, Sec 22	RHO providing TA to "CAHs"	HRSA grant to RHO in FY02 of \$525,000 \$1.7 million (\$800,000 state / \$900,000 federal) enhanced Medicaid funds for CAHs	RHO has received federal HRSA grant to assist hospitals in becoming CAHs and with ongoing support. CAHs will be eligible to receive additional Medicaid funds.
<i>Community Access Program</i> Supports development of integrated, community-wide systems to serve uninsured / underinsured.	42 U.S.C. 254b et seq.	DHHS - HRSA	\$2.98 million has been awarded to Arizona projects	Project sites include: Yavapai, Yuma, Cochise and Pima.


Summary Table: Inventory of Arizona Strategies to Address Rural Infrastructure Issues


Program Description	Statutory Authority	Resp. Agency	Current Funding	Recipients of Funds
Strategy IV. Financial Support of Rural-Based Health Care Service Programs				
<i>Rural Detoxification Programs</i> Monies provided to support rural detoxification programs.	ARS 36-2921	ADHS	FY 02 - \$375,000 (tobacco tax)	Supports two programs, one in Yuma and one in Page.
<i>Primary Care Program</i> Supports provision of primary health care services to low income, including use of mobile clinics in rural / MUAs	ARS 36-2921	ADHS	FY 02: \$5.5 million – primary care \$500,000 – after hour care (tobacco tax)	Some of the recipients include: Navajo Health Foundation, Verde Valley Medical Center, and Salud Para Todos, Inc.
<i>Community Health Centers</i> Provision of primary care services to uninsured, low income persons in MUAs.	ARS 36-2921	ADHS	FY 02 - \$5 million (tobacco tax)	Some of the recipients include: Chiricahua Community Health Center, Marana Health Center, and North Country Community Health Center
<i>Mobile Clinic Program</i> Variety of agencies provide needed health care services in MUAs via mobile clinics.	Varies, depending on program	Varies, e.g., RHO	Varies, depending on program	Mobile Clinic Programs at various departments including: U of A Rural Health Office, Yavapai County Health Department, Prescott VA Medical Center, and Office of Oral Health

Arizona Federal Medically Underserved Areas 2000

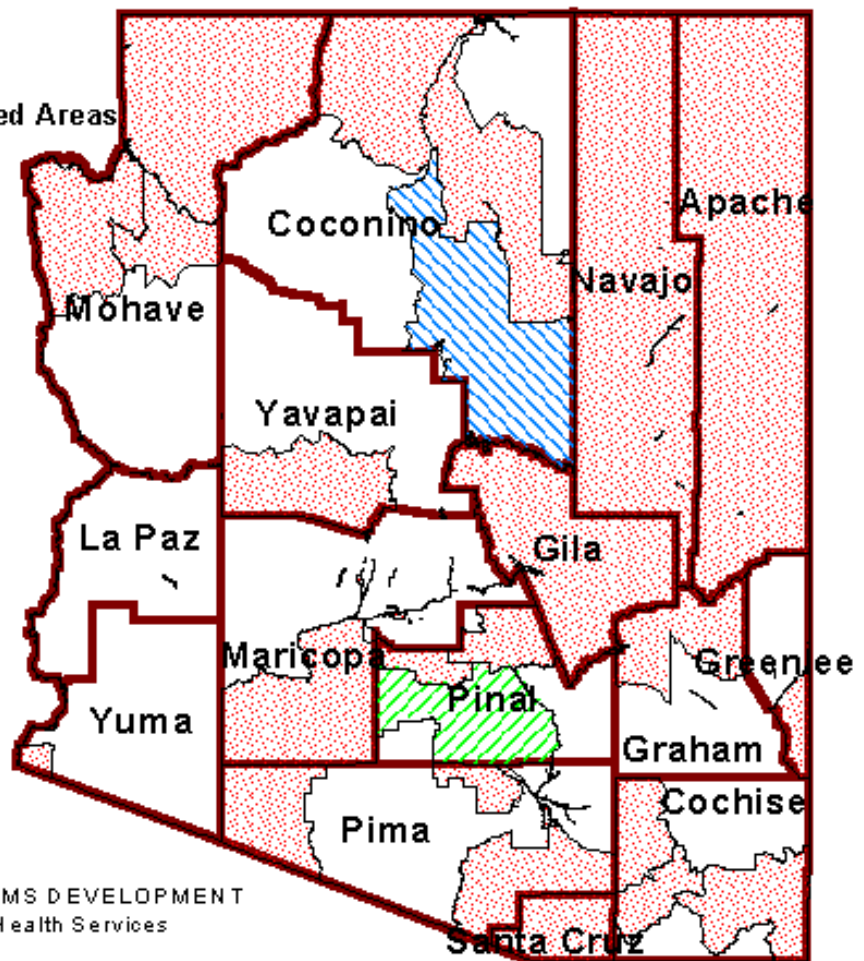
MUA TYPE

 MUA

 MUP

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[Fed MUA Report](#)



BUREAU OF HEALTH SYSTEMS DEVELOPMENT
Arizona Department of Health Services

Arizona Loan Repayment Programs

as of 6/4/01

EXISTING CONTRACTS and OFFERS PENDING

PRIMARY CARE PROVIDER L R P **State/Fed Funded**

S Central Phoenix	[7/99 - 6/01]	MD
Willcox	[7/99 - 6/01]	DO
Superior	[9/00 - 8/01]	PA-C
S Central Phx	[9/00 - 8/01]	MD
S Central Phoenix	[9/00 - 8/01]	DO
Nogales	[9/00 - 8/01]	MD
Ganado	[10/00 - 9/01]	MD
S Central Phx	[10/00 - 9/01]	MD
Ganado	[11/98 - 10/01]	MD
Ganado	[1/00 - 12/01]	DDS
Flagstaff	[1/00 - 12/01]	DDS
S Tucson	[7/00 - 6/02]	MD
Nogales	[7/00 - 6/02]	MD
S Tucson	[4/01 - 3/03]	DDS
Maricopa	[4/01 - 3/03]	DO
Page	[4/01 - 3/03]	PA

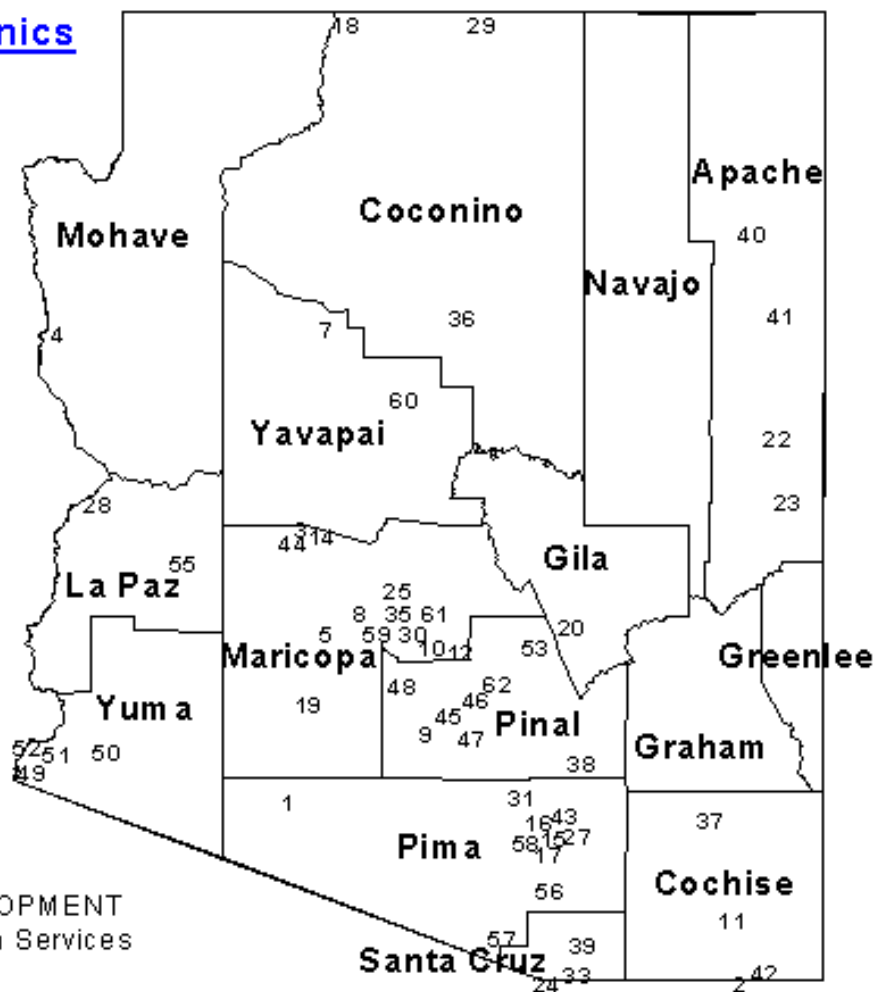
RURAL PRIVATE PRIMARY CARE PROVIDER L R P **Tobacco Tax Funded**

Casa Grande	[11/98 - 10/01]	DO
Springerville	[11/98 - 10/01]	MD
Coolidge	[9/99 - 8/01]	DO
Springerville	[7/00 - 6/02]	PA-C
Wickenburg	[7/00 - 6/02]	MD
Joseph City	[9/00 - 8/02]	PA-C
S Phoenix	[9/00 - 8/02]	MD
S Tucson	[9/00 - 8/02]	DDS
S Tucson	[9/00 - 8/02]	DDS
Douglas	[4/01 - 3/01]	PA-C
S Phx	pending	MD
S Phx	pending	MD
S Phx	pending	PA-C
Parker	pending	PA-C

Sliding Fee Scale Clinics

April 2000

Phoenix Metro Area



HEALTH SYSTEMS DEVELOPMENT
Arizona Department of Health Services

8/29/00 Sliding Fee Scale Clinics

Number	Clinic	Type	1994	1997	Address	City	Zip	Phone	County	AzMUA
1	Ajo Community Health Center		1994		410 N MALACATE ST	AJO	85321-2219	(520) 387-5651	PIMA	Ajo
2	Arizona Family Care Association	J1	1997		1101 SAN ANTONIO AVE	DOUGLAS	85607-2419	(520) 364-9544	COCHISE	Douglas
3	Arizona Grand Medical Center	J1	1997		636 W WICKENBURG WAY	WICKENBURG	85390-2268	(520) 684-7000	MARICOPA	Wickenburg
4	Arizona Institute of Medicine & Surg	J1	1997		1555 RAMAR RD	BULLHEAD CITY	86442-6010	(520) 763-6363	MOHAVE	
5	Arizona Internal Medicine		1994		213 E MONROE AVE	BUCKEYE	85326-2704	(623) 393-0064	MARICOPA	Buckeye
6	Arizona Pediatrics	ALRP	1997		809 E WASHINGTON STE 106	PHOENIX	85034-1017	(602) 253-6000	MARICOPA	Phoenix-South Centra
7	Ash Fork Clinic		1997		112 PARK AVE.	ASH FORK	86320	(520) 637-2305	YAVAPAI	Ash Fork
8	Avondale Family Health Clinic		1994		1501 N DYSART RD	AVONDALE	85323-1230	(623) 344-6800	MARICOPA	
9	Casa Grande Regional Medical Center	J1	1994		1800 E FLORENCE BLVD	CASA GRANDE	85222-5303	(520) 426-6300	PINAL	Casa Grande
10	Chandler Family Health Center	ALRP	1994		811 S HAMILTON ST	CHANDLER	85225-6308	(602) 963-6373	MARICOPA	
11	Chiricahua Community Health Center		1997		10550 N US HIGHWAY 191	ELFRIDA	85610	(520) 642-2222	COCHISE	Elfrida
12	Clinica Adelante - Queen Creek		1994		20740 S ELLSWORTH RD STE 104	QUEEN CREEK	85242-8303	(602) 987-3506	MARICOPA	
13	Clinica Adelante - Surprise		1994		16560 N DYSART RD	SURPRISE	85374-3747	(602) 583-3001	MARICOPA	El Mirage
14	Clinica Adelante - Wickenburg Family Care Ctr		1994		325 W YAVAPAI ST	WICKENBURG	85390-3211	(520) 684-9555	MARICOPA	Wickenburg
15	El Pueblo Clinic		1994		101 W IRVINGTON RD	TUCSON	85714-3050	(520) 573-0096	PIMA	Tucson-Central
16	El Rio Health Center		1994		839 W CONGRESS ST	TUCSON	85745-2819	(520) 792-9890	PIMA	Tucson-Central
17	El Rio Health Center Southwest		1994		1500 W COMMERCE CT	TUCSON	85746-6015	(520) 770-1710	PIMA	Tucson-Central
18	Fredonia Medical Center		1997		100 E COW GIRL DR	FREDONIA	86022	(520) 643-7500	COCONINO	Fredonia
19	Gila Bend Primary Care Center		1994		100 N GILA BEND	GILA BEND	85337	(520) 683-2269	MARICOPA	Gila Bend
20	Gila Health Plan				4443 E. BROADWAY	CLAYPOOL	85539	(520) 836-3446	GILA	
21	Guadalupe Family Health Center		1994		5825 E CALLE GUADALUPE	GUADALUPE	85283-2664	(480) 344-6000	MARICOPA	Guadalupe
22	Health Horizons, Inc.- St. Johns		1997		625 N 13TH WEST	ST. JOHNS	85936	(520) 337-2012	APACHE	St. Johns
23	High Country Health	J1	1997		124 S MOUNTAIN AVE	SPRINGERVILLE	85938	(520) 333-2050	APACHE	Round Valley
24	Holy Cross Hospital		1997		1171 W TARGET RANGE RD	NOGALES	85621-2415	(520) 287-2771	SANTA CRUZ	Nogales
25	John C. Lincoln Hospital		1997		9221 N CENTRAL AVE	PHOENIX	85020-2415	(602) 870-6304	MARICOPA	
26	Keyes Community Center				2454 E BROADWAY RD	PHOENIX	85040-2622	(602) 243-0174	MARICOPA	Phoenix-South Mounta
27	Kino Community Hospital	J1	1994		2800 E AJO WAY	TUCSON	85713-6204	(520) 294-4471	PIMA	Tucson-Central
28	La Paz Community Hospital	J1	1997		1200 W MOHAVE RD	PARKER	85344-6349	(520) 669-9201	LA PAZ	Parker
29	Lake Powell Medical Center	NHSC	1994		467 VISTA AVE	PAGE	86040	(520) 645-8123	COCONINO	Page
30	Las Fuentes Health Clinic of Guadalupe				625 AVENIDA DEL YAQUI	GUADALUPE	85283	(602) 777-2263	MARICOPA	Guadalupe
31	Marana Health Center		1994		13644 N SANDARIO RD	MARANA	85653-8939	(520) 682-4111	PIMA	Marana
32	Maricopa Health System - 7th Ave		1994		1407 S 9TH AVE	PHOENIX	85007-3904	(602) 258-1651	MARICOPA	Phoenix-South Centra
33	Mariposa Community Health Center	ALRP NHSC	1994		1852 N MASTICK WAY	NOGALES	85621-1063	(520) 281-1550	SANTA CRUZ	Nogales
34	Mountain Park Health Center	J1	1994		635 E BASELINE RD	PHOENIX	85040-6551	(602) 243-1746	MARICOPA	Phoenix-South Mounta
35	Native American Community Hlth Svcs		1997		3008 N 3RD ST STE 100	PHOENIX	85012-3021	(602) 254-0456	MARICOPA	
36	North Country Community Health Ctr		1997		2304 N ROSE ST STE A	FLAGSTAFF	86004-3625	(520) 773-1471	COCONINO	
37	Northern Cochise Comm. Hosp.		1997		901 W REX ALLEN DR	WILLCOX	85643-1009	(520) 384-3541	COCHISE	Willcox/Bowie
38	Oracle Medical Clinic		1997		1870 W AMERICAN AVE	ORACLE	85623	(520) 896-2429	PINAL	San Manuel
39	Patagonia Family Health Center		1994		101 TAYLOR STREET	PATAGONIA	85624	(520) 394-2262	SANTA CRUZ	Patagonia
40	Sage Memorial Hospital ALRP NHSC		1997		HIGHWAY 264	GANADO	86505	(520) 755-3411	APACHE	Navajo Nation
41	Sanders Primary Care Clinic		1997		191 S OF I-40	SANDERS	86502	(520) 688-3010	APACHE	Sanders
42	Southeast Arizona Medical Center	ALRP, J1	1997		RR 1 BOX 30	DOUGLAS	85607	(520) 364-7931	COCHISE	Douglas
43	St. Elizabeth of Hungary Clinic		1994		140 W SPEEDWAY BLVD	TUCSON	85705-7614	(520) 628-7871	PIMA	Tucson-Central
44	Sun Health Del E. Webb Health Center	J1	1997		1395 W WICKENBURG WAY	WICKENBURG	85390-4204	(520) 684-2938	MARICOPA	Wickenburg
45	Sun Life Health Center - Casa Grande	ALRP NHSC	1994		865 N ARIZOLA RD	CASA GRANDE	85222-6011	(520) 836-3446	PINAL	Casa Grande
46	Sun Life Health Center - Coolidge		1994		1080 N ARIZONA BLVD	COOLIDGE	85228-3727	(520) 723-9131	PINAL	Coolidge
47	Sun Life Health Center - Eloy	ALRP	1994		501 N MAIN ST	ELOY	85231-2515	(520) 466-7883	PINAL	Eloy
48	Sun Life Health Center - Maricopa		1994		44765 HATHAWAY AVE	MARICOPA	85239	(520) 568-2245	PINAL	Maricopa
49	Sunset Health Center - Somerton		1994		PO BOX 538	SOMERTON	85350	(520) 627-3857	YUMA	Somerton
50	Sunset Health Center - Wellton		1997		10425 WILLIAMS ST	WELLTON	85356	(520) 785-3256	YUMA	Wellton
51	Sunset Health Center - Yuma		1994		1079 W 23RD ST	YUMA	85364-8347	(520) 726-5950	YUMA	
52	Sunset Women's Medical Group				2435 S AVENUE A STE A	YUMA	85364-7126	(520) 726-5950	YUMA	
53	Superior Medical Complex	J1	1997		14 N MAGMA AVE	SUPERIOR	85273-2647	(520) 473-4441	PINAL	Superior
54	Sutton School		1997		1001 N 31ST AVE	PHOENIX	85009-3437	(602) 484-4719	MARICOPA	Phoenix-South Centra
55	Tri-Valley Medical Center		1994		PO BOX 639	SALOME	85348	(520) 859-3460	LA PAZ	Salome
56	United Comm. Health Ctr-Continental	J1	1997		1150 WHITEHOUSE CANYON RD	GREEN VALLEY	85614	(520) 625-3691	PIMA	
57	United Community Health Center - Arivaca		1994		PO BOX 233	ARIVACA	85736	(520) 398-2621	PIMA	Arivaca
58	United Community Health Center - Three Points NHSC		1994		1521 W AJO WAY	TUCSON	85713-5738	(520) 822-2335	PIMA	Tucson-Central
59	Valley Medical Specialists	J1	1997		2620 N 3RD ST	PHOENIX	85004-1153	(602) 277-4429	MARICOPA	Phoenix-South Centra
60	Verde Medical Center		1997		269 S CANDY LN	COTTONWOOD	86326-4158	(520) 634-2251	YAVAPAI	
61	Vista Del Camino Family Health Center		1994		7700 E ROOSEVELT ST	SCOTTSDALE	85257-4441	(602) 994-7782	MARICOPA	
62	Women's Health Center		1994		1860 N FLORENCE BLVD STE F	FLORENCE	85232	(520) 836-3446	PINAL	Florenc

Arizona Medical Student Loan Program

	FY2000 Actual	FY2001 Expected	FY2001 Actual	FY2002 Expected	FY2003 Expected	FY2004 Expected
Loan provided to each student (in thousands of dollars)	20.6	21.3	21.3	21.9	22.6	26.7
Maximum loan amount (percent) allowed by law provided to each student (by State Appropriation)	100	100	100	100	86	100
Loan as a percent of average annual cost of public medical education	83	84	84	84	84	100

	FY2000 Actual	FY2001 Expected	FY2001 Actual	FY2002 Expected	FY2003 Expected	FY2004 Expected
Students funded per year	15	16	16	16	16	22
Percent of student participants progressing toward/achieving medical degree	100	100	100	100	100	100
Student participants achieving MD or DO degree	3	6	6	7	1	3

	FY2000 Actual	FY2001 Expected	FY2001 Actual	FY2002 Expected	FY2003 Expected	FY2004 Expected
Physicians in service	10	12	11	15	17	16
Cumulative percent of physicians providing service under the old and/or new law	59	61	60	63	64	65
Cumulative percent of physicians providing service under the old law	59	58	57	58	58	58
Cumulative percent of physicians providing service who have contracts under the new law	100	100	100	100	100	100
Physicians continuing service after service requirement is met	15	15	19	18	18	18

Medical Care Provided in 1999-2000

La Frontera Center in Tucson is benefiting from the services of a Psychiatrist who received funding for two years under the Arizona Medical Student Loan Program prior to the time it became a primary care program. Another psychiatrist is providing psychiatric care to patients at **Maricopa Medical Center in Phoenix**. Her four-year commitment began July 1997. Psychiatric services are very much needed in Arizona

A Vascular/General Surgeon has located his practice in **La Paz County**, contracting with Havasu Samaritan Regional Hospital. Previously, vascular surgery was not provided in the community and the lack of a vascular surgeon available for timely consultations on hospitalized patients was of concern. Patients are also seen in the emergency room and in private practice without regard to their financial standing. This physician returned to Arizona from

Florida to provide this area, including individuals from many small towns in western Arizona, with his services as a surgeon.

Bisbee, Arizona is benefiting from a participant's service as a Family Practice physician. Her service includes full-time ambulatory and hospital care including obstetrics at the Copper Queen Community Hospital. She as a four-year commitment, which she began to fulfill in November 1997.

"It is very apparent to me that the area has great need for pediatric care and I feel fortunate to be able to provide it," said a participant in a letter to the Board asking for approval of his service at **Mercy Family Health Center in Phoenix**. He began his four-year commitment in July 1997.

The East Valley Addiction Council (EVAC), a non-profit organization, serves indigent or working poor clients and is dedicated to the treatment of alcoholism and other chemical dependencies. A large percentage of their patients have undiagnosed or untreated medical problems addressed as well. In 1998 an Arizona Medical Student Loan participant was approved for his work there as a medical director.

Benson, Arizona has a new Family Practice physician who is the only woman physician in town. She is emphasizing gynecology in her practice and is exploring the possibility of sharing call with two other family practice physicians in order to offer obstetrical care. Benson averages 125-130 live birth deliveries per year and women have been traveling to Tucson or Sierra Vista since there is no obstetrical care offered in Benson. There are also no pediatricians in the area. This physician has a three-year service commitment that she began to fulfill in 1999. She has lived in the area for 20 years and plans to make a lifelong commitment to offer full spectrum family practice to this growing community.

Las Fuentes Health Clinic of Guadalupe, Arizona was established over five years ago with the mission to provide health services to the people of Guadalupe who would otherwise not have access. The clinic serves primarily the Hispanic and Yaqui populations with services in Family Proactice, Obstetrics and Gynecology, as well as Alternative Medicine. An Arizona Medical Student Loan Program participant who is Hispanic and proficient in Spanish, has become a full-time Family Practice physician there in 1999. He has a three-year service commitment.

Service Obligations Completed in 1999-2000

An administrator working out of the **Winslow Memorial Hospital, in Winslow, Arizona** was "ecstatic" in 1998 when they began receiving pathology services from an Arizona Medical Student Loan participant who started working out of the Flagstaff area. Services provided by the Winslow Hospital include services to the Native American population through the Indian Health Service. The physician completed her two-year service commitment in July 2000 and is continuing her position.

A Family Practice physician completed his service commitment in Fall 1999 at the North Country Community Health Center in Flagstaff, Arizona. This facility has a medically-underserved population designation, and the physician also served the satellite clinics at Ash Fork and Seligman, which are in medically-underserved areas.

New Service Providers Beginning in 2000

A new physician in Family Practice has joined **Florence Clinic in Florence, Arizona**. The physician is happy to be back in his hometown and has settled there with his wife and child. He has a four-year service commitment.

Benson, Arizona has added an additional Family-Practice physician to assist in meeting the medical needs of that community and surrounding areas. This physician was born and raised in the area and the medical community was delighted to have him come back to the community to practice. His service commitment is for four years.

Kino Internal Medicine group at Kino Commuity Hospital in Tucson has welcomed a new physician who is practicing general internal medicine in the outpatient clinic as well as attending on the wards. She has a three-year service commitment.

The remote clinic in **Cibeqe, Arizona**, is the service site of a new physician in Family Practice. She has a three-year service commitment to the Arizona Medicaly Student Loan Program and is working for the **United States Public Health Service out of Whiteriver, Arizona**.

National Health Service Corps (Loan Repayment and Scholarship)

Project	Obl.	City	County	Prof.	Spec.	Start/End Dates
Sun Life Family Health Center		Casa Grande	Pinal			
	SCH			PA		6/2501-6/24/03
Navajo Health Foundation		Gamado	Apache			
	SCH			PHY	FP	1/20/00-1/20/02
	SCH			PA		8/14/00-8/13/02
	SCH			PA		4/9/01-4/8/03
	SCH			PHY	FP	8/16/99-8/15/01
	LRP			PHY	FP	7/21/99-9/26/01
Mariposa Community Health Center		Nogales	Santa Cruz			
	SCH			PHY	INT	8/12/98-8/11/01
	SCH			PHY	PED	7/17/00-7/16/03
	SCH			NP	FNP	12/1/99-11/30/01
El Rio Health Center		Tucson	Pima			
	SCH			PHY	PED	8/10/98-9/30/02
	SCH			PHY	INT	8/2/99-8/1/03
	LRP			PHY	FP	10/21/97-10/20/01
	SCH			PHY	INT	8/1/01-7/31/05
Canyonlands Community Health Center		Page	Coconino			
	SCH			NP	FNP	3/21/00-3/20/02
	SCH			PA		11/15/00-11/14/02
	SCH			PHY	FP	7/19/99-7/25/02
St. Johns Clinic		St. Johns	Apache			
	SCH			NP	FNP	10/16/00-15/15/02
Ajo Community Center		Ajo	Pima			
	SCH			PHY	FP	9/15/00-9/14/04
West Yavapai Guidance Clinic		Prescott	Yavapai			
	LRP			PHY	PSY	6/27/00-6/26/02
Chiricahua Community Health Centers Inc		Elfrida	Cochise			
	SCH			NP	FNP	5/29/01-5/28/03
Mountain Country Family Medical Inc		Springerville	Apache			
	LRP			PHY	FP	9/2/99-9/1/01
Clinica Adelante Inc		Surprise	Maricopa			
	SCH			NP	FNP	8/21/00-8/20/02
	SCH			PHY	OBG	8/2/99-8/1/03
	SCH			PHY	OBG	7/6/99-7/5/02
Mountain Park Health Center		Phoenix	Maricopa			
	LRP			PHY	OBG	8/1/96-7/31/02
	SCH			PHY	INT	7/20/98-9/7/01
Women's Center		Nogales	Santa Cruz			
	SCH			PHY	OBG	7/1/99-6/30/03
El Pueblo Clinic		Tucson	Pima			
	LRP			PHY	FP	2/3/00-2/2/02
St. Elizabeth of Hungary		Tucson	Pima			
	SCH			PHY	OBG	7/26/99-7/25/02
Maricopa County Correctional HealthPhoenix		Maricopa	Maricopa			
	SCH			PA		1/2/01-1/1/03
	SCH			PA		5/4/01-5/3/03
Heber Clinic		Overgaard	Navajo			
	LRP			MD	FP	12/14/99-12/13/01
Excel Group		Yuma	Yuma			
	SCH			PHY	PSY	1/3/00-1/2/02
We Care Psychiatric Services		Superior	Pinal			
	LRP			NP	PSY	5/3/01-11/18/02
Inscription House Health Center		Shonto	Navajo			
	SCH			NP	FNP	8/28/00-8/27/02

J-1 VISA WAIVER STATE 20 PROGRAM SPONSORSHIP LOG
FEDERAL FISCAL YEAR ENDING 9/30/2001

2 0 0 1	COUNTRY	PRIMARY CARE SPECIALTY	NAME & LOCATION OF EMPLOYER	TRANSMIT LETTER TO DEPT OF STATE*	LETTER FROM DEPT OF STATE TO I N S	ESTIMATED OBLIGATION PERIOD	QUARTERLY REPORTS DUE
1	Philippines	Pediatrics	Winslow Mem Hosp Winslow	11.20.00	12.12.00	6/01 - 6/04	Sept, Dec, Mar, June
2	Pakistan	Gastroenterology / IM	Maricopa Med Ctr Phx	3.21.01		9/01 - 8/04	Dec, Mar, June, Sept
3	Romania	Internal Med	Green Valley F P, Green Valley	1.24.01	2.5.01	6/01 - 5/04	Sept, Dec, Mar, June
4	India	Cardiology / IM	Maricopa Med Ctr Phx	3.21.01	8.6.01	9/01 - 8/04	Dec, Mar, June, Sept
5	Libya	Internal Med	Kino Community Tucson	1.8.01	1.23.01	7/01 - 6/04	Oct, Jan, Apr, Jul
6	India	Internal Med	Dahl Chiroractic & Med Kayenta & Page	2.15.01	3.1.01	8/01 - 7/04	Nov, Feb, May, Aug
7	Lebanon	Internal med	AZ Heart Institute Casa Grande	2.15.01	2.21.01	8/01 - 7/04	Nov, Feb, May, Aug
8	Peru	Internal Med	Phx Mem Hosp Phoenix	2.28.01	7.12.01	8/01- 7/04	Nov, Feb, May, Aug
9	India	Internal Med	Az-Tech Radiology & FHC Florence	3.7.01	3.29.01	9/01 - 8/04	Dec, Mar, June, Sept

	India	Internal Medicine	Az Grand Med Ctr Dewey	3.21.01	3.29.01	9/01 - 8/04	Dec, Mar, Jun, Sep
11	Lebanon	Internal Medicine	AZ Heart Institute Casa Grande	4.18.01	4.20.01	10/01 - 9/04	Jan, Apr, Jul, Oct
12	Pakistan	Internal Medicine	White Mtn Reg Med Ctr / Springerville, Sanders, St. Johns	5.1.01	5.9.01	11/01 - 10/04	Feb, May, Aug, Nov
13	Pakistan	Internal med	White Mtn Reg Med Ctr / Springerville, Sanders, St. Johns	11.29.00	1.9.01	7/01 - 6/04	Oct, Jan, Apr, Jul
14	Pakistan	Pediatrics	White Mtn Reg Med Ctr / Springerville, Sanders, St. Johns	11.29.00	1.10.01	4/01 - 3/04	Jul, Oct, Jan, Apr
15	Bangladesh	Internal medicine	Az Grand Med Ctr	5.1.01	5.9.01	11/01 - 10/04	Feb, May, Aug, Nov
16	India	General Surgery	LaPaz General Parker	5/15/01	5.25.01	11/01 - 10/04	Feb, May, Aug, Nov
17	India	Internal Medicine	Dr. Talluri FMC Casa Grande	5/24/01	5.29.01	11/01 - 10/04	Feb, May, Aug, Nov
18	Pakistan	Internal Medicine Cardiology	Pima Heart Group Tucson	7/18/01			
19	Uruguay	Pediatrics	Pediatric Assof of Yuma Yuma	8.20.01			
20							

*(LETTERS OF SUPPORT ISSUED 10/1/00 - 9/30/01)

**HEALTH CARE FACILITY CONSTRUCTION PROJECTS
FUNDED BY TOBACCO TAX, FY1998-2000**

CONTRACTOR	FACILITY LOCATION	TYPE OF CONSTRUCTION	AWARD AMOUNT	COMPLETION DATE
Ashfork Development Association, Inc.	Ashfork	New Modular Clinic	\$194,392	October, 1999
Catholic Community Svcs of Southern Arizona, d.b.a. St. Elizabeth of Hungary Clinic	Tucson	Expansion	\$470,000	February, 2000
Chiricahua Community Health Centers, Inc.	Elfrida	New Clinic Site	\$494,118	February, 1999
Clinica Adelante, Inc.	Buckeye	Renovation/Conversion	\$279,193	October, 1999
Lake Powell Medical Center	Page	Renovation/Expansion	\$454,386	February, 2000
White Mountain Communities Special Health Care District	St. Johns	New Clinic Site	\$500,000	January, 2000
Mariposa Community Health Center	Nogales	New Building Expansion	\$500,000	Broke Ground March, 2001
Pima County, d.b.a. Kino Community Hospital	Tucson	Renovation/Expansion	\$256,883	February, 2001
Marana Community Health Center, Inc.	Marana	Renovation/Expansion	\$500,000	November, 1999
Sun Life Health Centers	Maricopa	New Clinic Building	\$361,000	December, 1999
Gila Bend Health and EMS	Gila Bend	Renovation	\$124,291	January, 2000
Mountain Park Health Centers	Phoenix	Expansion of Dental Facility	\$296,057	In Progress
Maricopa Department of Public Health	Maricopa	County Mobile Clinic	\$69,680	August, 1999
Northern Apache County Special Health Care District	St. Michaels	New Clinic	\$500,000	June, 2000
Maricopa Integrated Health Care System	Avondale	New Clinic	\$470,000	September, 2000
Progressive Health Care	Benson	Replace Existing Clinic	\$500,000	January, 2001
United Comm. Health Ctr.	Continental	Replace Existing Clinic	\$500,000	In Progress
University of Arizona, Rural Health Office	Rural Pima County	New Mobile Clinic	\$276,236	In Progress
Yavapai County Department of Health	Prescott	Expand County Health Department to include a Clinic	\$500,000	In Progress

PRIMARY CARE CONTRACTORS AND CONTRACT AMOUNTS PART A
FY 1996 – 2000

PART A CONTRACTORS	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000
Arizona State University / Breaking the Cycle	\$ 210,326	\$ 159,600	\$ 261,000	\$ 261,000	\$ 261,000
Ajo Community Health Center	\$ 148,613	\$ 148,613	\$ 148,612	\$ 148,628	\$ 148,628
Arizona Rural Health Team / Clinica Adelante	\$ 275,200	\$ 250,000	\$ 291,400	\$ 291,587	\$ 291,587
Chiricahua Community Health Center	\$ 218,801	\$ 189,285	\$ 287,903		\$ 217,700
John C. Lincoln Hospital and Health Center	\$ 354,032	\$ 350,132	\$ 366,124	\$ 418,109	\$ 418,109
Little Singer Community Schools, Inc. *	\$ 354,032	\$ 30,156	\$ 130,000	\$ 130,000	\$ 130,000
Verde Valley Medical Center	\$ 176,054	\$ 157,557	\$ 205,575	\$ 205,420	\$ 205,420
Maricopa County Dept of Public Health *	\$ 351,652	\$ 271,232	\$ 328,999	\$ 347,232	\$ 347,232
Maricopa Integrated Health Systems *	\$ 300,300	\$ 200,000	\$ 200,000		\$ 200,000
Mariposa Community Health Center	\$ 126,684	\$ 126,684	\$ 126,684	\$ 126,681	\$ 126,681
Mercy Healthcare Arizona *	\$ 96,247	\$ 96,247	\$ 133,948	\$ 133,947	\$ 133,947
Mountain Park Community Health Center	\$ 164,021	\$ 164,021	\$ 106,892	\$ 106,892	\$ 106,892
Native American Comm. Health Center, Inc.	\$ 110,700	\$ 109,600	\$ 156,900	\$ 156,900	\$ 156,900
Navajo Health Foundation	\$ 267,444	\$ 235,144	\$ 235,380	\$ 179,193	\$ 179,193
North Country Community Health Center	\$ 630,300	\$ 590,250	\$ 661,852	\$ 553,600	\$ 382,931
Phoenix Children's Hospital	\$ 244,660	\$ 134,700	\$ 154,700	\$ 154,700	\$ 154,700
Phoenix Memorial Hospital	\$ 186,131	\$ 186,131	\$ 214,528	\$ 214,532	\$ 214,532
St. Elizabeth of Hungary Clinic	\$ 112,115	\$ 112,115	\$ 195,156	\$ 195,156	\$ 113,841
Salud Para Todos, Inc.	\$ 672,844	\$ 500,000	\$ 665,000	\$ 669,165	\$ 669,165
Samaritan Health Systems	\$ 203,730	\$ 178,144	\$ 190,144	\$ 190,144	\$ 190,144
Scottsdale Healthcare *	\$ 206,856	\$ 201,356	\$ 201,388	\$ 201,386	\$ 201,386
Sun Life Family Health Center*	\$ 102,895	\$ 102,895			
Sunset Community Health Care	\$ 250,776	\$ 250,776	\$ 250,776	\$ 250,776	\$ 94,423
Tucson General Hospital	\$ 144,894	\$ 144,894	\$ 167,496	\$ 167,530	\$ 167,530
White Mtn Comm Hosp Primary Care Consortium	\$ 113,180	\$ 110,015	\$ 141,040	\$ 186,316	\$ 186,316
Chilchinbeto Health Development Corporation \$ 9,999				\$ 9,999	
TOTAL	\$ 6,022,487	\$ 4,999,547	\$ 5,821,497	\$ 5,298,893	\$ 5,298,257

PRIMARY CARE CONTRACTORS AND CONTRACT AMOUNTS PART B
FY 1996 – 2000

PART B CONTRACTORS	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000
Carondelet Health Care Corporation	\$ 206,726	\$ 294,043	\$ 206,576	\$ 206,500	\$ 378,928
Chiricahua Community Health Center				\$ 324,884	\$ 132,944
Clinica Adelante, Inc.	\$ 624,056	\$ 887,660	\$ 623,892	\$ 623,865	\$ 902,250
El Rio Santa Cruz Neighborhood Hlth Center	\$ 944,075	\$ 1,342,855	\$ 937,356	\$ 937,368	\$ 1,325,368
Flagstaff Community Free Clinic	\$ 113,975				
Gila Health Plan, Inc.	\$ 112,290	\$ 166,094	\$ 112,480	\$ 112,262	\$ 112,484
Kino Community Hospital	\$ 627,550	\$ 780,862	\$ 625,880	\$ 625,875	\$ 810,762
Lake Powell Medical Center					\$ 55,699
Las Fuentes Health Clinic of Guadalupe			\$ 185,035		
Marana Community Health Center			\$ 56,000		\$ 63,051
Maricopa Integrated Health Systems	\$ 1,092,305	\$ 1,441,962	\$ 1,092,300	\$ 1,292,650	\$ 1,488,967
Mariposa Community Health Center	\$ 558,443	\$ 794,328	\$ 651,832	\$ 592,836	\$ 840,849
Mountain Park Community Health Ctr	\$ 720,418	\$ 1,024,724	\$ 720,420	\$ 808,644	\$ 1,152,176
North Country Community Health Ctr					\$ 188,867
St. Elizabeth of Hungary Clinic			\$ 246,175		\$ 338,500
Sun Life Family Health Center, Inc.			\$ 250,000		\$ 218,463
Sunset Community Health Care			\$ 151,351		\$ 80,140
United Community Health Center					\$ 20,711
TOTAL	\$ 4,999,838	\$ 6,732,528	\$ 5,859,297	\$ 5,524,884	\$ 8,110,159
GRAND TOTAL	\$ 11,022,325	\$ 11,732,075	\$ 11,680,794	\$ 10,823,777	\$ 13,408,416