



CUSTOMIZED HEALTHCARE SOLUTIONS

## RESPONSE to Request for Proposals

26-07-HEA-01 Medical Director Oversight and Support  
for the Cochise County Health & Human Services and Detention Medical Services

PROCUREMENT DEPARTMENT  
COUNTY OF COCHISE  
COCHISE, ARIZONA

Wednesday, October 1, 2025



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# Medical Director & Oversight and Support

26-07-HEA-01 Medical Director Oversight and Support  
for the Cochise County Health & Human Services and Detention Medical Services



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## 1. APPENDIX A: VENDOR RESPONSE COVER LETTER

PetraMED, LLC is pleased to submit our proposal to provide Medical Director oversight and support for **Cochise County Health & Social Services** and **Detention Medical Services**. Our proposed team is the **incumbent team** that has delivered these services since 2020 under AB Med; we now bring that same personnel and operating model under PetraMED for seamless continuity—24/7 physician availability with backup, defensible policy/standing-order governance, medication/formulary oversight (including non-formulary determinations), grievance and mortality-review participation. We provide day-to-day Public Health medical direction for the department and lead outbreak and emergent responses when required.

We understand the County's priorities: reliable coverage, clear clinical determinations, and tight coordination with custody and program leadership. Our **remote-first delivery** with scheduled telehealth touchpoints and structured QA will continue to meet these needs while minimizing disruption to operations.

We look forward to partnering with Cochise County to sustain high-quality, compliant, and cost-aware services.

Thank you for the opportunity to be considered.

Respectfully,



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### **3. TECHNICAL ABILITY**

PetraMED, LLC brings the full operational capacity, leadership, and expertise of the incumbent contractor, AB Med Healthcare Solutions, to deliver seamless continuity of Medical Director oversight and support for both Cochise County Health and Social Services and Detention Medical Services. Under the direction of Dr. Erik McLaughlin, MD, MPH, PetraMED’s team has a proven track record in public health and correctional healthcare, delivering 24/7 physician availability, comprehensive policy and protocol development, quality assurance, and rapid response to emergent public health needs. Our structure combines on-the-ground clinical oversight with administrative, compliance, and technology-enabled support, ensuring that all requirements of Attachment 2—Task 1 (Public Health), Task 2 (Detention Health), and Task 3 (Billing & Fee Schedule)—are fulfilled with accuracy, timeliness, and transparency.

#### **3.1. Overview of PetraMED, LLC**

PetraMED, LLC is a Nevada-based healthcare services company providing physician medical direction, public health program oversight, and correctional healthcare quality management for county and municipal clients. Led by Erik McLaughlin, MD, MPH (Arizona-licensed, DEA-credentialed), PetraMED delivers 24/7 clinical leadership supported by a multidisciplinary team for policy development, standing orders, grievance review, chart audits, mortality review participation, and regulatory coordination. Our operating model pairs physician oversight with embedded QA/compliance, administrative billing/reporting, and technology-enabled workflows to ensure defensible protocols, timely responses, and transparent monthly reporting. PetraMED is prepared to assume prime responsibility for Cochise County’s Medical Director services with no disruption in coverage, leveraging the same personnel, processes, and service levels that have proven effective under the incumbent arrangement.

#### **3.2. Continuity from AB Med – Transition Plan**

PetraMED, LLC, a Nevada-registered limited liability company in good standing, is positioned to assume prime contractor responsibilities for Cochise County’s Medical Director Oversight and Support with no disruption to service. PetraMED is owned and managed by the same leadership team that has successfully delivered these services under AB Med Healthcare Solutions since 2020, including Erik McLaughlin, MD, MPH as Medical Director and Aikaterini Papadopoulou as Project Lead. All current processes, personnel, policies, and quality-assurance measures will transition intact to PetraMED. This structure ensures the County retains the benefit of an experienced, fully credentialed team already familiar with the County’s public health and detention operations, while operating under an updated corporate entity that reflects our expanded capabilities and forward-looking business model.

### 3.3. Understanding of Scope of Work (Attachment 2)

PetraMED fully understands that this contract encompasses **comprehensive Medical Director oversight** for two distinct yet interconnected divisions — **Cochise County Health & Social Services** and **Cochise County Detention Medical Services** — as detailed in Attachment 2 of the RFP. The scope requires continuous 24/7 physician availability, direct leadership in public health programs, and clinical governance in a secure correctional environment.

- ▶ For **Public Health (Task 1)**, we recognize the need to oversee immunization and TB programs, serve as laboratory director, provide clinical review for high-risk cases, contribute to policy and protocol development, support outbreak response, and function as the County’s medical voice in public messaging and inter-agency collaboration.
- ▶ For **Detention Health (Task 2)**, we understand the expectations for coordination with on-site providers, annual review and sign-off of clinical protocols and formulary, chart review, grievance responses, mortality review participation, DEA credentialing for controlled substances, and maintaining readiness to address urgent medical needs in a secure facility.
- ▶ For **Billing Submission & Fee Schedule (Task 3)**, we will meet the County’s requirements for timely and transparent monthly expense reporting, with a clearly defined fee schedule that ensures predictability, compliance, and accountability.

PetraMED’s approach addresses each of these elements with the benefit of five years of proven performance in this exact scope under AB Med, ensuring the County receives a seamless continuation of services with enhanced operational capacity and risk-management measures.

### 3.4. Staffing Plan & Organizational Chart

PetraMED’s staffing model is built on continuity of the proven team that has successfully delivered uninterrupted Medical Director oversight to Cochise County since 2020 under AB Med. The structure ensures coverage for both the **Public Health** and **Detention Medical Services** divisions, with clear lines of accountability and backup coverage to maintain 24/7 readiness.

#### ▶ Key Personnel

- ↳ **Erik McLaughlin, MD, MPH – Medical Director (Public Health & Detention)**  
Arizona-licensed physician, DEA-credentialed, fully insured with detention-specific malpractice coverage, with extensive correctional and public health experience. Responsible for all clinical oversight, protocol and formulary approvals, high-risk case review, grievance responses, MOUD continuation compliance, and direct medical leadership.

↳ **Backup Provider – MD/NP/PA**

Licensed and credentialed healthcare provider designated to assume Medical Director duties during any planned or unplanned absence of Dr. McLaughlin. Ensures continuous 24/7 availability for urgent clinical needs in both public health and detention settings, and maintains full familiarity with County protocols, formulary, and operational workflows.

↳ **Aikaterini Papadopoulou – Project Lead / Operations Manager**

Oversees contract execution, QA and compliance processes, monthly reporting, and serves as the primary liaison with County leadership and department heads.

↳ **Advanced Practice Provider(s) – NP/PA (As Needed)**

Provides clinical consultation, documentation review, and relief coverage under Dr. McLaughlin’s direction.

↳ **Registered Nurse – QA & Clinical Support (As Needed)**

Conducts chart audits, assists in policy/protocol updates, and supports staff education.

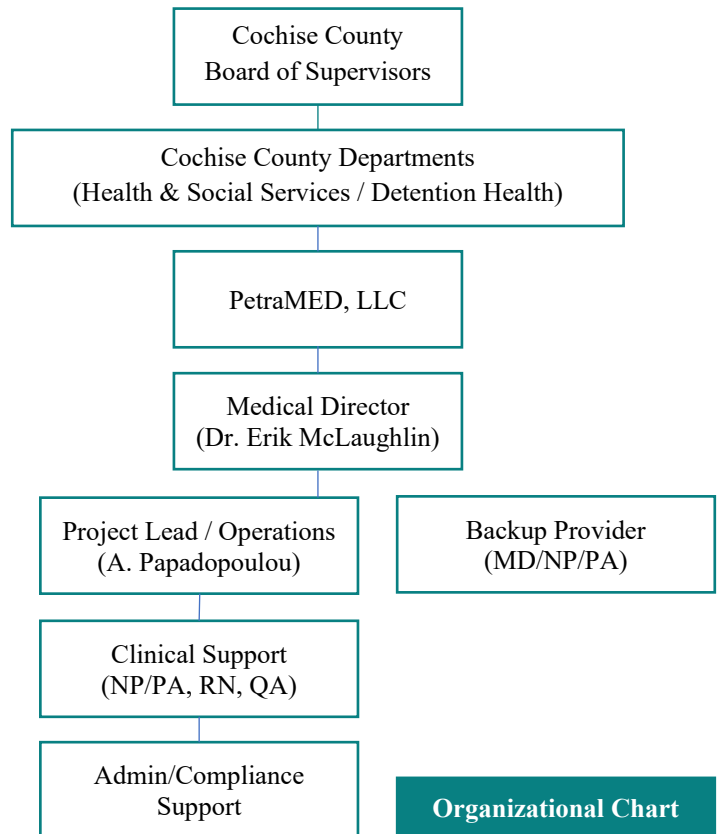
↳ **Administrative/Compliance Support**

Manages document control, reporting workflows, and coordination with PetraMED’s technology platforms.

▶ **Backup & Coverage**

A designated backup provider will be identified to assume Medical Director duties during any planned or unplanned absence of Dr. McLaughlin, ensuring uninterrupted 24/7 availability for urgent clinical needs in both public health and detention settings.

This team structure ensures that each requirement has a designated lead and backup, with a direct communication channel to County leadership to maintain service continuity, compliance, and responsiveness.



**Organizational Chart**

### 3.5. Key Personnel Bios

▶ **Erik McLaughlin, MD, MPH – Medical Director (Public Health & Detention)**

Dr. McLaughlin is a board-certified physician licensed in Arizona, holding an active DEA registration for controlled substances. With over 20 years of experience in clinical medicine and public health leadership, he has served as the Medical Director for Cochise County since 2020 under AB Med Healthcare Solutions. His background includes correctional healthcare oversight, outbreak response, protocol and formulary development, high-risk case review, and inter-agency coordination at the local, state, and federal levels. He completed his Master of Public Health with a concentration in global health systems and has worked extensively in rural and underserved communities.

▶ **Aikaterini Papadopoulou B.Arch. – Project Lead / Operations Manager**

Ms. Papadopoulou has over 15 years of experience in healthcare operations, compliance management, and public health program administration. She has overseen the execution of multiple county-level healthcare contracts, including Cochise County’s Medical Director services since 2020. Her role includes direct coordination with County leadership, management of monthly reporting, quality assurance oversight, and integration of technology solutions for policy and protocol management.

▶ **Backup Provider – MD/NP/PA**

A licensed and credentialed healthcare provider will be designated to serve as Backup Medical Director during any planned or unplanned absence of Dr. McLaughlin. This individual will maintain familiarity with all County policies, protocols, and clinical operations, ensuring uninterrupted 24/7 availability for urgent needs in both the public health and detention environments.

▶ **Advanced Practice Provider(s) – NP/PA (Upon Written Request)**

Credentialed Nurse Practitioners or Physician Assistants will support clinical review, documentation audits, and staff education under Dr. McLaughlin’s supervision.

▶ **Registered Nurse – QA & Clinical Support (Upon Written Request)**

An experienced RN will perform chart audits, assist in protocol revisions, and provide support on-site or virtual clinical training for County staff.

▶ **Administrative/Compliance Support**

Dedicated administrative personnel will manage reporting workflows, document control, and coordination between PetraMED’s quality systems and County departments.

### 3.6. Compliance with Regulatory Requirements

PetraMED operates in full compliance with all applicable **federal, state, and local laws, regulations, and professional standards** governing the delivery of public health and correctional healthcare services. Our compliance framework is built on three core elements:

1. **Credentialing & Licensing** – All providers assigned to this contract, including Dr. McLaughlin and any backup or supplemental personnel, maintain active Arizona licensure DEA registration, and detention-specific malpractice coverage (\$1M per claim / \$3M aggregate), as required by the County. We verify credentials prior to engagement and monitor for renewal deadlines to ensure uninterrupted compliance.
2. **Regulatory Alignment** – We adhere to requirements from the Arizona Department of Health Services, National Commission on Correctional Health Care (NCCCHC), American Correctional Association (ACA), Occupational Safety and Health Administration (OSHA), Health Insurance Portability and Accountability Act (HIPAA), and all applicable Cochise County policies.
3. **Policy Integration (baseline)**. PetraMED will operate within the County’s existing policy and document-control systems. We will implement and annually review all County-approved protocols, standing orders, and formulary documents. Consistent with prior practice, Dr. McLaughlin, in coordination with County staff, will apply a policy-and-procedure (P&P) approach to improve patient care and operational efficiency while identifying opportunities to reduce cost—drafting/redlining updates, providing Medical Director sign-offs, and recommending workflow refinements. Distribution, acknowledgment tracking, training records, and audit-log custody will remain with the County.

### 3.7. Quality Assurance and Reporting Systems

PetraMED will run a structured, physician-led QA program for **Public Health and Detention Health** that emphasizes participation, clinical review, approvals, and timely sign-offs. Core activities:

- ↳ **Monthly Detention Health touchpoint:** attend the staff meeting, provide clinical guidance, confirm action items, and return written approvals/comments to close items.
- ↳ **Peer/team chart reviews:** conduct targeted reviews and document clinical findings and recommendations for corrective actions; escalate urgent issues immediately.
- ↳ **Policies, nurse protocols, and formulary:** perform annual reviews, draft/redline updates, and provide Medical Director **sign-offs** to keep documents current and defensible.

- ↳ **Medication management:** consult on complex cases and **approve non-formulary** requests per process; maintain DEA licensure and pharmacy credentialing for stock medications.
- ↳ **Grievance appeals & mortality reviews:** review **Level II** appeals within policy timeframes and participate in mortality reviews; provide signed clinical determinations as required.
- ↳ **Public Health QA:** oversee evidence-based protocols/standing orders, provide high-risk case consults, support staff training, serve as lab director for pediatric iron testing, and provide 24/7 medical leadership during outbreaks/emergencies.
- ↳ **Coverage:** ensure **24/7 availability** with a designated **backup provider** and provide at least one full week per month of on-call provider relief.

### 3.8. Optional Technology Platforms (Policy Library, Monitoring Dashboard)

*Use of these tools is not required to fulfill Tasks 1–3. Enablement is optional and may be added post-award **upon written request**. See **ADDENDUM B – PRICING** for separate pricing.*

PetraMED offers two optional technology platforms to enhance facility operations, compliance, and quality assurance. These tools are designed to integrate seamlessly with existing workflows, reduce administrative burden, and increase defensibility through structured documentation and automated reporting.

#### ► Policy Library Platform (optional add-on)

PetraMED’s Policy Library Platform is a secure, cloud-based system for managing facility policies, procedures, training records, and staff acknowledgments. This tool enables real-time version control, electronic policy distribution, and automated tracking of staff compliance with required training or policy updates. Supervisors can generate audit-ready reports showing who has reviewed and acknowledged key policies, making it easy to demonstrate compliance during inspections or accreditation reviews. This platform is available as an enhancement for facilities seeking to modernize policy management, improve administrative efficiency, and support long-term compliance infrastructure.



► **Monitoring & Compliance Dashboard (optional add-on)**

PetraMED’s Monitoring & Compliance Dashboard is a configurable platform designed to enhance visibility into key operational metrics such as encounter timeliness, suicide watch documentation, grievance resolution, and follow-up completion. The dashboard provides facility leadership with real-time data visualization, trend tracking, and automated alerts to support ongoing performance monitoring. It can also serve as a valuable resource for developing data-informed funding requests or grant applications by highlighting service gaps, workload trends, or demonstrated performance improvements over time. This tool is available to strengthen internal quality assurance processes, streamline reporting workflows, and improve readiness for audits, accreditation, or third-party oversight.



**3.9. Delivery Systems (Remote-First Model)**

**Approach.** PetraMED uses a **remote-first, physician-led** delivery model that combines on-call medical direction, scheduled telehealth touchpoints, and tight coordination with County clinical and custody staff. This model maintains 24/7 access to Medical Director oversight while minimizing operational disruption and transport risk.

► **Alternative Care Modalities**

- ↳ **Remote physician supervision** with structured touchpoints for Detention Health and Public Health program leads.
- ↳ **Asynchronous case review (e-consults):** chart/document review with written determinations for grievances, non-formulary requests, policy questions, and complex cases.
- ↳ **Synchronous teleconsults (video/telephone):** scheduled blocks for urgent clinical questions, policy clarifications, and case conferences.

► **Telehealth Support**

- ↳ **Use cases (Detention):** non-formulary determinations; MOUD continuation consults; grievance appeal reviews; mortality-review participation; medication management and clinical escalations.
- ↳ **Use cases (Public Health):** outbreak/epi consults; immunization and TB workflow guidance; protocol/standing-order updates; high-risk case consults.
- ↳ **Modality:** secure, HIPAA-compliant video/telephonic sessions; brief written follow-ups with clear clinical determinations.

▶ **Coordination with On-Site Teams**

- ↳ **Nursing & clinic coordination:** defined points of contact; monthly Detention Medical Services meeting participation with action-item closure; rapid ad-hoc consults for prioritized issues.
- ↳ **Custody alignment:** concise guidance that fits security and movement constraints; escalation pathways for urgent clinical issues.

▶ **Documentation & Information Security**

- ↳ **County as system of record:** all approvals/sign-offs and clinical determinations are returned to the County for inclusion in the official medical record and policy files.
- ↳ **Secure communications:** encrypted channels for PHI, disciplined email practices, and minimal-necessary use of information.

▶ **Availability & Escalation**

- ↳ **24/7 coverage with backup** for urgent issues.
- ↳ **Turnaround:** same-day response for urgent matters; next-business-day for routine policy/protocol questions unless otherwise agreed.
- ↳ **Immediate escalation** to designated County leadership for sentinel concerns.

**Result.** This delivery system preserves continuous access to Medical Director oversight, speeds clinical determinations, supports ADA/MOUD continuity and public-health readiness, and reduces avoidable costs and operational disruptions—while keeping the County’s systems and records at the center of care.

## 4. PAST PERFORMANCE

PetraMED’s proposed team has delivered the same scope of Medical Director services under AB Med, with continuous 24/7 coverage across county public health and detention settings. The examples that follow—Cochise County (adult detention + public health), Yuma County (adult + juvenile detention), and Santa Cruz County Public Health—demonstrate on-time annual sign-offs (policies, nurse protocols, formulary), timely Level II grievance determinations, medication/formulary governance, and coordinated work with county leadership. These projects mirror Tasks 1–3 in this RFP and will transition seamlessly to PetraMED with the same personnel, workflows, and QA cadence.

### 4.1. Summary of Relevant Projects (Past 5 Years)

#### 4.1.1. Cochise County – AB Med (Public Health & Detention Medical Director)

**Client:** Cochise County Health & Social Services & Detention Health

**Entity/Team:** AB Med Healthcare Solutions (incumbent since 2020; contract renewed in 2022). Same leadership and personnel now proposed under PetraMED.

**Period:** 2020–Present

**Setting:** County public health + adult detention (secure setting)

**Role:** Medical Director (Public Health & Detention)

**Key Work Performed:**

- ↳ 24/7 physician availability with documented backup coverage.
- ↳ Annual review/sign-off of clinical policies, nurse protocols, and formulary; protocol redlines and updates.
- ↳ MOUD transition: Led the transition of Medication for Opioid Use Disorder (MOUD) continuation from an outsourced model to in-house service—established screening/verification workflows at intake, dosing-continuity protocols, custody–clinic communication, and DEA/pharmacy credentialing; coordinated with OTPs as required.
- ↳ Peer/team chart reviews; clinical determinations on Level II grievance appeals within policy timeframes.
- ↳ Mortality-review participation and medication-management consultations, including non-formulary approvals.
- ↳ Public health leadership: outbreak support, high-risk case consults, and lab director oversight for pediatric iron testing.

**Result/Impact:** Seamless continuity of Medical Director coverage; in-house MOUD continuation improved timeliness at intake, reduced operational risk and vendor dependency, strengthened ADA/MOUD compliance, and enhanced clinic workflow; standardized, defensible protocols and timely grievance/medication determinations; coordinated operations across Public Health and Detention.

**Relevance to RFP:** Direct one-to-one **alignment with Tasks 1–3**; same team and workflows proposed for seamless continuation under PetraMED.

- ▼ **Continuity & Credentialing Advantage.** Transitioning Medical Director responsibilities to a different physician would require new credentialing with the contracted pharmacy, DEA/site documentation updates, re-issuance of protocol and formulary sign-offs, alignment on grievance-appeal authority and timelines, and orientation to detention/public health workflows. PetraMED’s proposed team already holds these approvals, understands Cochise’s clinic and custody processes (including the in-house MOUD continuation), and maintains established working relationships with Detention Health and Public Health leadership. Awarding to PetraMED preserves institutional knowledge, minimizes ramp-up time, and reduces the risk of delays in medication continuity, grievance determinations, and policy compliance.

#### 4.1.2. Yuma County – Adult & Juvenile Detention

**Client:** Yuma County – Adult Detention & Juvenile Justice

**Setting:** Secure adult and juvenile detention facilities

**Role:** Medical Director oversight and clinical governance (detention health)

**Scope & Activities:**

- ↳ 24/7 physician availability with documented backup coverage.
- ↳ Annual review and Medical Director sign-off of detention clinical policies, nurse protocols, and formulary; redline updates to keep documents evidence-based and defensible.
- ↳ Peer/team chart reviews with written clinical findings and corrective-action recommendations.
- ↳ Medication management consultations, including non-formulary determinations consistent with the approved process and contracted pharmacy requirements.
- ↳ Grievance appeal determinations within policy timelines; mortality-review participation and case-conference input.
- ↳ Coordination with custody and facility leadership to align clinic workflows, intake screening, and medication continuity practices across adult and juvenile settings.

**Results/Outcomes:** Consistent on-time annual sign-offs; standardized protocols across adult and juvenile operations; timely grievance and medication decisions; improved coordination between clinic and custody teams and clearer escalation pathways for higher-risk cases.

**Relevance to this RFP:** Mirrors **Task 2 detention-health governance**, QA cadence, and on-call expectations requested by Cochise; demonstrates PetraMED’s ability to support both adult and juvenile secure environments with the same physician-led model proposed here.

#### ▼ Highlighted Outcome — Cost Containment & STD Screening Optimization

**Challenge:** Rising lab spend tied to broad, non-targeted STD screening practices.

**Action:** Implemented CDC-aligned, risk-based screening; updated standing orders and nurse triage; refined reflex testing/verification.

**Result:** Achieved  $\approx$  **78%** reduction in monthly STI laboratory spending while maintaining clinically appropriate screening coverage.

### 4.1.3. Santa Cruz County – Public Health Services

**Client:** Santa Cruz County

**Setting:** County public health (clinic-based services, vaccination workflows)

**Role:** Public Health Medical Director support and clinical governance

**Scope & Activities:**

- ↳ Developed/redlined and annually reviewed policies, standing orders, and clinical protocols for immunizations and communicable disease workflows.
- ↳ Provided high-risk case consultation and clinical guidance to nursing and program leads.
- ↳ Supported QA activities for vaccination operations (intake/consent, screening, documentation accuracy, cold-chain exceptions).
- ↳ Coordinated with County leadership on outbreak response and public messaging, aligned to CDC/ADHS guidance.
- ↳ Enabled a policy library to centralize versions and acknowledgments.

**Results/Outcomes:** Standardized, defensible public health protocols; improved documentation accuracy and throughput for vaccination clinics; faster policy updates during changing guidance; clearer clinical escalation paths for high-risk cases.

**Relevance to this RFP:** Direct alignment with **Task 1 (Public Health)**—policy and standing-order governance, clinical consultation, QA participation, and rapid response support.

▼ **Highlighted Outcomes**

- ↳ **Vaccination clinic repatriation:** Transitioned a previously outsourced vaccination clinic **back under Public Health control**, establishing governance, standing orders, staffing coverage, inventory/cold-chain controls, and QA checkpoints.
- ↳ **Expansion roadmap:** Developed a phased plan to extend clinic services into **STI and geriatric** care, aligning protocols and staffing to community needs while maintaining defensible throughput.

#### 4.1.4. City of New Orleans – Jail Health Monitoring (Consent Judgment)

**Client:** City of New Orleans

**Setting:** Large urban adult detention; court-supervised improvement plan

**Role:** Independent correctional health monitoring & quality oversight

**Scope & Activities:**

- ↳ Policy/procedure reviews; verification of annual updates and clinical sign-offs.
- ↳ Targeted chart reviews; documentation standards assessments; corrective-action recommendations.
- ↳ Grievance process evaluation (timeliness, escalation, clinical determinations).
- ↳ Mortality-review participation and trend analysis; medication management audits (incl. non-formulary process checks).
- ↳ Formal briefings to city leadership and operator; structured follow-up on remediation items.

**Results/Outcomes:** Established defensible QA methods, standardized tracking for grievance timeliness and clinical sign-offs, and clear corrective-action pathways adopted by the operator—improving accountability and transparency in a high-visibility environment.

**Relevance to this RFP:** Demonstrates PetraMED’s ability to apply rigorous, evidence-based **detention QA and governance**—directly supporting **Task 2 expectations** (policies, chart review, grievances, mortality review) and reinforcing our capacity to communicate clearly with multiple stakeholders.

▼ **Highlighted Outcomes**

- ↳ **Centralized performance portal:** Built a monthly updated, interactive scorecard system aligned to Consent Judgment/NCCHC standards, plus a data-request center to close missing-data gaps.
- ↳ **Cost & clinical impact:** Identified an LTAC pathway improvement with ~\$750K projected savings and supported a **600% expansion** of the MOUD program through close collaboration.
- ↳ **Data-driven governance:** Delivered staffing/utilization analyses and off-site vs. on-site recommendations to avoid unnecessary spend, while maintaining HIPAA compliance and providing clear leadership briefings.

## 5. PRICING (ADDENDUM B)

PetraMED's pricing for RFP 26-07-HEA-01 is provided in Addendum B – Pricing. The cost model includes separate monthly retainer options for Public Health and Detention Health Medical Director services, as well as a discounted bundled rate if both scopes are awarded together. An overage rate is applied for time beyond the included baseline, and optional services (technology platforms and staffing) remain available upon written request via purchase order or contract amendment. Payment terms, invoicing process, and adjustments-to-cost provisions are detailed in **Addendum B – PRICING**.

## 6. ADDENDA

### 6.1. Addendum A – References

### 6.2. Addendum B – Pricing

### 6.3. Addendum C – Supporting Documentation

### 6.4. Addendum D – Proposed Clarifications



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