

From: [Director Shinn](#) on behalf of [Director Shinn <directoroffice@azadc.gov>](#)
To: [undisclosed-recipients:](#)
Bcc: [all_adc_staff@azadc.gov](#)
Subject: A Message from Director Shinn
Date: Friday, May 27, 2022 12:30:13 PM

Dear ADCRR Staff,

I'm very pleased to announce that our Department has selected a new health care provider for our inmate population.

After a six-month competitive evaluation process, NaphCare, was the successful bidder based on their ability to provide comprehensive services in the delivery of correctional health care along with their strong commitment to continuously improving the quality of health care.

The company was founded in 1989 and has provided health care services to the Pima County Sheriff's Office since August 2021. NaphCare currently provides health care services and innovative technology solutions to local, state and federal clients in 32 states.

Once the contract with ADCRR is finalized in the coming weeks, NaphCare will provide physician and nursing services, as well as mental health and psychiatric care, to inmates across our 10 Arizona State Prison Complexes.

In considering the selection of a new healthcare partner, our top priorities included providing the highest-quality care for our inmates, along with providing maximum savings to the Arizona taxpayer. This new partnership will bolster our ability to continue our mission of providing excellent care for the men and women in our custody.

NaphCare will replace Centurion, who helped us navigate the uncharted waters of a national pandemic with a greater than 99 percent COVID-19 recovery rate in our congregate care settings. We will work with Centurion and NaphCare on a seamless transition.

I would also like to take this opportunity to thank you for everything you do each and every day in service to those we care for and in keeping our communities safe.

Yours in Service,
David Shinn
Director

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From: [Monica H. Coury](#) on behalf of [Monica H. Coury <Monica.H.Coury@azcompletehealth.com>](#)
To: [Christina Corieri](#)
Subject: Centene Leadership Updates
Date: Tuesday, September 7, 2021 3:22:47 PM

Just wanted to share this news with you. Brent is fantastic. Really carries the company's mission of transforming the health of the community in his heart.

Centene's Board Of Directors Appoints Sarah London As Vice Chairman; Brent Layton Named President And Chief Operating Officer.

In a [press release](#) (9/7) Centene Corporation announced "two key appointments, further aligning our organization structure and operating model with our strategic priorities and accelerating impact to the business and value creation." Current Centene Health Care Enterprises President and Executive Vice President of Advanced Technology Sarah London "has been appointed Vice Chairman, Centene Board of Directors." She "will continue to report to" Centene CEO Michael Neidorff. In addition, current Centene U.S. Health plans, Products and International and International and Executive Vice President Brent Layton "will become President and Chief Operating Officer of Centene." Layton's enhanced "role better positions the company for accelerated growth and operational expertise." Neidorff said, "Centene's heart and soul is tied to the health and well-being of the communities that we serve, and it is this sense of purpose that has propelled our growth and impact." He added, "I am confident that Sarah and Brent's appointments will further our legacy of providing accessible, high-quality healthcare to our most vulnerable populations while maintaining our leadership position as a great place to work and to create value for our shareholders."

Monica H. Coury

Vice President, Legislative & Government Affairs

"Transforming the health of the community, one person at a time."



**arizona
complete health.**

1870 W. Rio Salado Parkway

Tempe, AZ 85281

Monica.h.coury@AZCompleteHealth.com

Direct

Cell

Ext.



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From: [Charles Coolidge](#) on behalf of [Charles Coolidge <ccoolidge@viemed.com>](#)
To: [Gretchen Conger](#)
Subject: FW: Medicaid reauths
Date: Tuesday, March 15, 2022 4:02:25 PM
Attachments: [image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image008.png](#)
[image009.png](#)
[image010.png](#)
[image011.png](#)

This is our ask for Centene

Charles Coolidge | Chief Strategy Officer



625 E. Kaliste Saloom Rd. | Lafayette, LA 70508

ccoolidge@viemed.com | viemed.com | [LinkedIn](#)

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From: Richard Kovacic, JD, MBA <rkovacic@viemed.com>

Sent: Tuesday, March 15, 2022 5:59 PM

To: Charles Coolidge <ccoolidge@viemed.com>; Andrea Myers <amyers@viemed.com>

Subject: Re: Medicaid reauths

Chuck

I'm copying Andrea since I'm on the run... in case she needs to field any follow-up Qs or elaborate.

As a general rule, Medicaid rates are going to be different than Managed Medicaid rates. (Same for Medicare and Managed Medicare.)

Now that I look at it, LA Healthcare Connections is governed by our Centene national contract, which is \$700 for a vent. Contract pricing can be structured in many different ways, but this one is a flat rate nationally. We agreed on a flat rate to open up all their markets, recognizing that some states were higher and some were lower.

Richard Kovacic, JD, MBA | Chief Development Officer



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From: Charles Coolidge <ccoolidge@viemed.com>

Date: Tuesday, March 15, 2022 at 2:36 PM
To: Richard Kovacik, JD, MBA <rkovacik@viemed.com>
Subject: Re: Medicaid reauths

So here's my question. I see the **LA HEALTHCARE CONNECTIONS MCD** At 700 allowable but the LA Medicaid rate is way higher. What's the deal with that

Remember- this isn't my world

Charles Coolidge | Chief Strategy Officer



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From: Richard Kovacik, JD, MBA <rkovacik@viemed.com>
Sent: Tuesday, March 15, 2022 4:21:19 PM
To: Charles Coolidge <ccoolidge@viemed.com>
Subject: Re: Medicaid reauths

What would be interesting to see is a 3-D scatterplot with count in x axis (lowest to highest), average # of days in y axis (highest to lowest), and allowable in z axis (highest to lowest). Or just go get 'em starting with those with the lowest allowable that also meet the other criteria in high order of magnitude, the perfect example being LA Healthcare Connections MCD.

I'm about to send out an auth / reauth policy analysis to the group (unrelated to rates).

Richard Kovacik, JD, MBA | Chief Development Officer



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From: Charles Coolidge <ccoolidge@viemed.com>
Date: Tuesday, March 15, 2022 at 1:45 PM
To: Richard Kovacik, JD, MBA <rkovacik@viemed.com>
Subject: RE: Medicaid reauths

Howdy,

What's your take on the data below? Basically, I am looking for the garbage Medicaid rates in each state to see if we can go and push to have them revised.

Thoughts?

From: Todd Zehnder <tzehnder@viemed.com>

Sent: Thursday, March 10, 2022 8:20 AM

To: Melissa Weber <mweber@viemed.com>; Richard Kovacic, JD, MBA <rkovacic@viemed.com>

Cc: Virginia Guidry <VGuidry@viemed.com>; Ronnie Miller <rpmiller@viemed.com>; Ashley Melancon <amelancon@viemed.com>; Charles Coolidge <ccoolidge@viemed.com>; Monique Gautreaux <mgautreaux@viemed.com>; Andrea Myers <amyers@viemed.com>

Subject: RE: Medicaid reauths

OK, I think we have all the data and documents that we need at this time. Let's do the following:

First, let's rank the list of 18 that Ashley sent out with allowables by the number of customers we have, I want to do this for all of the 18, but let's start with the largest.

Lowest Date Spans with min of 5 Active Vent Patients			
Row Labels	Count of customerid	Average of # of Days	Allowable
AMBETTER SUPERIOR TEXAS	5	68	\$700.00
UHC COMMUNITY TEXAS	8	79	\$1,007.00
UNISYS MEDICAID	15	81	\$1,561.02
MAGNOLIA HEALTH PLAN MCR	16	82	\$700.00
AHCCCS	6	90	\$1,416.00
CIGNA-CIGNA01	16	90	\$648.00
AMBETTER PEACH STATE HEALTH PLAN	7	90	\$700.00
AMERIGROUP TENNCARE MCD	7	93	\$913.00
BCBS OF ARIZONA	10	94	\$714.00
UNISYS UB WV MEDICAID	6	95	\$889.00
AMBETTER OF ARKANSAS	13	104	\$700.00
AMERIHEALTH CARITAS LOUISIANA	33	105	\$681.00
LA HEALTHCARE CONNECTIONS MCD	83	106	\$700.00
WELLMED NETWORK	44	115	\$993.00
BCBS OF ARKANSAS	18	115	\$1,395.00
BCBS OF TENNESSEE	7	127	\$1,099.00
HEALTHY BLUE	52	127	\$1,074.00
MAGNOLIA HEALTH PLAN MCD	31	141	\$754.00

Next, we need to make sure we know what is needed for each of these plans in order to obtain a reauth. It seems hard to believe that we would need face to face every 90 days. **Ashley**, need someone from your team to denote by plan what is required. I think adding to this spreadsheet would be good (i.e. column for download needed, column for F2F, etc)

Richard, I would like your group to analyze the policies to see if there are distinct items needed in order to received a reauth. My thought here is that if we are getting denied for something that is unreasonable (F2F too often) and it is not in the policy, then we have something to fight for.

We regroup after that exercise, and either go back to these plans through Net Dev or have Chuck try to get legislative if needed.

Questions? Let's keep this going with some momentum. I feel that while the numbers of each individual plan are not huge, these patients will be on our reauth grid pretty much all the time with the frequency.

Todd Zehnder | Chief Operating Officer



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From: Melissa Weber <mweber@viemed.com>

Sent: Thursday, March 10, 2022 7:58 AM

To: Richard Kovacik, JD, MBA <rkovacik@viemed.com>

Cc: Virginia Guidry <VGuidry@viemed.com>; Todd Zehnder <tzehnder@viemed.com>; Ronnie Miller <rpmliller@viemed.com>; Ashley Melancon <amelancon@viemed.com>; Charles Coolidge <ccoolidge@viemed.com>; Monique Gautreaux <mgautreaux@viemed.com>; Andrea Myers <amyers@viemed.com>

Subject: FW: Medicaid reauths

Good morning!

Please see below research from Virginia regarding the plans that were in question.

Melissa Weber | Collection Manager



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mweber@viemed.com | viemed.com | [LinkedIn](#)

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From: Virginia Guidry <VGuidry@viemed.com>

Sent: Thursday, March 3, 2022 12:43 PM

To: Melissa Weber <mweber@viemed.com>

Subject: RE: Medicaid reauths

See attached for what I have on Cigna Commercial, Healthy Blue, Amerigroup TennCare, WV Medicaid, BCBS of Arkansas & BCBS of TN. All attached policies should be the most up to date.

Plans listed that are on the Centene Contract and follow their rules:

- Magnolia Health - Both
- LA Healthcare Connections
- Ambetter Peach State
- Ambetter Superior Texas
- Ambetter Arkansas

Virginia Guidry | Collections Supervisor



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VGuidry@viemed.com | www.viemed.com

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From: Richard Kovacik, JD, MBA <rkovacik@viemed.com>

Sent: Wednesday, March 2, 2022 5:31 PM

To: Todd Zehnder <tzehnder@viemed.com>; Ronnie Miller <rpmliller@viemed.com>; Ashley Melancon <amelancon@viemed.com>; Charles Coolidge <ccoolidge@viemed.com>; Melissa Weber <mweber@viemed.com>; Monique Gautreaux <mgautreaux@viemed.com>; Andrea Myers <amyers@viemed.com>

Subject: Re: Medicaid reauths

Team,

Here is our update on this project and, per our conversation with Ronnie earlier, a Request for Monique and Melissa...

Of the 18 plans identified, Network Development has medical policies for 4. Of those 4, 3 have 90 day auth language. One has 90 day auth language for bipaps.

Monique and Melissa: do your departments have and can you forward to us any of the other policies for our review? The 14 we need are indicated in the right hand column as either unavailable or not researched (by our independent contractor as part of the medical policy review project).

Please let me know so that we can take the next steps with this project. Thanks.

Richard Kovacik, JD, MBA | Chief Development Officer



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From: Todd Zehnder <tzehnder@viemed.com>

Date: Friday, February 25, 2022 at 8:06 AM

To: Richard Kovacik, JD, MBA <rkovacik@viemed.com>, Ronnie Miller <rpmiller@viemed.com>, Ashley Melancon <amelancon@viemed.com>, Charles Coolidge <ccoolidge@viemed.com>

Subject: RE: Medicaid reauths

Yes

Todd Zehnder | Chief Operating Officer



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tzehnder@viemed.com | viemed.com | [LinkedIn](#)

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From: Richard Kovacik, JD, MBA <rkovacik@viemed.com>

Sent: Thursday, February 24, 2022 2:50 PM

To: Ronnie Miller <rpmiller@viemed.com>; Todd Zehnder <tzehnder@viemed.com>; Ashley Melancon <amelancon@viemed.com>; Charles Coolidge <ccoolidge@viemed.com>

Subject: Re: Medicaid reauths

Are these the payers the contracts / ancillary docs / policies of which we need to review for 90 day auth language?

Get [Outlook for iOS](#)

Richard Kovacik, JD, MBA | Chief Development Officer



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From: Ronnie Miller <rpmiller@viemed.com>

Sent: Thursday, February 24, 2022 10:43:21 AM

To: Todd Zehnder <tzehnder@viemed.com>; Ashley Melancon <amelancon@viemed.com>; Richard Kovacik, JD, MBA <rkovacik@viemed.com>; Charles Coolidge <ccoolidge@viemed.com>

Subject: RE: Medicaid reauths

I have added 2 tabs to yesterday's report:

- Summary without dups
- Details without duplicates

I removed all duplicate customer ID's from the first 2 tabs. The total active vent patients total 3105

The following is the lowest average date span for auths with a min of 5 active vent patients (18 total payers):

Lowest Date Spans with min of 5 Active Vent Patients		
Row Labels	Count of customerid	Average of # of Days
AMBETTER SUPERIOR TEXAS	5	68
UHC COMMUNITY TEXAS	8	79
UNISYS MEDICAID	15	81
MAGNOLIA HEALTH PLAN MCR	16	82
AHCCCS	6	90
CIGNA-CIGNA01	16	90
AMBETTER PEACH STATE HEALTH PLAN	7	90
AMERIGROUP TENNCARE MCD	7	93
BCBS OF ARIZONA	10	94
UNISYS UB WV MEDICAID	6	95
AMBETTER OF ARKANSAS	13	104
AMERIHEALTH CARITAS LOUISIANA	33	105
LA HEALTHCARE CONNECTIONS MCD	83	106
WELLMED NETWORK	44	115
BCBS OF ARKANSAS	18	115
BCBS OF TENNESSEE	7	127
HEALTHY BLUE	52	127
MAGNOLIA HEALTH PLAN MCD	31	141

Ronnie Miller | Chief Revenue Officer



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From: Todd Zehnder <tzehnder@viemed.com>
Sent: Thursday, February 24, 2022 10:10 AM
To: Ronnie Miller <rpmiller@viemed.com>; Ashley Melancon <amelancon@viemed.com>; Richard Kovacik, JD, MBA <rkovacik@viemed.com>; Charles Coolidge <ccoolidge@viemed.com>
Subject: Medicaid reauths

I have discussed this with all of you, but to confirm the things I want to do on this frequency of the Medicaid reauths.....

Confirm that traditional LA Medicaid has a auth period of 12 months (might need to check other states as well as we work through the list) - Ashley
Identify the top 20 payors that have the 90 day auths and the number of patients that we have on service – Ronnie
Confirm that the policy or whatever governs these managed medicaid have the 90 terms in writing – Richard
Gameplan whether we attack at the individual plan level or if we go legislative to get this to a 12 month reauth – Chuck/whole team

One other thing that we need to brainstorm on is whether we could push to say if you need frequent reauth, how about just compliance reports vs making patients get new notes/scripts so often? Ashley, maybe you can confirm and put on

each of the top 20 what they require to get the reauth.

Lets get working on this one, if we are successful, it would tremendously lessen the burden of reauths as well as put money to the bottom line when we decrease holds.

Todd Zehnder | Chief Operating Officer



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From: [Larry Gann](#) on behalf of [Larry Gann <lgann@azadc.gov>](mailto:lgann@azadc.gov)
To: [Anni Foster](#); [Sarah Rose Webber](#)
Cc: [Joseph Profiri](#)
Subject: Fwd: Business Review slides - June 2022
Date: Friday, July 22, 2022 4:11:38 PM
Attachments: [Tier IV AMS updates June 2022 FINAL.pdf](#)

Good Afternoon,

Please find the updated monthly compliance data. We are keeping a close eye on staffing and access to care measures related to our patient population. We are following up on any reported delays immediately. Both Centurion and NaphCare continue to have open dialog and positive collaboration toward a smooth transition process. ADCRR leadership is engaged and tracking milestones and contractual obligations with both vendor's as they proceed along their respective paths.

Contracted Medical Services Transitional Updates for this past week.

Staffing:

NaphCare has currently hired over 46% of current Centurion staff.

Recruitment Activities are ongoing. Upper leadership of the CEO and AVPO have been selected.

Recruitment Statistics and Position Control Number Tracking has been formulated for compliance with the new contract.

Status: Bonus Program Funding – Remainder \$15 mil / Messaging is ready for release. Contract is being amended today.

Medical Records / Electronic Medical Record (EMR) Implementation

Status: eOMIS Read Only Access – Progress is moving forward. Next Tuesday will outline specific formatting requirements.

Status: Data Migration from eOMIS to TechCare (POC) - Progress is moving forward. Next Tuesday will outline specific formatting requirements.

Status: Data Integration (e.g., Diamond, ACIS, AHCCCS) All subcontractors are securing integration feeds. Many of these have already been validated.

JPAY Interfaces: Grievances and HNRs - Portal is in development and future data will reside in TechCare. Current information is in a proprietary format.

EMR TechCare Scope of Practice, clinical builds and reporting are underway.

Private Prisons – Next Steps (e.g., Communications, Tours, etc.)

Tours are being scheduled early August to assist NaphCare with hardware and logistical information for the installation of TechCare

HealthCare Service Delivery

Subcontractors have been identified and contractual information is being collected.

Offsite Contracts / Provider Network Agreements - Evidence of Commitment is being collected.

Transition Leaders – Begin onsite August 19th. Weekly site visits are currently ongoing throughout the State.

Centurion Follow Up: Appointment lists of scheduled offsite and onsite appointments shall be shared and updated weekly starting August 1.

Thank you, Larry

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From: [David Shinn](#) on behalf of [David Shinn <dshinn@azadc.gov>](#)
To: [Anni Foster](#); [Sarah Rose Webber](#)
Cc: [Frank Strada](#); [Joseph Profiri](#)
Subject: Fwd: Centurion Reconsideration Request Letter
Date: Friday, March 18, 2022 3:07:13 PM
Attachments: [Centurion Reconsideration Request - 03.18.2022.pdf](#)
[image001.png](#)

FYSA - continued progress as previously discussed.

----- Forwarded message -----

From: **Currie, Adonica** <acurrie@teamcenturion.com>
Date: Fri, Mar 18, 2022 at 1:59 PM
Subject: Centurion Reconsideration Request Letter
To: dpickering@azadc.gov <dpickering@azadc.gov>
Cc: dshinn@azadc.gov <dshinn@azadc.gov>, Lueking, Keith <klueking@teamcenturion.com>

Good Afternoon Ms. Pickering,

On behalf of Mr. Keith Lueking, please find the attached letter. A hard copy of the document will be placed in the mail today.

Kindest Regards,

Adonica

Adonica Currie

Executive Assistant



1593 Spring Hill Road #600

Vienna, VA 22182

Phone:

Mobile

Fax:

acurrie@teamcenturion.com | CenturionManagedCare.com

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From: [Jonathan Dinesman](#) on behalf of [Jonathan Dinesman <JDINESMAN@CENTENE.COM>](#)
To: [Anni Foster](#)
Subject: Letters continue
Date: Tuesday, January 18, 2022 3:37:11 PM

Three more letters received today totaling another 90K. I cannot remember ever receiving a sanction from any other agency (in AZ or elsewhere) without them calling us in to sit and discuss.

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From: [Lucy Lonberger](#) on behalf of [Lucy Lonberger <lucylonberger@hotmail.com>](#)
To: dougducey@az.gov
Subject: Need your help
Date: Monday, September 27, 2021 5:01:05 PM

Governor Ducey,

I'm urging you to please help. My employer, Centene has recently announced a mandatory vaccination for COVID 19 or we will face termination from employment. As a senior manager in the company, I know that only 49% of those employees have complied meaning that there are 350 employees here in AZ that will be terminated within the next few months.

I'm the only breadwinner in my family and will face homelessness. Please call a special session to address this mandate ASAP!!

Arizonans are counting on you

-Lucy Lonberger, MPA

From: [Monica H. Coury](#) on behalf of [Monica H. Coury <Monica.H.Coury@azcompletehealth.com>](#)
To: [Christina Corieri](#)
Subject: PLEASE READ FW: Save Solari's Crisis Line
Date: Thursday, January 27, 2022 12:22:54 PM
Attachments: [image002.png](#)
Importance: High

Christina,

I cannot believe I have to bother you with something like this. Below is a political campaign that Solari (the crisis operator for Central and Northern AZ) has sent to stakeholders across the state in an effort to directly influence the Request for Information that the new RBHAs have to engage in to hire a new statewide crisis vendor. Obviously, Justin Chase, Solari's CEO, lacks the confidence to compete in a normal, fair process, so he felt it was necessary to influence the process.

So you have context, as you may recall, the new RBHA contracts require all three RBHAs to work together to bring on one statewide crisis vendor. In the South, we use Envolve People Care and, frankly, the Southern crisis system has been the model. We have been asked to present nationally on how well our crisis system works and we are the only plan that had embedded crisis operators in the 911 dispatch center with Tucson PD. Setting that aside, we were 100% committed to engaging in a fair and transparent process with Mercy Care and AHCCCS. Soon after the awards, Arizona Complete Health-Complete Care Plan (AzCH-CCP) and Care1st met with Mercy Care to work together to establish an RFI process that follows a fair evaluation, protects against any undue political pressure, and ensures we contract with the crisis call line vendor that would provide the best value for the AHCCCS program and the citizens of Arizona. Mercy Care agreed, of course, and since then we have been working collaboratively with Mercy Care and AHCCCS to establish such process. To further ensure the integrity of the process, AzCH-CCP and Care1st agreed that we would not have greater representation combined on the evaluation committee than Mercy Care.

Additionally, James Stover, the CEO for AzCH-CCP, had a personal conversation with Justin Chase detailing this planned course of action and personally committed to him that there is no pressure to choose Envolve People Care. Through our good faith efforts to establish a fair crisis line RFI, we have maintained the integrity of this commitment. James, in turn, also asked that Justin honor the same commitment and not try to use outside pressure to influence this process. Justin agreed this was a fair process and the right approach. He too committed that he would not engage in influencing the process. To make matters worse, Justin also uses this as a fundraising opportunity because if you click on the blank box (for some reason the photo doesn't show on my end), it takes you straight to their **donate now** page on their website.

Receiving this email today, I'm just shocked and beyond disappointed that Justin is not honoring the commitment as we have. I will be reaching out to Justin, as will James, to express my concern about this email and his approach, but want you to be aware of the issue because obviously, it needs to be clear to everyone that this is not how Arizona approaches things.

Please feel free to contact me if you want to discuss further.

Best,

Monica

Monica H. Coury

Vice President, Legislative & Government Affairs

Pronouns: She | Her | Hers



Monica.H.Coury@azcompletehealth.com | www.azcompletehealth.com

“Transforming the health of the community, one person at a time.”



Friends of Solari,

We need your help. For the first time in history, Arizona will select a single, statewide crisis line vendor as the country prepares for 9-8-8 to become the National Suicide Prevention Lifeline number.

Solari Crisis & Human Services should be that vendor, but we are up against a process that will place a Connecticut-based, for-profit corporation in a position to move Solari out of Arizona's crisis system in an effort to increase their bottom line.

Arizona Complete Health and Care1st Health Plans are owned by the Centene Corporation. A large for-profit company, which currently provides crisis line services in the southern region of Arizona under the name Envolve People Care (formerly Nursewise). Centene is angling for their own product to become the statewide crisis line, which means paying themselves to provide crisis services. **This is a move that clearly puts profits before the needs of Arizonans and is not in the best interest of our community.**

Centene has a long history of putting profits before quality services as evidenced by their \$1B fund to payout 22 states that have made claims of wrongdoing against the company. Centene's number one goal is to increase profits by a third by 2024 ([Schladen, 2021](#)).

In contrast, Solari is an Arizona-based, non-profit organization that has provided high-quality crisis line services to our home state for more than 14 years. **We need your support to advocate that Solari continue providing crisis line services in Arizona as we have since 2007.**

Solari is a neutral third party with no financial incentives or conflict of interest in providing statewide crisis line services. The move towards a statewide crisis line in preparation for 988 is an exciting time for Arizona. **Every Arizonan deserves consistent access to mental health crisis services. The statewide crisis line vendor should be a neutral third party that provides equitable care to all Arizonans free from the pursuit of profit.**

Please take action now to protect all Arizonans in need of crisis line services.

1. Request that AHCCCS prohibit a health plan from contracting with its own subsidiary to provide crisis services to Arizonans. Contact the [Office of Individual and Family Affairs](#) and/or the [Public Information Officer](#).

2. Attend one of the listening sessions and/or complete [the survey](#) and voice your concerns about the statewide crisis line vendor selection process. There are four sessions available, click the session below to register.

1. [Thursday, January 27 at 7 PM](#)
2. [Tuesday, February 1 at 4 PM](#)
3. [Spanish Session Tuesday, February 1 at 7 PM](#)
4. [Wednesday, February 2 at 1 PM](#)

3. Contact your [representatives](#) and request Solari be selected as the statewide crisis line vendor.

If you'd like additional information about advocating for Solari as the statewide crisis line vendor, please contact Beth Brady at Beth.Brady@solari-inc.org

Learn more about Solari's impact by clicking the video below.



Solari, Inc., 1275 W. Washington Street, Suite 210, Tempe, AZ 85281, (602) 427-4600

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From: [Sarah Rose Webber](#) on behalf of [Sarah Rose Webber <swebber@az.gov>](#)
To: [Larry Gann](#)
Cc: [Anni Foster](#); [Joseph Profiri](#)
Subject: Re: Business Review slides - June 2022
Date: Monday, July 25, 2022 4:02:48 PM

Thank you for this update Larry.

On Fri, Jul 22, 2022 at 4:11 PM Larry Gann <lgann@azadc.gov> wrote:

Good Afternoon,

Please find the updated monthly compliance data. We are keeping a close eye on staffing and access to care measures related to our patient population. We are following up on any reported delays immediately. Both Centurion and NaphCare continue to have open dialog and positive collaboration toward a smooth transition process. ADCRR leadership is engaged and tracking milestones and contractual obligations with both vendor's as they proceed along their respective paths.

Contracted Medical Services Transitional Updates for this past week.

Staffing:

NaphCare has currently hired over 46% of current Centurion staff.

Recruitment Activities are ongoing. Upper leadership of the CEO and AVPO have been selected.

Recruitment Statistics and Position Control Number Tracking has been formulated for compliance with the new contract.

Status: Bonus Program Funding – Remainder \$15 mil / Messaging is ready for release. Contract is being amended today.

Medical Records / Electronic Medical Record (EMR) Implementation

Status: eOMIS Read Only Access – Progress is moving forward. Next Tuesday will outline specific formatting requirements.

Status: Data Migration from eOMIS to TechCare (POC) - Progress is moving forward. Next Tuesday will outline specific formatting requirements.

Status: Data Integration (e.g., Diamond, ACIS, AHCCCS) All subcontractors are securing integration feeds. Many of these have already been validated.

JPAY Interfaces: Grievances and HNRs - Portal is in development and future data will reside in TechCare. Current information is in a proprietary format.

EMR TechCare Scope of Practice, clinical builds and reporting are underway.

Private Prisons – Next Steps (e.g., Communications, Tours, etc.)

Tours are being scheduled early August to assist NaphCare with hardware and logistical information for the installation of TechCare

HealthCare Service Delivery

Subcontractors have been identified and contractual information is being collected.

Offsite Contracts / Provider Network Agreements - Evidence of Commitment is being collected.

Transition Leaders – Begin onsite August 19th. Weekly site visits are currently ongoing throughout the State.

Centurion Follow Up: Appointment lists of scheduled offsite and onsite appointments shall be shared and updated weekly starting August 1.

Thank you, Larry

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From: [Christina Corieri](#) on behalf of [Christina Corieri <ccorieri@az.gov>](#)
To: [Monica H. Coury](#)
Subject: Re: Centene Leadership Updates
Date: Tuesday, September 7, 2021 4:15:42 PM
Attachments: [image001.png](#)

Thanks for the update!

On Tue, Sep 7, 2021 at 3:22 PM Monica H. Coury
<Monica.H.Coury@azcompletehealth.com> wrote:

Just wanted to share this news with you. Brent is fantastic. Really carries the company's mission of transforming the health of the community in his heart.

Centene's Board Of Directors Appoints Sarah London As Vice Chairman; Brent Layton Named President And Chief Operating Officer.

In a [press release](#) (9/7) Centene Corporation announced "two key appointments, further aligning our organization structure and operating model with our strategic priorities and accelerating impact to the business and value creation." Current Centene Health Care Enterprises President and Executive Vice President of Advanced Technology Sarah London "has been appointed Vice Chairman, Centene Board of Directors." She "will continue to report to" Centene CEO Michael Neidorff. In addition, current Centene U.S. Health plans, Products and International and International and Executive Vice President Brent Layton "will become President and Chief Operating Officer of Centene." Layton's enhanced "role better positions the company for accelerated growth and operational expertise." Neidorff said, "Centene's heart and soul is tied to the health and well-being of the communities that we serve, and it is this sense of purpose that has propelled our growth and impact." He added, "I am confident that Sarah and Brent's appointments will further our legacy of providing accessible, high-quality healthcare to our most vulnerable populations while maintaining our leadership position as a great place to work and to create value for our shareholders."

Monica H. Coury

Vice President, Legislative & Government Affairs

"Transforming the health of the community, one person at a time."



1870 W. Rio Salado Parkway

Tempe, AZ 85281

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Direct

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Ext.



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--

Christina Corieri

Senior Policy Advisor

Office of the Arizona Governor

[1700 W. Washington Street](https://www.azgovernor.gov/1700-Washington-Street)

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From: [Jonathan Dinesman](#) on behalf of [Jonathan Dinesman <JDINESMAN@CENTENE.COM>](#)
To: [Anni Foster](#)
Subject: Re: Letters continue
Date: Tuesday, January 18, 2022 4:19:09 PM

Just received a fourth letter today. This one for 120k and a total of \$210k today alone.

Get [Outlook for iOS](#)

From: Jonathan Dinesman
Sent: Tuesday, January 18, 2022 5:37:06 PM
To: Anni Foster <afoster@az.gov>
Subject: Letters continue

Three more letters received today totaling another 90K. I cannot remember ever receiving a sanction from any other agency (in AZ or elsewhere) without them calling us in to sit and discuss.

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From: [Matt Gress](#) on behalf of [Matt Gress <mgress@az.gov>](#)
To: [Fletcher Montzingo](#)
Cc: [Ryan Sullivan](#); [Melissa Taylor](#); [Michael Hunter](#); [Art Harding](#); [Liam Maher](#); [Austin Fairbanks](#); [Richard Stavneak](#); [Stefan Shepherd](#); [Katie Ratlief](#); [Darbi Gottlieb](#); [Kate Howard](#)
Subject: Re: Senate - 11 Bills to Remove from MB List
Date: Wednesday, April 6, 2022 10:25:14 AM

Hi Fletcher--

Please see the Executive's responses below. We are working on your separate email and hope to have you something later today.

-Matt

On Tue, Apr 5, 2022 at 2:06 PM Fletcher Montzingo <FMontzingo@azleg.gov> wrote:

All –

The Senate would like to request that the following bills be removed from the MB list

1. 1008 elections; recount margin – While [current law](#) requires recounts for state officers, initiatives, or referendums to be funded by the state, there has been no evidence provided to date that this bill will increase the state's cost. Any estimates are highly speculative and dependent on factors that are difficult, if impossible, to estimate. **The Executive concurs with removing this bill from the MB list.**
2. SB 1012 registration database; federal voters; report – This is identical language to the provision in SB 1819 last year. The budget last year did not provide for any increases to the SOS or AG's office to implement, as the database and staffing already exist. The compilation of a report by the County Recorders impose minimal administrative burden on the counties. Absent any further information on costs, we would request this be removed from the MB list. **The Executive concurs with removing this bill from the MB list.**
3. SB 1040 purple heart; hunting; licenses– Game and Fish has estimated that the immediate revenue impact of this bill from licensees who are Purple Heart recipients is \$24,339. While the bill does allow the agency to make additional reductions for veterans with service connected disabilities, it does not require them to do so and any such estimate is highly speculative. According to both JLBC's and OSPB's publications, the Game and Fish Fund has a significant cash balance and sufficient revenues to safely absorb such a loss (this bill was also worked out with them). **The Executive concurs with removing this bill from the MB list.**

4. SB 1065 private postsecondary education board; fees – This raises caps on the certain fees charged by the Private Postsecondary Education Board. While it will likely have a positive fiscal impact, we have already removed a few similar agency bills that allow for fee raising authority (e.g. 2406, 2126). So it would be consistent with our practice this year of moving through fee changes for 90/10s or other fee oriented agencies whose revenues do not have a significant or material impact on the General Fund. The bill does not contain any increase in expenditure authority, which would have to be negotiated in the budget. **The Executive concurs with removing this bill from the MB list.**

5. 1201 S/E prisoners; medical records; family access – Nothing in this bill requires Corrections to provide the medical care recommended by a third party. In fact, it states that ADC's contractor can determine if the recommended care is medically necessary. Furthermore, it allows ADC to charge a fee to cover costs of providing this information. Any direct costs seem highly speculative. Absent any further information on costs, we would request this be removed from the MB list. **The Executive does not concur with removing this bill from the MB list. Nothing in our analysis cites costs of providing additional healthcare as the fiscal impact. The costs are associated with receiving, reviewing, and determining next steps for all of the private medical recommendations. The Executive does not believe that ADCRR could reasonably pass the \$570,000 in projected costs to inmates' families through a fee as you imply.**

For quick reference, here is the fiscal impact ADCRR provided:

**Medical Records Clerks and the Medical Records Supervisor are all currently Centurion staff. ADCRR believes to implement this bill they would need one additional FTE at each prison and one supervisor to administer the program. The costs for that are below: Based on what Centurion currently pays their medical records staff. This would be the rough est. of the cost. 10 Medical Records Techs \$40,142.20 x 25% benefits = \$50,176.50 x 10 employees = \$501,765.00 1 Medical Records Supervisor \$55,948.80 x 25% benefits = \$69,936.00 x 1 employee = \$69,936.00
Total cost: \$571,701**

6. 1259 recounts; requests; procedures; audits – Absent any further information on costs, we would request this be removed. **The Executive does not concur with removing this bill from the MB list. The legislation provides broad grants of authority to conduct numerous recounts, many of which could at significant state expense with an unlimited fiscal impact.**

7. 1262 credit support programs; lending; report– The action of compiling information relating to state agency lending programs does not seem administratively burdensome given that there are limited examples of state lending programs (e.g. WIFA and the AFA). Absent any further information on costs, we would request this be removed. **The workload for the current Outstanding Indebtedness report requires staff in the business division of ADOA to engage with public entities about their debt, follow up with these entities to receive the required information, and draft and publish the report.**

SB1262 would increase the division's workload, by requiring staff to reach out to public entities that offer credit enhancement and loan programs for information, as well as calculating likelihood to default.

The agency estimates this would require one (1) additional FTE in the business division to comply with the reporting provisions in the bill - Assume about \$100,000 for PS/ERE.

ADOA estimates a one-time \$7,500 cost to set up a database to include the additional reporting requirements.

8. 1268 PSPRS; deferred retirement option plan – PSPRS actuaries have previously determined that the proposal as outlined in this bill is cost neutral. While JLBC acknowledges that there could be costs to the system, they note these are highly speculative, indeterminate, and likely insignificant. Absent any further information, we would request this be removed from the MB list. **The Executive does not concur with removing this bill from the MB list. It is our understanding that SB1268 is not anticipated by proponents to have a significant cost impact, but we have not seen any accompanying long term actuarial forecasting and risk assessment to allow us to determine whether the proposed DROP extension would exceed the financial risk tolerance the Executive feels is appropriate to maintain with PSPRS, given the many years of successful, bipartisan reforms that have dramatically improved the financial trajectory of the system. We explained the apparent risk in our packet provided previously.**

The March 2022 JLBC fiscal note on SB1268 you reference also suggests such concerns are warranted:

"...[SB1268] is not expected to have a significant impact on the PSPRS actuarial funded status, based on current PSPRS actuarial valuation practices and assumptions. The bill could impact employer payroll costs depending on how it changes employee behavior, but that impact cannot be determined."
(emphasis added)

The Executive believes it would be prudent to better understand the true range of potential outcomes under SB1268 if enacted, which would require additional actuarial forecasting. Further, while typical actuarial valuation analysis is based on the system's current set of actuarial and demographic assumptions, analysis of any potential benefit enhancement along the lines contemplated in SB1268 should include robust risk assessment to evaluate a range of potential futures depending on market performance (which implicates the guaranteed rate of return in DROP), shifting hiring/attrition patterns and more. Accordingly, the Executive requests the following factors to be analyzed for SB1268 in order to better assess its long term impacts:

- Sensitivity analysis on retirement rates due to the effects of bill passage.
- 30-year forecast of unfunded liabilities with and without SB1268, assuming long term investment performance matching the 7.3% discount rate, as well as a fixed 6% rate of return. a fixed 5% rate of return to test

sensitivity around discount rates

- **30-year aggregate employer contribution rates costs to the State, assuming long term investment performance matching the 7.3% discount rate, as well as a fixed 6% rate of return. a fixed 5% rate of return to test sensitivity around discount rates**

9. 1319 S/E vision screening program – this doesn't materially change current practice. It is unclear why this would have a direct fiscal impact. JLBC acknowledges this uncertainty in their fiscal impact and that any impact would be highly speculative. **The Executive concurs with removing this bill from the MB list.**
10. 1407 state capitol areas; jurisdiction; maintenance – you have previously expressed concerns and are waiting to hear back from Director Tobin. Have you heard back? **The Executive does not concur with removing this bill from the MB list. Nola has met with Mike Braun initially. Director Tobin would also like to meet with Mike and they are working to facilitate scheduling.**
11. 1444 state hospital; administration; oversight – I believe there are pending discussions that may address concerns but I am keeping this item on this list. **The Executive does not concur with removing this bill from the MB list. We understand that Christina is working with relevant officials on amendments.**

Please let me know if there are any question or if any clarifications are needed.

Thanks,

Fletcher Montzingo

Director of Fiscal Policy

Senate Majority Staff, Arizona State Senate

--

Matthew Gress

Director

Arizona Governor's Office of Strategic Planning and Budgeting

1700 W. Washington Street
Phoenix, AZ 85007