



To efficiently correspond with the HRSA FOIA Office during the COVID-19 public health emergency, we request that you communicate with us by email at FOIA@hrsa.gov or by telephone at (301) 443-2865.

If you do not have access to email or choose not to use it, you can continue to send correspondence to the FOIA Office mailing address provided in this letter. However, this correspondence may remain unopened until normal agency operations have resumed.

August 27, 2020

Sent via Email

Austin R. Evers
American Oversight
1030 15th Street, NW, Suite B255
Washington, DC 20005
foia@americanoversight.org

Re: Health Resources and Services Administration (HRSA) Freedom of Information Act (FOIA)
Request Case Number 20F298 and 20F299

Dear Mr. Evers:

This is the final response to your FOIA request dated July 24, 2020. In summary, you requested email communications between Administrator Thomas J. Engels, Deputy Administrator Brian LeClair, Deputy Administrator Diana Espinosa, and United Healthcare Services, Inc. and Council for Economic Advisors Economist Stephen Parente.

A records search was conducted in HRSA's Office of Information Technology and Office of Acquisitions Management and Policy, and 295 pages were located. Of those, 99 pages are being released in their entirety. I have determined to withhold portions of 196 pages under FOIA Exemptions 4, 5, and 6, 5 U.S.C. § 552(b)(4), (b)(5), and (b)(6).

Exemption 4 permits the withholding of commercial or financial information that was obtained from a person outside the government and that is privileged or confidential. The withholding of such information is permitted if disclosure is likely to cause substantial competitive harm to the person who submitted the information.

Exemption 5 protects privileged communications within or between agencies, including those protected by the following privileges: deliberative process privilege, which is to prevent injury to the quality of agency decisions; attorney-client privilege, which are confidential communications between an attorney and his/her client relating to a legal matter; and attorney work-product privilege, which protects documents and other memoranda prepared by an attorney in contemplation of litigation.

Exemption 6 protects information about individuals in “personnel and medical files and similar files” when the disclosure of such information would constitute a clearly unwarranted invasion of privacy. The withheld information in this instance includes personal cell phone numbers and conference call passwords.

HHS policy calls for the fullest responsible disclosure consistent with the requirements of administrative necessity and confidentiality as recognized by the FOIA, 5 U.S.C. § 552 and HHS’ FOIA regulations at 45 CFR Part 5.

If you believe that the information withheld should not be exempt from disclosure or that this response constitutes an adverse determination, you may appeal. By filing an appeal, you preserve your rights under FOIA and give the agency a chance to review and reconsider your request and the agency’s decision.

Your appeal must be mailed within 90 days from the date of receipt of this letter to:

Kim Hutchinson
Deputy Agency Chief FOIA Officer
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Public Affairs
Room 729H
200 Independence Avenue, SW
Washington, DC 20201
Email: FOIARequest@hhs.gov

Please clearly mark both the envelope and your letter “HRSA Freedom of Information Act Appeal.”

If you would like to discuss our response before filing an appeal to attempt to resolve your dispute without going through the appeals process, you may contact HRSA’s FOIA Public Liaison for assistance:

Denise F. Wallace
HRSA FOIA Public Liaison
U.S. Department of Health and Human Services
Health Resources and Services Administration
Freedom of Information Act Office
5600 Fishers Lane, 13N114
Rockville, MD 20857
Telephone: 301-443-2865
Email: foia@hrsa.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the federal FOIA Ombudsman’s office, offers mediation services to help resolve disputes between FOIA requesters and federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Road–OGIS
College Park, MD 20740-6001
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
Fax: 202-741-5769
Email: ogis@nara.gov

There will be no charges in this instance because the billable costs are less than our threshold of \$25.

If you have any questions, please do not hesitate to contact my office at 301-443-2865 or FOIA@hrsa.gov.

Sincerely,

D.F. Wallace

For Carol Maloney
Freedom of Information Officer

Enclosure

From: [Beck, Christine M](#)
To: [Bowers, Tonya \(HRSA\)](#); [Baker, Michael](#); [Benskin, Christy](#); [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Taylor, Jessamy \(HRSA\)](#); [O'Neill, Regis J](#); [Espinosa, Diana \(HRSA\)](#); [Cates, Bridget R](#)
Subject: RE: 4/15 pm Open HHS Questions
Date: Wednesday, April 15, 2020 7:27:00 PM
Attachments: [FW Approval needed; URGENT.msg](#)

(b) (5)

From: Bowers, Tonya (HRSA) [mailto:TBowers@hrsa.gov]
Sent: Wednesday, April 15, 2020 6:20 PM
To: Beck, Christine M; Baker, Michael; Benskin, Christy; Huttinger, Alexandra (HRSA); Bietz, Daniel (HRSA); Taylor, Jessamy (HRSA); O'Neill, Regis J; Espinosa, Diana (HRSA); Cates, Bridget R
Subject: RE: 4/15 pm Open HHS Questions

Christine – posing one question in advance of our conversation tomorrow – (b) (5)

Thanks – Tonya

From: Beck, Christine M <christine_m_beck@uhg.com>
Sent: Wednesday, April 15, 2020 3:07 PM
To: Baker, Michael <mike.baker@uhc.com>; Benskin, Christy <christy.benskin@uhc.com>; Huttinger, Alexandra (HRSA) <AHuttinger@hrsa.gov>; Bietz, Daniel (HRSA) <DBietz@hrsa.gov>; Taylor, Jessamy (HRSA) <JTaylor@hrsa.gov>; Burton, Adriane (HRSA) <ABurton@hrsa.gov>; Bowers, Tonya (HRSA) <TBowers@hrsa.gov>; O'Neill, Regis J <regis_j_oneill@uhc.com>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Cates, Bridget R <bcates@uhc.com>
Subject: 4/15 pm Open HHS Questions
Importance: High

Attached are the Open questions for this afternoon's discussion. Thanks!

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Question

Date Sent

Response

Status

(b) (5)

From: [Bothra, Sid \(SVP Operations\)](#)
To: [Espinosa, Diana \(HRSA\)](#)
Subject: Accepted: Provider Payment Reporting

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From: [Beck, Christine M](#)
To: [Baker, Michael](#); [Benskin, Christy](#); [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Taylor, Jessamy \(HRSA\)](#); [Burton, Adriane \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [O'neill, Regis J](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Cates, Bridget R](#)
Subject: Canceled: HHS/UHG Provider Services Touch base - End of Day
Importance: High

THERE ARE NO NEW QUESTIONS TO BE DISCUSSED SINCE THIS AM, SO CANCELLING THIS AFTERNOON'S MEETING. Talk to you tomorrow morning. Thank you!

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From: [Beck, Christine M](#)
To: [Baker, Michael](#); [Benskin, Christy](#); [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Taylor, Jessamy \(HRSA\)](#); [Burton, Adriane \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [O'neill, Regis J](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Cates, Bridget R](#)
Subject: Canceled: HHS/UHG Provider Services Touch Base - Mid Day
Importance: High

Due to conflicting meetings, cancelling our mid-day call. We will talk at the end of day call, and if there are other open issues between now and then, I will send an updated list. Thank you!

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From: [Beck, Christine M](#)
To: [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Taylor, Jessamy \(HRSA\)](#); [Burton, Adriane \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Cates, Bridget R](#)
Subject: FW: CARES Provider Relief Fund FAQs for Call Center Teams HHS V3 04182020
Date: Monday, April 20, 2020 11:07:23 AM
Attachments: [CARES Provider Relief Fund FAQs for Call Center Teams HHS V3 04182020.docx](#)

I forgot to attached the updated FAQs doc to my earlier email. Here you go. Thanks!

From: Cates, Bridget R
Sent: Saturday, April 18, 2020 8:50 AM
To: Beck, Christine M; Benskin, Christy
Subject: CARES Provider Relief Fund FAQs for Call Center Teams HHS V3 04182020

Updated FAQ document for HHS

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**CARES Provider Relief Fund
Frequently Asked Questions (FAQs)
and Talking Points**

Original Effective Date: 4/7/2020

Revision Date: 04/16/2020

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From: [McKoy, Philip G](#)
To: [Hage, Hans C](#); [Neale, Matthew](#); [Woodrum, Joshua D](#); [Pratt, Michael \(OS/ASPA\)](#); [Baker, Michael](#); [Byrnes, Chris A](#); [Murphy, Ryan \(OS/ASPA\)](#); [Foster, Timothy \(OS/ASPA\)](#); [Reller, Tami](#); [Berg, Tracy A](#); [O'Neill, Regis J](#); [Gillson, Denise](#); [Espinosa, Diana \(HRSA\)](#); [Kramer, Martin \(HRSA\)](#); [Choi, Christy \(HRSA\)](#); [Brady, Will \(HHS/IOS\)](#); [Brueckman, Brian D](#); [Jenny, Brenna \(HHS/OGC\)](#); [Parente, Stephen T. FOP/CEA](#)
Subject: Review Final Flow: CARES Provider Relief Fund Payment Portal

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Meeting number (access code): (b) (6)

Meeting password: (b) (6)

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From: [Berg, Tracy A](#)
To: [Brady, Will \(HHS/IOS\)](#); [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#)
Subject: checking in
Date: Tuesday, April 14, 2020 4:17:42 PM

Hi –

Everything is going well (b) (5).

Just checking in (b) (5).
(b) (5). If you are, please let me know.

Thank you,
Tracy

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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**COVID-19 Provider Relief Initiative
Frequently Asked Questions (FAQs)
and Talking Points**

Original Effective Date: 4/7/2020

Revision Date: 04/08/2020

(b) (5)

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(b) (5)

(b) (5)

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From: [Beck, Christine M](#)
To: [Bothra, Sid \(SVP Operations\)](#); [Mahmood, Krystine D](#); [Willey, Jonathan R](#); [Anderson, Dirk R](#); [Sroykum, James N](#); [Clark, Dustin](#); [Roach, Joseph \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Rood, Heather L](#)
Subject: Contents of Accounting Extract File Definition - UHG/HRSA
Importance: High

Purpose of this meeting is to discuss the desired contents for an accounting extract file between UHG and HRSA. Thank you!

Christine Beck

UHG - (b) (6)

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Meeting password: (b) (6)

Join meeting (b) (6)

Join by phone

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(b) (6) US/Canada (Preferred)

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From: [Berg, Tracy A](#)
To: [Brady, Will \(HHS/IOS\)](#); [Pratt, Michael \(OS/ASPA\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Beck, Christine M](#)
Subject: Current status
Date: Monday, April 20, 2020 7:10:28 PM

Hi – quick update and some questions. Thought it may be easier to put in an email.

(b) (5)

Joint UHG/HHS PPSI meetings this week (4/21-4/24): Scheduled 9:30-10am CT/10:30 – 11am ET. **IMPORTANT NOTE:** I canceled my original invite and Jill McKinley sent out a new invite with the people that Alex Wilson identified. There is a new webex link included that silences the beeps. Alex agreed to take attendance for the ~10 critical folks on your side. The invite now has ~65 people invited. Jill McKinley and Aman are working to confirm times and invites will come soon for 4/27 – 5/8.

Tracy A. Berg

Enterprise Integration Services | UnitedHealth Group

T 952-205-1538 | M (b) (6)

tberg@uhg.com | unitedhealthgroup.com

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-
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From: [Berg, Tracy A](#)
To: [Brady, Will \(HHS/IOS\)](#); [Engels, Thomas \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Reller, Tami](#); [Baker, Michael](#)
Subject: Day One Outreach/incoming Summary
Date: Saturday, April 11, 2020 10:29:18 AM
Attachments: [Day One Provider Relief Report \(003\).docx](#)

Will, Tom, Diana -
Please see report.
Thank you,
Tracy

Tracy A. Berg
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How Would This Apply to a Health System?

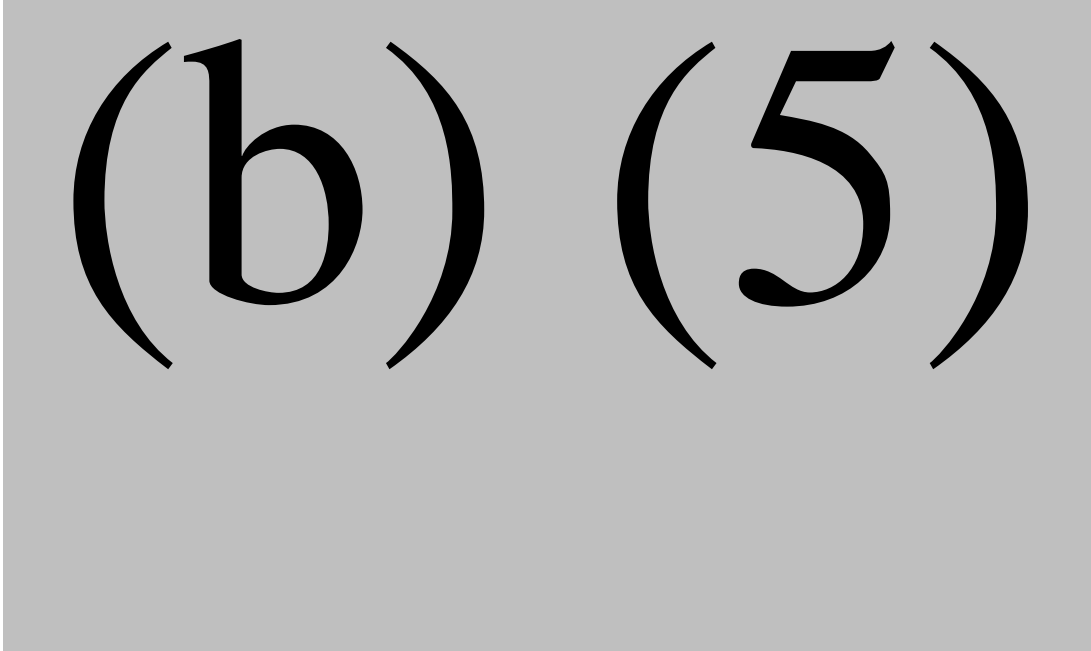
(b) (5)



Provider Relief Status Report

April 10th, 2020

217,391 Emails sent 4/10 representing 133,226 TINS



Top trends for response emails

- Thank you
- Questions on attestations/next steps
- Confirmations
- Questions on calculations and process

Comments of Thanks

- Thank you and God for this relief. I have tears in my eyes out of gratitude to you for these funds. We will follow the instructions to acknowledge the receipt of it. Thank you so so so much.
- Thank you for the money. This will help greatly in my small family practice payroll in rural Shiloh, IL. Where to I sign the attestation form to confirm receipt of the funds?
- We are grateful.

UNITEDHEALTH GROUP®



Provider Relief Status Report

April 10th, 2020

2,060 calls handled through 3p CST

- All performance metrics met.
- Provider Relief Payment Search Utility now live to assist agents with answering questions.
- Additional contingent resources are secured in the event call volumes.

	CARES Provider Service Center	Optum Bank
ASA	0.4	8.0
Calls Offered	2,060	5,219*
Calls Handled	2,060	~1,150
ABN Rate	0%	1%
AHT	561	314
Occupancy	14%	
Service Level	100%	94%

*Includes all calls into Optum Bank

Top Call Trends

- Refusal of funds, for various reasons.
- Tax implications of accepting the funds.
- Doctors on the roster that were included in the payment.
- Total amount by billing entity.
- Responsible party in billing entity
- None of the funds appropriated in this title shall be used to pay the

Inquiry Type	Percentage of Total
Payment Inquiry	41.6%
Application Inquiry	10.4%
Other	10.0%
Eligibility Inquiry	9.7%
Check Related Inquiry	9.7%
Loan Information Inquiry	8.2%
Payment Integrity Related	3.0%
Portal Assistance	3.0%
Optum Bank Inquiry	2.6%
Appeal Process Inquiry	1.5%
Portal Inquiry	0.4%

Call Inquiry Summary:

269 Total inquiries submitted

- 25% of the inquiries are resolved
- 5 questions require assistance from HHS
- Zero escalations at this time
- Payment Inquiry is top question driver at this time

Positive sentiment from providers

The overall sentiment expressed by Providers today is excitement for the relief, and they are very pleased that we are answering calls so quickly.

- One provider expressed sincere gratitude and started crying when they found out that funds would not need to be paid back.
- Another provider said that it is truly going to be a Happy Easter now.

UNITEDHEALTH GROUP®



Provider Relief Status Report

April 10th, 2020

Email Responses – those with questions are being worked through the service center response process.

Name	OrgName	Inquiry
(b) (4)		Is there anything we need to send?
		so from Medicare, we are only going to see (b) (4) per the calculations and how much we got paid from Medicare in the year 2019
		Thank you
		Thank you very much!
		Really?
		Received the below email for all of my providers - I see it is asking for my signature so when it is mailed to my PO Box, I will sign and mail back to you directly for review and deposit into your account
		There is not a lot of information other than what they are telling us in his email.
		Received funds
		More detail here. We must sign the attestation within the next month and agree to terms.
		I wonder if this is a scam.
		we are grateful
		Explains where the money came from
		thank you!
		They say ^{(b)(4)} qualifies and don't need to do anything in the letter is this a joke?
		Looking for Clarification – I read the article on the Edge that states "Each recipient of funding must also agree to certain terms and conditions, but NAAOP believes these will be fairly easy to meet." How So? But when you read the terms and conditions there is a lot of language towards providers who are treating COVID19 patients not necessarily supporting the above underlined statement. The 3rd point on the Terms And Conditions states The Recipient certifies that the Payment will only be used to prevent, prepare for, and respond to coronavirus, and shall reimburse the Recipient only for health care related expenses or lost revenues that are attributable to coronavirus. Is that enough clarification to support these funds being used by OP Practices or really any practice that is not directly treating patients with COVID19. The line about keeping doors open due to healthy patients delay care is the only thing that I see, that would qualify OP Practices. But that is not mentioned in the actual terms and conditions. We have 30 days to sign an attestation confirming receipt of the funds and agreeing to the terms and conditions.
		PLEASE IF YOU CAN CALL ME AT MY PHONE (b) (6) I NEED A LOAN TO PAID MY EMPLOYEE, DOCTORS, EQUIPMENT LEASE, RENT LEASE TO KEEP US GOING IN THE HEALTH CARE HELPING PATIENTS THANKS
		I just read that it will roughly be about ^{(b)(4)} of our MCR billings for 2019. This will be around (b) (4) hopefully. Fingers crossed
		thank you
		Be on the lookout for this funding. Curious how amount is determined.
		Even I got this for all three practices...
		Yes this is separate from the Advanced Payments (prepay loans). This will be a direct payment based upon our Medicare FFS (non-mgd care) business. I'm not sure I understand the subcontracting with UHG for the distribution. Not sure why this wouldn't come through the MACS, other than to be a single source.
		We are not FFS, correct? Not sure why we would get this email
		How do I attest?
		I received an EFT from the gov't assistance on the Optum pay site – but there is no way to access any information in the form of an EOB. Please advise how to get the EOB information for these sessions.
		How do we apply for this relief fund? There is no application form attached or present on HHS.gov
	I would put them in an Other Income account and label it Cares Act so that we can distinguish the receipts. I know these don't need to be paid back but I am not sure if they are taxable or not	



Provider Relief Status Report

April 10th, 2020

(b) (4)

So the payment is here and it is (b) (4) . Much, much higher than anticipated. Still hard to tell exactly how they pulled the numbers but I can get within (b) (4) of what they used assuming they are pulling numbers from Medicare and Medicare Advantage plans, which I believe to be the case.

Email Responses

Name	OrgName	Inquiry
(b) (4)	(b) (4)	I received this e mail, however I have never been able to log in to upload documents for (b) (4) I cannot get past the log in phase I have tried to reset password and re register, which when I called I was told to do. HELP! This is something different than the small business relief. It is for healthcare providers only. Just crazy!! Hello! I received it! Thank you. Thank you, two questions: - will payment be made by TIN or Medicare Provider #? seems like free money for the providers, we just need to file the attestation after receiving payment. We got this email today. We also got a stimulus check for (b) (4) This provider is no longer associated with this email. Is there a way we can post payments so we can track them when from miscellaneous income? Where do I find the link to attest confirming receipt? It looks like the condition is that we will not bill for out of network penalties. Right now our Aetna patients are getting an out of network penalty. There are probably a few more odd ones. Yes I got Thank You There is a lot of information here. Do you need me to do anything regarding billing? I would have to say I think we had about equal regular Medicare and Medicare Advantage clients, probably a bit more Medicare Advantage clients. Is the CARE act based on your Medicare reimbursements from 2019 ? Do they get that info from the our clearinghouse? Does this mean we are approved?? Do you think you should have mentioned your criminal reduction in payments to providers for office visits rendered via telehealth? I'm sure the media would like to know that you are profiteering on the COVID-19 crisis, and that your behavior will cause many primary care offices to close. AWESOME !!!! So I applied the formula using the payments for dates of services Jan 1 thru Dec 31. Not sure if they will use dates of service or actual dollars paid out in 2019, which would still probably be similar. I also don't know if the Medicare Advantage plans will be required to do this? If so, these numbers will be more as I have just used straight Medicare reimbursements. ... (b) (4), (b) (6) is no longer in practice. We purchased his practice in 2018. He did some work for us in 2019. Our business billed Medicare FFS in 2019 and did not receive an email about this fund. Who do we need to contact to get his straightened out with. Thank you kindly for this. I have read through and agree to comply with terms of payment. I tried going on the site to sign the attestation but couldn't find a place to sign. Can you please send further instructions? I got this morning in my checking account. So there is nothing you have to submit...they just send the \$\$\$? Looks like all medicate eligible healthcare providers are receiving some sort of stimulus payments. The email states these are payments, not loans, and will not need to be repaid. Looks like some extra money! Nice!! We don't treat Covid patients Received this payment electronically today, but here is link in this email stating you must attest you received the payment! Thank you and God for this relief. I have tears in my eyes out of gra itude to you for this funds. We will follow the instructions to acknowledge the receipt of it. Thank you so so so much Thank you for the money. This will help greatly in my small family practice payroll in rural (b) (4) Where to I sign the attesta ion form to confirm receipt of the funds? Hope this email finds you well. Hope this comes through. Well deserved. Stay well and be safe Thanks to President Trump Vice President Pence and God Bless the United States of America!!!!!!!



Provider Relief Status Report

April 10th, 2020

(b) (4)	Whoever is the email on file for our Tax ID for Coastal should also get this email
	Black out the provider name and tax I'd and resend so I can use the same one to send to everyone.
	Wow! I am just a little guy and ask me how much they sent me!

From: [Beck, Christine M](#)
To: [Roach, Joseph \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Rood, Heather L](#)
Subject: Follow up from Provider Payment Reporting Mtg 4/7
Date: Wednesday, April 08, 2020 1:43:15 PM
Importance: High

Good Afternoon – In our meeting yesterday, we talked about the need to set up a discussion regarding (b) (5). Participants from UHG have been identified, so looking for your availability to meet today - ? Let me know and I'll get something set up.

Thank you!

Christine Beck

(b) (6)

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From: [Beck, Christine M](#)
To: [Bowers, Tonya \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#)
Subject: FW: [Follow-up] Provider Payment Details Reporting
Date: Friday, April 10, 2020 6:40:25 PM
Importance: High

Hi Tonya and Diana –

Can you advise of your availability for Monday, preferably morning, to meet with Heather and the
(b) (5)

And if there are other IT folks that are needed to support that, please let me know and I can include them in the meeting. Thank you!

Christine

From: Rood, Heather L
Sent: Friday, April 10, 2020 12:01 PM
To: 'Bowers, Tonya (HRSA)'
Cc: Bothra, Sid (SVP Operations); Beck, Christine M; Crook, Martyn J; Mahmood, Krystine D; Huttinger, Alexandra (HRSA); Bietz, Daniel (HRSA); Taylor, Jessamy (HRSA)
Subject: RE: [Follow-up] Provider Payment Details Reporting

Thanks, Tonya. Following up on this and want to add one additional item for you and your data team
(b) (5)

(b) (5)

(b) (5)

Let me know what you think or if you'd prefer to discuss this further on a call- happy to set it up.

Heather

From: Bowers, Tonya (HRSA) [<mailto:TBowers@hrsa.gov>]
Sent: Thursday, April 09, 2020 4:19 PM
To: Rood, Heather L
Cc: Bothra, Sid (SVP Operations); Beck, Christine M; Crook, Martyn J; Mahmood, Krystine D; Huttinger, Alexandra (HRSA); Bietz, Daniel (HRSA); Taylor, Jessamy (HRSA)
Subject: RE: [Follow-up] Provider Payment Details Reporting

Thanks Heather for the follow-up email. I have cc'd our data team to begin this conversation and get

deeper in the details. I really appreciate your help with this. – Tonya

From: Rood, Heather L <heather_rood@uhc.com>

Sent: Thursday, April 9, 2020 4:52 PM

To: Bowers, Tonya (HRSA) <TBowers@hrsa.gov>

Cc: Bothra, Sid (SVP Operations) <sid_bothra@uhc.com>; Beck, Christine M <christine_m_beck@uhg.com>; Crook, Martyn J <martyn_crook@uhc.com>; Mahmood, Krystine D <krystine.mahmood@uhc.com>

Subject: [Follow-up] Provider Payment Details Reporting

Hi Tonya,

Following up with you on our conversation yesterday regarding (b) (5) Questions below requiring your response so we can ensure we get all required information to you, when you need it.

(b) (5)

Please let me know if I missed anything else above.

Thank you!
Heather Rood

Heather Rood | UHC Operations Enablement

O: 952.979.7150 | M: (b) (6)

heather_rood@uhc.com

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Wallace, Denise (HRSA)

Subject: FW: HHS and Optum Bank Funding Request
Location: Webex

Start: Wed 4/15/2020 1:00 PM
End: Wed 4/15/2020 1:30 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Payne, Gavin

Categories: Yellow Category

-----Original Appointment-----

From: Payne, Gavin <gavin.payne@optum.com>

Sent: Wednesday, April 15, 2020 11:58 AM

To: Payne, Gavin; Grugnale, Gregory F; Gent, Laura (HRSA); Garcia, Alexandra (HRSA); Burns, Noreen (HRSA); Runice, Paul; Clark, Dustin; Willey, Jonathan R; DeVoss, Elizabeth (HRSA); Bietz, Daniel (HRSA); Burns, Christian (OS/ASA/PSC/FMP)

Cc: Roach, Joseph (HRSA); Peckham, Michael (OS/ASFR)

Subject: HHS and Optum Bank Funding Request

When: Wednesday, April 15, 2020 11:00 AM-11:30 AM (UTC-07:00) Mountain Time (US & Canada).

Where: Webex

Hello,

Meeting to review funding logistics:

• (b) (5)
•
•
•

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(b) (6) JS/Canada (Preferred)

[Global call-in numbers](#)

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From: [Meyerhofer, Jeffrey P](#)
To: [Berg, Tracy A](#); [Espinosa, Diana \(HRSA\)](#); [Brady, Will \(HHS/IOS\)](#); [Garcia, Alexandra \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#); [Parker, Jim \(HHS/IOS\)](#); [Cheatham, Tina \(HRSA\)](#); [DeVoss, Elizabeth \(HRSA\)](#); [Beck, Christine M](#); [Pezhman, Payman](#); [Payne, Gavin](#); [Runice, Paul](#); [McGlinch, Thomas S](#); [Willey, Jonathan R](#)
Subject: RE: Funds to United
Date: Tuesday, April 07, 2020 1:47:08 PM

+ our Bank and Treasury folks

-----Original Message-----

From: Berg, Tracy A
Sent: Tuesday, April 07, 2020 12:46 PM
To: Espinosa, Diana (HRSA); Brady, Will (HHS/IOS); Garcia, Alexandra (HRSA); Engels, Thomas (HRSA); Parker, Jim (HHS/IOS); Cheatham, Tina (HRSA); DeVoss, Elizabeth (HRSA); Beck, Christine M; Pezhman, Payman; Meyerhofer, Jeffrey P
Subject: RE: Funds to United

Bonnie/Payman are finalizing the contract letter - getting signatures. Bonnie - you have the direct deposit info. Bonnie is there anything else you need to transfer funds?

-----Original Message-----

From: Espinosa, Diana (HRSA) [<mailto:DEspinosa@hrsa.gov>]
Sent: Tuesday, April 07, 2020 12:40 PM
To: Brady, Will (HHS/IOS); Garcia, Alexandra (HRSA); Engels, Thomas (HRSA); Parker, Jim (HHS/IOS); Berg, Tracy A; Cheatham, Tina (HRSA); DeVoss, Elizabeth (HRSA)
Subject: RE: Funds to United

+ tina and liz

-----Original Message-----

From: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Sent: Tuesday, April 7, 2020 1:35 PM
To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Tracy A Berg <tberg@uhg.com>
Subject: Funds to United

Bonnie, Tracie

(b) (5)

(b) (5)

Sent from my iPhone

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From: [Berg, Tracy A](#)
To: [Brady, Will \(HHS/IOS\)](#); [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#)
Cc: [Reller, Tami](#); [Pratt, Michael \(OS/ASPA\)](#)
Subject: FW: Approval needed; URGENT
Date: Wednesday, April 15, 2020 12:20:36 PM

Will, Diana, and Tom – I know you are all extremely busy this morning. I reached all of your vm box, but did not leave a message.

(b) (5)

(b) (5)

Thank you,
Tracy

(b) (6)

From: Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>
Sent: Wednesday, April 15, 2020 10:53 AM
To: Reller, Tami <tami.reller@uhc.com>
Cc: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Subject: Re: Approval needed; URGENT

I clear. Will - you good with this?

Sent from my iPhone

On Apr 15, 2020, at 11:43 AM, Reller, Tami <tami.reller@uhc.com> wrote:

Michael,
Urgent item below – are you ok with?

(b) (5)

We think

will be quite helpful.

From: Berg, Tracy A <tberg@uhg.com>
Sent: Tuesday, April 14, 2020 12:03 PM
To: William.Brady@hhs.gov; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>
Cc: Reller, Tami <tami.reller@uhc.com>; McKoy, Philip G <philip.mckoy@uhc.com>
Subject: Approval needed

A couple of items:

1) (b) (5)

(b) (5)

2) Is there a time scheduled for link on [hhs.gov](https://www.hhs.gov) to be live with the link to our portal?

Thank you,
Tracy

Tracy A. Berg

Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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From: [Meyerhofer, Jeffrey P](#)
To: [Balthazor, Paul J](#)
Cc: [Engels, Thomas \(HRSA\)](#)
Subject: FW: Communications to respective bank/treasury teams
Date: Monday, April 13, 2020 9:31:55 AM

Paul –

Per your other email, sounds like it will all be send / reverse.

Working to get time with Wicks to understand.

From: Wicks, Timothy A
Sent: Monday, April 13, 2020 7:11 AM
To: Meyerhofer, Jeffrey P; Mattera, Richard J; Runice, Paul
Cc: Adams, Kurt P; Payne, Gavin; Flakne, Mark J; Dallager, Jeffrey A; Gill, Peter M
Subject: FW: Communications to respective bank/treasury teams

Jeff, Rich, and Paul,

Over the weekend, Rex, Decker, Flakne, Mattera, several others and I landed on the following

(b) (5)

If we need to have a discussion in order to ensure clarity on this, I would be very happy to bring this group together to ensure we're all on the same page. Please let me know if there are any questions.

(b) (5)

Thank you,

Tim

Tim Wicks

Optum

11000 Optum Circle
Eden Prairie, MN 55344

T +1 952-205-1001

M (b) (6)

F +1 866-563-6614

tim.wicks@optum.com

www.optum.com

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From: [Beck, Christine M](#)
To: [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#)
Cc: [Ball, Cindy A](#)
Subject: FW: HELP NEEDED: (b) (5)
Date: Wednesday, April 08, 2020 3:23:06 PM
Attachments: [Sample EOP Rebate.pdf](#)
Importance: High

Diana/Tom – Could you review the list of questions below and provide responses to those noted with your name? Thank you!

From: Ball, Cindy A
Sent: Wednesday, April 8, 2020 11:18 AM
To: Kair, Christine L; Beck, Christine M; Berg, Tracy A; Mckinley, Jill A
Cc: Meyerhofer, Jeffrey P; Anderson, Delana M
Subject: (b) (5)
Importance: High

Hello Christine, Tracy and Jill

(b) (5)

I am looking for the following information and am hoping you can supply the info or direct me to the resource that can.

(b) (5)

The attached sample check statement visually outlines where most of the above info would display.

(b) (5)

Thank you in advance for your help.

Cindy Ball

Cindy Ball

Direct: 952-205-6334

Mobile: (b) (6)

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(b) (5)

(b) (5)

From: greg.grugnale@uhq.com on behalf of [Payne, Gavin](#)
To: [Reed Farha, Rebecca C](#); [Gavin, Cassandra K](#); [Guidobono, Lisa A](#); [Espinosa, Diana \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Jenny, Brenna \(HHS/OGC\)](#); [Engels, Thomas \(HRSA\)](#); [Jannetty, Sandra](#); [Beck, Christine M](#); [O'Neill, Regis J](#); [Bietz, Daniel \(HRSA\)](#)
Subject: FW: HHS and Optum Bank Funding Request

-----Original Appointment-----

From: Payne, Gavin <gavin.payne@optum.com>
Sent: Wednesday, April 15, 2020 11:58 AM
To: Payne, Gavin; Grugnale, Gregory F; Gent, Laura (HRSA); Garcia, Alexandra (HRSA); Burns, Noreen (HRSA); Runice, Paul; Clark, Dustin; Willey, Jonathan R; DeVoss, Elizabeth (HRSA); Bietz, Daniel (HRSA); Burns, Christian (OS/ASA/PSC/FMP)
Cc: Roach, Joseph (HRSA); Peckham, Michael (OS/ASFR)
Subject: HHS and Optum Bank Funding Request
When: Wednesday, April 15, 2020 11:00 AM-11:30 AM (UTC-07:00) Mountain Time (US & Canada).
Where: Webex

Hello,

Meeting to review funding logistics:

(b) (5)

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From: [Hauck, Heather \(HRSA\)](#) on behalf of [Schumacher, Daniel J](#)
To: [Engels, Thomas \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kaja, Timothy T](#); [Garcia, Alexandra \(HRSA\)](#); [Abraham, Santiago M](#); [Ashton, Robyn \(HRSA\)](#); [Brueckman, Brian D](#); [Marsiglia, Susan \(HRSA\)](#); [Reller, Tami](#); [Cheatham, Tina \(HRSA\)](#); [Adams, Kurt P](#); [Kramer, Martin \(HRSA\)](#); [McKoy, Philip G](#); [Choi, Christy \(HRSA\)](#); [Santelli, John C](#); [Bowers, Tonya \(HRSA\)](#); [Gorsuch, Kirsten](#); [Kavanagh, Laura \(HRSA\)](#); [Baker, Michael](#); [Fiedelholz, Jennifer \(HRSA\)](#); [Meyerhofer, Jeffrey P](#); [Santoro, Michael A](#); [Murley, Mary J](#); [Shapiro, David A](#); [Cochrane, Dana M](#); [Masters, Scott A](#); [Bothra, Sid \(SVP Operations\)](#); [Gillson, Denise](#); [Stearns, Matthew H](#); [Hauck, Heather \(HRSA\)](#)
Subject: FW: HHS HRSA COVID19 Uninsured Testing & Treatment Assistance Kickoff Meeting
Attachments: [HHS UHG Uninsured Kickoff Agenda.pptx](#)

-----Original Appointment-----

From: Schumacher, Daniel J <schu@optum.com>

Sent: Sunday, April 19, 2020 6:13 PM

To: Schumacher, Daniel J; Kaja, Timothy T; Abraham, Santiago M; Brueckman, Brian D; Reller, Tami; Adams, Kurt P; McKoy, Philip G; Santelli, John C; Gorsuch, Kirsten; Baker, Michael; Meyerhofer, Jeffrey P; Santoro, Michael A; Murley, Mary J; Shapiro, David A; Cochrane, Dana M; Masters, Scott A; Bothra, Sid (SVP Operations); Gillson, Denise; Stearns, Matthew H; Hauck, Heather (HRSA)

Subject: HHS HRSA COVID19 Uninsured Testing & Treatment Assistance Kickoff Meeting

When: Monday, April 20, 2020 1:00 PM-3:00 PM (UTC-06:00) Central Time (US & Canada).

Where: Webex

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US/Canada (Preferred)

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Agenda

- Welcome (Dan Schumacher & Tom Engels)
- Program Overview (Dan Schumacher)
- Storyline (David Shapiro)
- Scope Questions (open forum)
- Timeline (Tim Kaja)
- Communication / Meeting Cadence (Tim Kaja & Heather Hauck)
- Open Discussion

From: [Beck, Christine M](#)
To: [Brady, Will \(HHS/IOS\)](#); [Espinosa, Diana \(HRSA\)](#); Stephen.T.Parente@cea.eop.gov
Cc: [Berg, Tracy A](#); [Santoro, Michael A](#)
Subject: FW: Provider data
Date: Monday, April 20, 2020 2:19:52 PM

Will/Diana –

The file that Tracy was attempting to send got caught up. (b) (5)

(b) (5) Steve – the file name (b) (5)

Steve - Could you grab it when it appears (should be shortly) and pass it to Will and Diana?

Appreciate your help!

Christine

From: Berg, Tracy A
Sent: Monday, April 20, 2020 12:44 PM
To: William.Brady@hhs.gov; DEspinosa@hrsa.gov
Cc: Santoro, Michael A
Subject: Provider data

Will/Diana –

Attached is the provider data file that Mike Santoro's team has thus far. There is more work still in progress on the unspecified.

(b) (5)

Thank you,

Tracy

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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From: [Hauck, Heather \(HRSA\)](#) on behalf of [Kaja, Timothy T](#)
To: [Espinosa, Diana \(HRSA\)](#); [Kramer, Martin \(HRSA\)](#); [Hauck, Heather \(HRSA\)](#); [Choi, Christy \(HRSA\)](#); [Reller, Tami](#); [Ashton, Robyn \(HRSA\)](#); [Shapiro, David A](#); [Marsiglia, Susan \(HRSA\)](#); [Chamberlain, Lacy J](#); [Zucco, Bethany](#); [Santelli, John C](#); [Bieck, Ashley D](#); [Baker, Michael](#); [Benskin, Christy](#); [Gladieux, Keely J](#); [Murley, Mary J](#); [Dewey, Nicholas P](#); [Abraham, Santiago M](#); [Williams, Joseph J](#)
Subject: FW: UHG HRSA Review of Initial Content for the COVID19 HRSA Uninsured Testing and Treatment Fund
Attachments: [COVID-19 Uninsured Payment Program Microsite Phase 1 0418.docx](#)

-----Original Appointment-----

From: Kaja, Timothy T <timothy_t_kaja@uhc.com>

Sent: Saturday, April 18, 2020 1:27 PM

To: Kaja, Timothy T; Hauck, Heather (HRSA); Reller, Tami; Shapiro, David A; Chamberlain, Lacy J; Zucco, Bethany; Santelli, John C; Bieck, Ashley D; Baker, Michael; Benskin, Christy; Gladieux, Keely J; Murley, Mary J; Dewey, Nicholas P; Abraham, Santiago M; Williams, Joseph J

Subject: UHG HRSA Review of Initial Content for the COVID19 HRSA Uninsured Testing and Treatment Fund

When: Saturday, April 18, 2020 2:00 PM-3:00 PM (UTC-06:00) Central Time (US & Canada).

Where: Webx or Dial in 763-957-6400 Meeting number (access code): (b) (6)

Agenda

1. Content review and next steps
2. Cadence or approval and future content delivery schedule

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U.S. Department of Health and Human Services
COVID-19 HRSA Uninsured Testing and Treatment Program
For Physicians and Other Health Care Professionals, and Facilities

April 22 Microsite content

About the program

No one should go without care for COVID-19, and providers should be paid for testing and treating all patients during this national emergency.

As part of the [CARES Act](#), the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (collectively, HHS), will provide funding to pay providers at rates set by the program for testing uninsured patients for COVID-19 and treating uninsured patients with a COVID-19 diagnosis.

Physicians and other health care providers are true heroes – especially during the COVID-19 outbreak – and HHS is grateful for their continued dedication.

How it works

(b) (5)

Who's covered

Patients in the U.S. without insurance are eligible. To document eligibility, providers will need to submit unique identifiable information about uninsured patients.

What's covered

(b) (5)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

From: jdagel@optum.com on behalf of [Schumacher, Daniel J](#)
To: [Kaja, Timothy T](#); [Abraham, Santiago M](#); [Brueckman, Brian D](#); [Reller, Tami](#); [Adams, Kurt P](#); [McKoy, Philip G](#); [Santelli, John C](#); [Gorsuch, Kirsten](#); [Baker, Michael](#); [Meyerhofer, Jeffrey P](#); [Santoro, Michael A](#); [Murley, Mary J](#); [Shapiro, David A](#); [Cochrane, Dana M](#); [Masters, Scott A](#); [Bothra, Sid \(SVP Operations\)](#); [Gillson, Denise](#); [Stearns, Matthew H](#); [Hauck, Heather \(HRSA\)](#)
Cc: [Choi, Christy \(HRSA\)](#); [Kramer, Martin \(HRSA\)](#); [Marsiglia, Susan \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [Ashton, Robyn \(HRSA\)](#); [Hage, Hans C](#); [Garcia, Alexandra \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Karver, Shirley \(HRSA\)](#)
Subject: HHS HRSA COVID19 Uninsured Testing & Treatment Assistance Kickoff Meeting
Attachments: [HHS UHG Uninsured Kickoff 04.20.20.pptx](#)
[Provider Experience Uninsured Journey - Final Draft 042020.pdf](#)

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Meeting password (b) (6)

Join meeting (b) (6)

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Tap to call in from a mobile device (attendees only)

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US/Canada (Preferred)

Global call-in numbers <(b) (6)>

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DRAFT

Workstream: Provider Onboarding and Education

Provider Digital Experience: End to End Journey

*Established in support of the COVID-19 HRSA Uninsured Testing
and Treatment Program*

April 20th, 2020

Purpose of this Document

(b) (5)

(b) (5)

(b) (5)

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(b) (5)



COVID-19

HHS Uninsured Payment Program Kickoff

Provider Reimbursement

April 20, 2020

Agenda

- Welcome (Tom Engels & Dan Schumacher)
- Program Overview (Dan Schumacher)
- Storyline (David Shapiro) - **refer to Provider Experience Uninsured Journey document*
- Scope Questions (open forum)
- Timeline (Tim Kaja)
- Communication / Meeting Cadence (Heather Hauck & Tim Kaja)
- Open Discussion

Appendix

- HRSA HHS Attendees
- UHG Attendees

(b) (5)

(b) (5)

(b) (5)

(b) (5)

Communication / Meeting Cadence

Meeting	Host	Facilitator	Frequency
UHG / HHS Leadership	Heather Hauck & Tim Kaja	Denise Gillson	Daily – morning
UHG / HHS Select Work Streams	Heather Hauck & Tim Kaja	Denise Gillson	Daily – afternoon
UHG Internal:			
UHG Core Leadership	Dan Schumacher	Denise Gillson	Daily
UHG Program Team	Dana Cochrane	Dana Cochrane	Daily

Appendix

- HRSA HHS Attendees
- UHG Attendees

HRSA HHS Attendees

Name	Role
Tom Engels	HRSA Administrator
Diana Espinosa	HRSA Deputy Administrator
Heather Hauck	Deputy Associate Administrator, HIV/AIDS Bureau, HRSA <i>(PM for project)</i>
Robyn Ashton	Senior Advisor, Health Systems Bureau, HRSA <i>(COR)</i>
Susan Marsiglia	Supervisory Team Lead, Maternal and Child Health Bureau, HRSA <i>(POC for project)</i>
Tina Cheatham	Deputy COO, HRSA
Tonya Bowers	Deputy Associate Administrator, Bureau of Primary Health Care, HRSA <i>(PM for General Distribution)</i>
Laura Kavanagh	Deputy Associate Administrator, Maternal and Child Health Bureau, HRSA
Marty Kramer	Director, Office of Communications, HRSA
Christy Choi	Deputy Director, Office of Communications, HRSA

UHG Attendees

Name	Role	Email	Phone
Dan Schumacher	President & COO, Optum	schu@optum.com	(b) (6)
Tim Kaja	COO, UnitedHealthcare Networks	timothy_j_kaja@uhc.com	
Santiago Abraham	CIO, UHC Government Programs	santiago_abraham@uhc.com	
Brian Brueckman	SVP, UHC Operations	brian.brueckman@uhc.com	
Tami Reller	Chief Marketing Officer, UHC	tami.reller@uhc.com	
Kurt Adams	SVP Consumer Solutions	kurt.adams@optum.com	
Phil McKoy	CIO, UHC	philip.mckoy@uhc.com	
John Santelli	CIO, UHG	John.santelli@optum.com	
Kirsten Gorsuch	SVP Communications	kirsten.gorsuch@uhc.com	
Mary Murley	Chief Actuary, UHC Government Programs	mmurley@uhc.com	
Mike Baker	COO, UHC Provider Operations	mike.baker@uhc.com	
Mike Santoro	SVP Payment Integrity	msantoro@uhc.com	
David Shapiro	Chief Consumer Officer, UHC	david_a_shaprio@uhc.com	
Jeff Meyerhofer	COO, Optum Finance	jeffrey_p_meyerhofer@optum.com	
Scott Masters	VP Claims	scott.masters@uhc.com	
Sid Bothra	SVP Operations	sid_bothra@uhc.com	
Matt Stearns	VP Communications	matt.stearns@uhg.com	
Dana Cochrane	VP Technology, UHC (PM – UHG Execution)	dana_cochrane@uhc.com	
Denise Gillson	Director Program Mgmt. (PM – HRSA Relationship)	denise_gillson@uhc.com	

From: [Berg, Tracy A](#)
To: [Espinosa, Diana \(HRSA\)](#)
Cc: [Cardwell, Aimee K](#); [Byrnes, Chris A](#); [O'Neill, Regis J](#); [Gillson, Denise](#)
Subject: HHS Portal requirements
Date: Tuesday, April 07, 2020 10:14:04 AM

Diana,

Thank you for the call. As discussed, we would like the portal requirements (b) (5)

Please send requirements to those cc'd on this email.

Thank you,

Tracy

Tracy A. Berg

Enterprise Integration Services | UnitedHealth Group

T 952-205-1538 | M (b) (6)

tberg@uhg.com | unitedhealthgroup.com

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From: [Mckinley, Jill A](#)
To: [Berg, Tracy A](#); [Santoro, Michael A](#); [Brueckman, Brian D](#); [Beck, Christine M](#); [Santelli, John C](#); [McKoy, Philip G](#); [Brady, Will \(HHS/IOS\)](#); aman.dickel@hhs.gov; [Jenny, Brenna \(HHS/OGC\)](#); [Espinosa, Diana \(HRSA\)](#); jim.parker@hhs.gov; stephen.t.parente@cea.eop.gov; [Engels, Thomas \(HRSA\)](#); [Alexander, Alec \(CMS/OA\)](#)
Subject: HHS/UHG Payment Integrity

Forward to others as needed

To start or join the online meeting

(b) (6)

Audio conference information

1. Provide your number when you join the meeting to receive a call back. Alternatively, you can call one of the following numbers:

US/Canada: (b) (6)

2. Follow the instructions that you hear on the phone.

Cisco Unified MeetingPlace meeting ID: (b) (6)

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From: [Berg, Tracy A](#)
To: [Santelli, John C](#); [Brady, Will \(HHS/IOS\)](#); [McKoy, Philip G](#); [Byrnes, Chris A](#); [Meyerhofer, Jeffrey P](#); [Wicks, Timothy A](#); [Payne, Gavin](#); [Runice, Paul](#); [Cardwell, Aimee K](#); [Santoro, Michael A](#); [Baker, Michael](#); [Beck, Christine M](#); [Thompson, Brian R \(CEO UHC M&R\)](#); [Brueckman, Brian D](#); [Pezhman, Payman](#); [McMahon, Dirk C](#); [Stephen.T.Parente@cea.eop.gov](#); [Morse, Sara \(HHS/ASL\)](#); [Pratt, Michael \(OS/ASPA\)](#); [Engels, Thomas \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Parker, Jim \(HHS/IOS\) \(Jim.Parker@hhs.gov\)](#); [Jenny, Brenna \(HHS/OGC\)](#); [Garcia, Alexandra \(HRSA\)](#); [Trueman, Laura \(HHS/IEA\)](#); [Mouqhalian, Jen \(HHS/ASFR\)](#)
Cc: [Blyakhman, Alex](#); [Willey, Jonathan R](#)
Subject: HHS/UHG touchbase on latest request

Keeping this group smaller, but feel free to send to others as needed.
Will – please forward to your folks you need.

1 – (b) (5) - (b) (5)
2 – (b) (5)

webex or dial in (b) (6) Mtg ID (b) (6)

To start or join the online meeting

(b) (6)

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From: [Beck, Christine M](#)
To: [Bothra, Sid \(SVP Operations\)](#); [Crook, Martyn J](#); [Mahmood, Krystine D](#); [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Taylor, Jessamy \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [Rood, Heather L](#); [Espinosa, Diana \(HRSA\)](#)
Subject: HRSA/UHG Report Details and Recipient Finalization

Purpose of this meeting is (b) (5) . Pasting content from a couple of Heather's emails to make sure we cover all of the pieces

(b) (5)

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From: [Beck, Christine M](#)
To: [Bothra, Sid \(SVP Operations\)](#); [Crook, Martyn J](#); [Mahmood, Krystine D](#); [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Taylor, Jessamy \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [Rood, Heather L](#); [Espinosa, Diana \(HRSA\)](#)
Subject: HRSA/UHG Report Details and Recipient Finalization
Importance: High

Purpose of this meeting is to (b) (5) . Pasting content from a couple of Heather's emails to make sure we cover all of the pieces.

(b) (5)

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Tap to call in from a mobile device (attendees only)
(b) (6) US/Canada (Preferred)
Global call-in numbers (b) (6)

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Wallace, Denise (HRSA)

Subject: FW: HHS HRSA COVID19 Uninsured Testing & Treatment Assistance Kickoff Meeting
Location: Webex

Start: Mon 4/20/2020 2:00 PM
End: Mon 4/20/2020 4:00 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Schumacher, Daniel J

-----Original Appointment-----

From: Schumacher, Daniel J <schu@optum.com>

Sent: Sunday, April 19, 2020 6:13 PM

To: Schumacher, Daniel J; Kaja, Timothy T; Abraham, Santiago M; Brueckman, Brian D; Reller, Tami; Adams, Kurt P; McKoy, Philip G; Santelli, John C; Gorsuch, Kirsten; Baker, Michael; Meyerhofer, Jeffrey P; Santoro, Michael A; Murley, Mary J; Shapiro, David A; Cochrane, Dana M; Masters, Scott A; Bothra, Sid (SVP Operations); Gillson, Denise; Stearns, Matthew H; Hauck, Heather (HRSA)

Subject: HHS HRSA COVID19 Uninsured Testing & Treatment Assistance Kickoff Meeting

When: Monday, April 20, 2020 1:00 PM-3:00 PM (UTC-06:00) Central Time (US & Canada).

Where: Webex

-- Do not delete or change any of the following text. --

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Meeting password: (b) (6)

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[Global call-in numbers](#)

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From: [Berg, Tracy A](#)
To: [Engels, Thomas \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Brady, Will \(HHS/IOS\)](#)
Cc: [Baker, Michael](#); [Beck, Christine M](#)
Subject: meeting at 10am CT/11am ET
Date: Thursday, April 09, 2020 10:49:17 AM

Tom, Diana, Will –you should have received an invite to discuss provider service topics. I called Tom and Will –got voicemail. so giving you heads up so that you can forward invite to others if needed.
Thank you
Tracy

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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Wallace, Denise (HRSA)

Subject: Canceled: Paper Check Clearing Process & Timeline
Location: WebEx

Start: Wed 4/15/2020 1:00 PM
End: Wed 4/15/2020 1:30 PM
Show Time As: Free

Recurrence: (none)

Meeting Status: Accepted

Organizer: Grugnale, Gregory F

Importance: High

Hello:

Sorry for last minute meeting but need clarity on a few items:

- 1.
- 2.
- 3.

(b) (5)

Thanks,

Greg

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From: [Berg, Tracy A](#)
To: [Brady, Will \(HHS/IOS\)](#); [Engels, Thomas \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Reller, Tami](#); [McKoy, Philip G](#)
Subject: name of portal - action needed
Date: Wednesday, April 08, 2020 1:38:24 PM
Importance: High

Will, Tom, Diana –

Adriane Burton/HRSA (b) (5)

(b) (5)

(b) (5)

We understand this is to go through the formal HRSA approval process. Can you please expedite this and confirm approval?

Thank you,

Tracy

Tracy A. Berg

Enterprise Integration Services | UnitedHealth Group

T 952-205-1538 | M (b) (6)

tberg@uhg.com | unitedhealthgroup.com

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From: [Beck, Christine M](#)
To: [Bothra, Sid \(SVP Operations\)](#); [Mahmood, Krystine D](#); [Willey, Jonathan R](#); [Anderson, Dirk R](#); [Sroykum, James N](#); [Clark, Dustin](#); [Roach, Joseph \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Rood, Heather L](#)
Cc: [Crook, Martyn J](#)
Subject: Notes from 4/8 Mtg re: Contents of Accounting Extract File Definition - UHG/HRSA
Date: Wednesday, April 08, 2020 10:18:36 PM

Notes from today's meeting – thank you Heather!

Invitees/Participants in Bold

Bothra, Sid (SVP Operations) <sid_bothra@uhc.com>;
Mahmood, Krystine D <krystine.mahmood@uhc.com>;
Rood Heather L <heather_rood@uhc.com>;
Crook, Martyn J <martyn_crook@uhc.com>
Willey, Jonathan R <jonathan.willey@optum.com>;
Anderson, Dirk R <dirk.anderson@optum.com>;
Sroykum, James N <n.james.sroykum@optum.com>;
Clark, Dustin <dustin.w.clark@optum.com>;
Roach, Joseph (HRSA) (JRoach@hrsa.gov);
Espinosa, Diana (HRSA) (DEspinosa@hrsa.gov);
Cheatham, Tina (tcheatham@hrsa.gov);
Paul Kolar - HRSA
Richard - from Joe's team

(b) (5)

(b) (5)

-----Original Appointment-----

From: Beck, Christine M

Sent: Wednesday, April 08, 2020 2:36 PM

To: Beck, Christine M; Bothra, Sid (SVP Operations); Mahmood, Krystine D; Willey, Jonathan R; Anderson, Dirk R; Sroykum, James N; Clark, Dustin; Roach, Joseph (HRSA) (JRoach@hrsa.gov); Espinosa, Diana (HRSA) (DEspinosa@hrsa.gov); tcheatham@hrsa.gov; Rood, Heather L

Cc: Crook, Martyn J

Subject: Contents of Accounting Extract File Definition - UHG/HRSA

When: Wednesday, April 08, 2020 4:00 PM-4:30 PM (UTC-06:00) Central Time (US & Canada).

Where: WebEx

Importance: High

Purpose of this meeting is to discuss the desired contents for an accounting extract file between UHG and HRSA. Thank you!

Christine Beck

UHG – (b) (6) 1

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[Global call-in numbers](#)

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From: [Gillson, Denise](#)
To: [Jenny, Brenna \(HHS/OGC\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Brady, Will \(HHS/IOS\)](#)
Subject: HHS Questions - Attestation Refusal & Billing/Rendering TINs
Date: Tuesday, April 07, 2020 1:52:07 PM

Hi Brenna and Diana,
Can you help to provide clarity to our UHG team on the following? Or put me in contact with someone who can?

(b) (5)

Thank you!

Denise Gillson
Enterprise Integration Services | UnitedHealth Group
952.202.0381 | denise_gillson@uhg.com

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From: [Beck, Christine M](#)
To: [Baker, Michael](#); [Benskin, Christy](#); [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Taylor, Jessamy \(HRSA\)](#); [Burton, Adriane \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [O'neill, Regis J](#); [Espinosa, Diana \(HRSA\)](#); [Cates, Bridget R](#); [Richardson, Christopher K](#)
Subject: Open HHS Questions
Date: Monday, April 20, 2020 11:03:28 AM
Attachments: [Open HHS Questions.xlsx](#)
Importance: High

Attached is the Open Questions document for our mid-day discussion. Thanks!

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From: [Beck, Christine M](#)
To: [Baker, Michael](#); [Benskin, Christy](#); [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Taylor, Jessamy \(HRSA\)](#); [Burton, Adriane \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [O'neill, Regis J](#); [Espinosa, Diana \(HRSA\)](#); [Cates, Bridget R](#)
Subject: Open Questions for this morning's meeting
Date: Monday, April 13, 2020 10:27:19 AM
Attachments: [Open HHS Questions.xlsx](#)
Importance: High

Please see attached for the updated list to be discussed at our meeting this morning. Thank you!
Christine

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Question

Date Sent

Response

Status

(b) (5)

From: [Beck, Christine M](#)
To: [Baker, Michael](#); [Benskin, Christy](#); [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Taylor, Jessamy \(HRSA\)](#); [Burton, Adriane \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [O'neill, Regis J](#); [Espinosa, Diana \(HRSA\)](#); [Cates, Bridget R](#)
Subject: For mid-day mtg: Open HHS Questions
Date: Friday, April 17, 2020 11:13:06 AM
Attachments: [Open HHS Questions.xlsx](#)
[CARES Provider Relief Fund FAQs for Call Center Teams V30.docx](#)
Importance: High

Attached are the open questions for discussion today, along with the updated FAQs (b) (5)

Talk to you soon –
Christine

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Question

Date Sent

Response

Status

(b) (5)

From: [Berg, Tracy A](#)
To: [Garcia, Alexandra \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#)
Subject: RE: # for Phase 1 - over \$30B
Date: Tuesday, April 14, 2020 11:56:54 AM
Attachments: [image001.png](#)

Sending you the screen shot of the details.



From: Brady, Will (HHS/IOS) [mailto:William.Brady@hhs.gov]
Sent: Tuesday, April 14, 2020 10:54 AM
To: Berg, Tracy A; Garcia, Alexandra (HRSA); Cheatham, Tina (HRSA); Engels, Thomas (HRSA)
Cc: Stephen.T.Parente@cea.eop.gov; Cardwell, Aimee K
Subject: Re: # for Phase 1 - (b) (5)

Spoke with DepSec yes.

HRSA- please support as needed.

Sent from my iPhone

On Apr 14, 2020, at 11:44 AM, Berg, Tracy A <tberg@uhg.com> wrote:

Will/Steve – Just to confirm on [REDACTED] (b) (5), (b) (4)

TOTAL: (b) (5)

<image001.png>

Tracy A. Berg

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tberg@uhg.com | unitedhealthgroup.com

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From: [Espinosa, Diana \(HRSA\)](#)
To: [Beck, Christine M](#); [Bowers, Tonya \(HRSA\)](#)
Subject: RE: [Follow-up] Provider Payment Details Reporting
Date: Friday, April 10, 2020 6:47:00 PM
Attachments: [image001.png](#)

I am available 830-930 and 11-12. We would probably add some of our data people to the meeting.

Diana Espinosa

Deputy Administrator
Health Resources and Services Administration
301-443-2216
despinosa@hrsa.gov



From: Beck, Christine M <christine_m_beck@uhg.com>
Sent: Friday, April 10, 2020 6:40 PM
To: Bowers, Tonya (HRSA) <TBowers@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Subject: FW: [Follow-up] Provider Payment Details Reporting
Importance: High

Hi Tonya and Diana –

Can you advise of your availability for Monday, preferably morning, to meet with Heather and the
(b) (5)
(b) (5), please let me know and I can include them in the meeting. Thank you!

Christine

From: Rood, Heather L
Sent: Friday, April 10, 2020 12:01 PM
To: 'Bowers, Tonya (HRSA)'
Cc: Bothra, Sid (SVP Operations); Beck, Christine M; Crook, Martyn J; Mahmood, Krystine D; Huttinger, Alexandra (HRSA); Bietz, Daniel (HRSA); Taylor, Jessamy (HRSA)
Subject: RE: [Follow-up] Provider Payment Details Reporting

Thanks, Tonya. Following up on this (b) (5)
(b) (5) Are you the right contact to share that data with, as well? If so, would you prefer we include it on the same report?

Thinking we'd (b) (5)

(b) (5)
(b) (5)

(b) (5)

Let me know what you think or if you'd prefer to discuss this further on a call- happy to set it up.

Heather

From: Bowers, Tonya (HRSA) [<mailto:TBowers@hrsa.gov>]
Sent: Thursday, April 09, 2020 4:19 PM
To: Rood, Heather L
Cc: Bothra, Sid (SVP Operations); Beck, Christine M; Crook, Martyn J; Mahmood, Krystine D; Huttinger, Alexandra (HRSA); Bietz, Daniel (HRSA); Taylor, Jessamy (HRSA)
Subject: RE: [Follow-up] Provider Payment Details Reporting

Thanks Heather for the follow-up email. I have cc'd our data team to begin this conversation and get deeper in the details. I really appreciate your help with this. – Tonya

From: Rood, Heather L <heather_rood@uhc.com>
Sent: Thursday, April 9, 2020 4:52 PM
To: Bowers, Tonya (HRSA) <TBowers@hrsa.gov>
Cc: Bothra, Sid (SVP Operations) <sid_bothra@uhc.com>; Beck, Christine M <christine_m_beck@uhg.com>; Crook, Martyn J <martyn_crook@uhc.com>; Mahmood, Krystine D <krystine.mahmood@uhc.com>
Subject: [Follow-up] Provider Payment Details Reporting

Hi Tonya,

Following up with you on our conversation yesterday (b) (5)
Questions below requiring your response so we can ensure we get all required information to you, when you need it.

(b) (5)

(b) (5)

Please let me know if I missed anything else above.

Thank you!
Heather Rood

Heather Rood | UHC Operations Enablement
O: 952.979.7150 | M: (b) (6)
heather_rood@uhc.com

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From: [Engels, Thomas \(HRSA\)](#)
To: [Berg, Tracy A](#); [Brady, Will \(HHS/IOS\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Reller, Tami](#); [Pratt, Michael \(OS/ASPA\)](#)
Subject: RE: Approval needed; URGENT
Date: Wednesday, April 15, 2020 12:29:45 PM
Attachments: [image001.png](#)

Tracy,

Sorry I missed your call, I will support.

Tom

Tom Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov



From: Berg, Tracy A <tberg@uhg.com>
Sent: Wednesday, April 15, 2020 12:20 PM
To: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Cc: Reller, Tami <tami.reller@uhc.com>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>
Subject: FW: Approval needed; URGENT

Will, Diana, and Tom – I know you are all extremely busy this morning. I reached all of your vm box, but did not leave a message.

(b) (5)

(b) (5)

We have more time to discuss what we will use for Wave 4/General Dist Phase 2A.

Thank you,

Tracy

(b) (6)

From: Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>

Sent: Wednesday, April 15, 2020 10:53 AM
To: Reller, Tami <tami.reller@uhc.com>
Cc: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Subject: Re: Approval needed; URGENT

I clear. Will - you good with this?

Sent from my iPhone

On Apr 15, 2020, at 11:43 AM, Reller, Tami <tami.reller@uhc.com> wrote:

Michael,
Urgent item below – are you ok with?
(b) (5). We think
will be quite helpful.

From: Berg, Tracy A <tberg@uhg.com>
Sent: Tuesday, April 14, 2020 12:03 PM
To: William.Brady@hhs.gov; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>
Cc: Reller, Tami <tami.reller@uhc.com>; McKoy, Philip G <philip.mckoy@uhc.com>
Subject: Approval needed

A couple of items:

- 1) (b) (5)
(b) (5)
- 2) Is there a time scheduled for link on hhs.gov to be live with the link to our portal?

Thank you,
Tracy

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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From: [Reller, Tami](#)
To: [Brady, Will \(HHS/IOS\)](#); [Espinosa, Diana \(HRSA\)](#); [Berg, Tracy A](#); [Engels, Thomas \(HRSA\)](#)
Cc: [Pratt, Michael \(OS/ASPA\)](#)
Subject: RE: Approval needed; URGENT
Date: Wednesday, April 15, 2020 12:36:53 PM
Attachments: [image001.png](#)

We did not have language the first time – (b) (5) . (b) (5)
It gives the right clues.

From: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Sent: Wednesday, April 15, 2020 11:30 AM
To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Berg, Tracy A <tberg@uhg.com>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Cc: Reller, Tami <tami.reller@uhc.com>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>
Subject: RE: Approval needed; URGENT

What is different between this one and the first one?

From: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Sent: Wednesday, April 15, 2020 12:24 PM
To: Berg, Tracy A <tberg@uhg.com>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Cc: Reller, Tami <tami.reller@uhc.com>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>
Subject: RE: Approval needed; URGENT

Defer to Will.

Diana Espinosa

Deputy Administrator
Health Resources and Services Administration
301-443-2216
despinosa@hrsa.gov



From: Berg, Tracy A <tberg@uhg.com>
Sent: Wednesday, April 15, 2020 12:20 PM
To: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Cc: Reller, Tami <tami.reller@uhc.com>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>

Subject: FW: Approval needed; URGENT

Will, Diana, and Tom – I know you are all extremely busy this morning. I reached all of your vm box, but did not leave a message.

(b) (5)

(b) (5)

We have more time to discuss what we will use for Wave 4/General Dist Phase 2A.

Thank you,

Tracy

(b) (6)

From: Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>

Sent: Wednesday, April 15, 2020 10:53 AM

To: Reller, Tami <tami.reller@uhc.com>

Cc: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>

Subject: Re: Approval needed; URGENT

I clear. Will - you good with this?

Sent from my iPhone

On Apr 15, 2020, at 11:43 AM, Reller, Tami <tami.reller@uhc.com> wrote:

Michael,

Urgent item below – are you ok with?

This will be on the ACH – will give provider key information on why receiving.

We think will be quite helpful.

From: Berg, Tracy A <tberg@uhg.com>

Sent: Tuesday, April 14, 2020 12:03 PM

To: William.Brady@hhs.gov; Pratt, Michael (OS/ASPA)

<Michael.Pratt@hhs.gov>

Cc: Reller, Tami <tami.reller@uhc.com>; McKoy, Philip G

<philip.mckoy@uhc.com>

Subject: Approval needed

A couple of items:

1) (b) (5)

(b) (5)

2) Is there a time scheduled for link on [hhs.gov](https://www.hhs.gov) to be live with the link to our

portal?

Thank you,
Tracy

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group
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tberg@uhg.com | unitedhealthgroup.com

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From: [Grugnale, Gregory F](#)
To: [Cheatham, Tina \(HRSA\)](#); [Beck, Christine M](#)
Cc: [Espinosa, Diana \(HRSA\)](#)
Subject: RE: Conflicting Meetings at 1pm ET with HRSA on Checks/Payments
Date: Wednesday, April 15, 2020 11:57:54 AM

Thanks for the heads up, Tina! Going to combine now.

Greg Grugnale
Vice President, Enterprise Integration Services

M (b) (6)
E greg.grugnale@uhg.com

From: Cheatham, Tina (HRSA) <TCheatham@hrsa.gov>
Sent: Wednesday, April 15, 2020 11:46 AM
To: Grugnale, Gregory F <greg.grugnale@uhg.com>; Beck, Christine M <christine_m_beck@uhg.com>
Cc: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Subject: RE: Conflicting Meetings at 1pm ET with HRSA on Checks/Payments

Thanks Greg! It's actually: Payne, Gavin <gavin.payne@optum.com>

From: Grugnale, Gregory F <greg.grugnale@uhg.com>
Sent: Wednesday, April 15, 2020 11:43 AM
To: Cheatham, Tina (HRSA) <TCheatham@hrsa.gov>; Beck, Christine M <christine_m_beck@uhg.com>
Cc: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Subject: RE: Conflicting Meetings at 1pm ET with HRSA on Checks/Payments

Thanks, Tina! Who from UHG is the organizer of the other meeting? I have the paper check meeting and am happy to combine

Greg Grugnale
Vice President, Enterprise Integration Services

M 617.290.7263
E greg.grugnale@uhg.com

From: Cheatham, Tina (HRSA) <TCheatham@hrsa.gov>
Sent: Wednesday, April 15, 2020 11:34 AM
To: Grugnale, Gregory F <greg.grugnale@uhg.com>; Beck, Christine M <christine_m_beck@uhg.com>
Cc: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Subject: Conflicting Meetings at 1pm ET with HRSA on Checks/Payments

Hi Greg and Christine,

HRSA seems to have two somewhat similar meetings set up with United and Optum at 1pm ET today. In addition to the meeting that you all set up with us, HRSA's Chief Financial Officer and her team have a call with United/Optum at 1pm ET to cover the following agenda:

Meeting to review funding logistics:

• (b) (5)
•
•

(b) (5)

Should we combine these meetings? If not, can we possibly adjust the timing of one of them so HRSA can have the right people on both calls?

Thanks,
Tina

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From: [Stearns, Matthew H](#)
To: [Pratt, Michael \(OS/ASPA\)](#); [Baker, Michael](#); [Gorsuch, Kirsten](#)
Cc: [Murphy, Ryan \(OS/ASPA\)](#); [Foster, Timothy \(OS/ASPA\)](#); [Reller, Tami](#); [Berg, Tracy A](#); [O'Neill, Regis J](#); [Gillson, Denise](#); [Espinosa, Diana \(HRSA\)](#); [Steigauf, Christina M](#); [Kramer, Martin \(HRSA\)](#)
Subject: RE: Connecting: Re Comms, Language, Timing
Date: Tuesday, April 07, 2020 2:38:14 PM

All: Rather than the dial in in the invite, please use the webex dial in below as we will need to share screens. Thanks.

-----Original Appointment-----

From: Stearns, Matthew H
Sent: Tuesday, April 7, 2020 12:36 PM
To: Stearns, Matthew H; 'Pratt, Michael (OS/ASPA)'; Baker, Michael; Gorsuch, Kirsten
Cc: 'Murphy, Ryan (OS/ASPA)'; 'Foster, Timothy (OS/ASPA)'; Reller, Tami; Berg, Tracy A; O'Neill, Regis J; Gillson, Denise; despinosa@hrsa.gov; Steigauf, Christina M; Kramer, Martin (HRSA)
Subject: Connecting: Re Comms, Language, Timing
When: Tuesday, April 7, 2020 3:00 PM-3:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: (b) (6) passcode (b) (6) (Stearns to host)

-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

Meeting number (access code): (b) (6)

Meeting password: (b) (6)

[Join meeting](#)

Join by phone

Tap to call in from a mobile device (attendees only)

(b) (6) JS/Canada (Preferred)

[Global call-in numbers](#)

If you are a host, [go here](#) to view host information.

Need help? Go to <http://help.webex.com>

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From: [Espinosa, Diana \(HRSA\)](#)
To: [Berg, Tracy A](#); [Brady, Will \(HHS/IOS\)](#); [Engels, Thomas \(HRSA\)](#)
Cc: [Reller, Tami](#); [Baker, Michael](#)
Subject: RE: Day One Outreach/incoming Summary
Date: Saturday, April 11, 2020 11:03:00 AM
Attachments: [image001.png](#)

Thanks, very helpful.

Diana Espinosa

Deputy Administrator
Health Resources and Services Administration
301-443-2216
despinosa@hrsa.gov



From: Berg, Tracy A <tberg@uhg.com>
Sent: Saturday, April 11, 2020 10:29 AM
To: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Cc: Reller, Tami <tami.reller@uhc.com>; Baker, Michael <mike.baker@uhc.com>
Subject: Day One Outreach/incoming Summary

Will, Tom, Diana -
Please see report.
Thank you,
Tracy

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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From: [Mahmood, Krystine D](#)
To: [Berg, Tracy A](#); [Bowers, Tonya \(HRSA\)](#)
Cc: [Beck, Christine M](#); [Cheatham, Tina \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#)
Subject: RE: Day One Outreach/incoming Summary
Date: Wednesday, April 15, 2020 1:10:50 AM

Will do. Please expect the first report around 3PM CT on Wednesday afternoon.

Thank you,
Krystine

Sent from Workspace ONE Boxer

On Apr 14, 2020 10:52 PM, "Berg, Tracy A" <tberg@uhg.com> wrote:
Hi Tonya,

(b) (5)
(b) (5) Krystine - can you include those people on the email with the distribution to Will?

Thank you,
Tracy

Sent with BlackBerry Work
(www.blackberry.com)

From: Bowers, Tonya (HRSA) <TBowers@hrsa.gov>
Date: Tuesday, Apr 14, 2020, 8:09 PM
To: Berg, Tracy A <tberg@uhg.com>
Cc: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>, Cheatham, Tina (HRSA) <TCheatham@hrsa.gov>
Subject: Re: Day One Outreach/incoming Summary

Tracy - (b) (5)
(b) (5) It is really helpful insight to the overall provider communication. Thank you - Tonya

From: Berg, Tracy A <tberg@uhg.com>
Sent: Saturday, April 11, 2020 10:29 AM
To: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Cc: Reller, Tami <tami.reller@uhc.com>; Baker, Michael <mike.baker@uhc.com>
Subject: Day One Outreach/incoming Summary

Will, Tom, Diana -
Please see report.

Thank you,
Tracy

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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From: [Engels, Thomas \(HRSA\)](#)
To: [Schumacher, Daniel J](#)
Subject: RE: email
Date: Tuesday, April 21, 2020 11:38:00 AM
Attachments: [image001.png](#)

(b) (5)

TESTING FOR COVID-19:

(b) (5)

Pre-Decisional, Deliberative and Confidential

Tom Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov



From: Schumacher, Daniel J <schu@optum.com>
Sent: Tuesday, April 21, 2020 11:29 AM
To: Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Subject: email

Tom – I haven't received your note. If you can check email address, I would appreciate it. Thanks.
Dan

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From: [Schumacher, Daniel J](#)
To: [Engels, Thomas \(HRSA\)](#)
Subject: RE: email
Date: Tuesday, April 21, 2020 11:52:46 AM
Attachments: [image001.png](#)

Ended up receiving both. Thanks.

From: Engels, Thomas (HRSA) [mailto:TEngels@hrsa.gov]
Sent: Tuesday, April 21, 2020 10:38 AM
To: Schumacher, Daniel J
Subject: RE: email

(b) (5)

TESTING FOR COVID-19:

(b) (5)

Pre-Decisional, Deliberative and Confidential

Tom Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov



From: Schumacher, Daniel J <schu@optum.com>
Sent: Tuesday, April 21, 2020 11:29 AM
To: Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Subject: email

Tom – I haven't received your note. If you can check email address, I would appreciate it. Thanks.
Dan

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From: [Beck, Christine M](#)
To: [Cheatham, Tina \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Ball, Cindy A](#)
Subject: RE: HELP NEEDED: (b) (5)
Date: Thursday, April 09, 2020 10:53:16 AM
Attachments: [image001.png](#)

Good Morning – would you also have, or could you point us to the person who would have, the appropriate logo to use on the checks in this format:

(b) (5)

Thank you!
Christine

From: Cheatham, Tina (HRSA) [mailto:TCheatham@hrsa.gov]
Sent: Wednesday, April 08, 2020 3:00 PM
To: Engels, Thomas (HRSA); Espinosa, Diana (HRSA); Beck, Christine M
Cc: Ball, Cindy A
Subject: RE: HELP NEEDED: (b) (5)

Updated in red. Thank you.

From: Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Sent: Wednesday, April 8, 2020 3:34 PM
To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Beck, Christine M <christine_m_beck@uhg.com>
Cc: Ball, Cindy A <cindy.ball@optum.com>; Cheatham, Tina (HRSA) <TCheatham@hrsa.gov>
Subject: RE: HELP NEEDED: (b) (5)

Diana,
I will follow your lead and recommendations.
Tom

Tom Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov





From: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Sent: Wednesday, April 8, 2020 3:33 PM
To: Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Beck, Christine M <christine_m_beck@uhg.com>
Cc: Ball, Cindy A <cindy.ball@optum.com>; Cheatham, Tina (HRSA) <TCheatham@hrsa.gov>
Subject: RE: HELP NEEDED: (b) (5)

Let me just check. (b) (5)

From: Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Sent: Wednesday, April 8, 2020 3:31 PM
To: Beck, Christine M <christine_m_beck@uhg.com>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Cc: Ball, Cindy A <cindy.ball@optum.com>
Subject: RE: HELP NEEDED: (b) (5)

Sorry should of clarified, I put my responses in Red.

Tom Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov



From: Engels, Thomas (HRSA)
Sent: Wednesday, April 8, 2020 3:27 PM
To: Beck, Christine M <christine_m_beck@uhg.com>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Cc: Ball, Cindy A <cindy.ball@optum.com>
Subject: RE: HELP NEEDED: (b) (5)

Tom Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov

HRSA
Health Resources & Services Administration



From: Beck, Christine M <christine_m_beck@uhg.com>
Sent: Wednesday, April 8, 2020 3:23 PM
To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Cc: Ball, Cindy A <cindy.ball@optum.com>
Subject: FW: HELP NEEDED: (b) (5)
Importance: High

Diana/Tom – Could you review the list of questions below and provide responses to those noted with your name? Thank you!

From: Ball, Cindy A
Sent: Wednesday, April 8, 2020 11:18 AM
To: Kair, Christine L; Beck, Christine M; Berg, Tracy A; Mckinley, Jill A
Cc: Meyerhofer, Jeffrey P; Anderson, Delana M
Subject: (b) (5)
Importance: High

Hello Christine, Tracy and Jill

(b) (5)

I am looking for the following information and am hoping you can supply the info or direct me to the resource that can.

(b) (5)

(b) (5)

Cindy Ball

Cindy Ball

Direct: 952-205-6334

Mobile: (b) (6)

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From: [Engels, Thomas \(HRSA\)](#)
To: [Espinosa, Diana \(HRSA\)](#); [Beck, Christine M Ball, Cindy A; Cheatham, Tina \(HRSA\)](#)
Subject: RE: HELP NEEDED: (b) (5)
Date: Wednesday, April 08, 2020 3:34:00 PM
Attachments: [image001.png](#)

Diana,
I will follow your lead and recommendations.
Tom

Tom Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov



From: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Sent: Wednesday, April 8, 2020 3:33 PM
To: Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Beck, Christine M <christine_m_beck@uhg.com>
Cc: Ball, Cindy A <cindy.ball@optum.com>; Cheatham, Tina (HRSA) <TCheatham@hrsa.gov>
Subject: RE: HELP NEEDED: (b) (5) s

Let me just check. We may want (b) (5) .

From: Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Sent: Wednesday, April 8, 2020 3:31 PM
To: Beck, Christine M <christine_m_beck@uhg.com>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Cc: Ball, Cindy A <cindy.ball@optum.com>
Subject: RE: HELP NEEDED: (b) (5)

Sorry should of clarified, I put my responses in Red.

Tom Engels
Administrator

Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov



From: Engels, Thomas (HRSA)
Sent: Wednesday, April 8, 2020 3:27 PM
To: Beck, Christine M <christine_m_beck@uhg.com>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Cc: Ball, Cindy A <cindy.ball@optum.com>
Subject: RE: HELP NEEDED (b) (5)

Tom Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov



From: Beck, Christine M <christine_m_beck@uhg.com>
Sent: Wednesday, April 8, 2020 3:23 PM
To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Cc: Ball, Cindy A <cindy.ball@optum.com>
Subject: FW: HELP NEEDED: (b) (5)
Importance: High

Diana/Tom – Could you review the list of questions below and provide responses to those noted with your name? Thank you!

From: Ball, Cindy A
Sent: Wednesday, April 8, 2020 11:18 AM
To: Kair, Christine L; Beck, Christine M; Berg, Tracy A; Mckinley, Jill A
Cc: Meyerhofer, Jeffrey P; Anderson, Delana M
Subject: (b) (5)
Importance: High

Hello Christine, Tracy and Jill

(b) (5)

I am looking for the following information and am hoping you can supply the info or direct me to the resource that can.

(b) (5)

Cindy Ball

Cindy Ball
Direct: 952-205-6334
Mobile: (b) (6)

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From: [McKoy, Philip G](#)
To: [Burton, Adriane \(HRSA\)](#); [Brady, Will \(HHS/IOS\)](#); [Arrieta, Jose \(OS/ASA/OCIO\)](#); [Koyani, Sanjay \(OS/IOS\)](#); [Bowles, Jamil \(HHS/IOS\)](#); [Khaliq, Kamran \(OS/ASA/OCIO/OIS\)](#); [Vogel, Janet \(OS/ASA\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Berg, Tracy A](#); [Dickel, Aman \(OS/IOS\)](#)
Subject: Re: HHS CIO/UHG Connect: UHG/HHS Critical Path Execution on Provider Relief Fund
Date: Wednesday, April 08, 2020 12:19:37 PM

Just spoke with Adriane and she now has the letter.

Phil McKoy
UnitedHealthcare

From: "Burton, Adriane (HRSA)" <ABurton@hrsa.gov>
Date: Wednesday, April 8, 2020 at 11:04 AM
To: "Brady, Will (HHS/IOS)" <William.Brady@hhs.gov>, "Arrieta, Jose (OS/ASA/OCIO)" <Jose.Arrieta@hhs.gov>, "Koyani, Sanjay (OS/IOS)" <Sanjay.Koyani@hhs.gov>, "McKoy, Philip G" <philip.mckoy@uhc.com>, "Bowles, Jamil (HHS/IOS)" <Jamil.Bowles@HHS.GOV>, "Khaliq, Kamran (OS/ASA/OCIO/OIS)" <Kamran.Khaliq@hhs.gov>, "Vogel, Janet (OS/ASA)" <Janet.Vogel@hhs.gov>, "Espinosa, Diana (HRSA)" <DEspinosa@hrsa.gov>
Cc: "Berg, Tracy A" <tberg@uhg.com>, "Dickel, Aman (OS/IOS)" <Aman.Dickel@hhs.gov>
Subject: RE: HHS CIO/UHG Connect: UHG/HHS Critical Path Execution on Provider Relief Fund

HRSA reached out earlier today (b) (5)

All the best,

Adriane

From: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Sent: Wednesday, April 8, 2020 11:58 AM
To: Arrieta, Jose (OS/ASA/OCIO) <Jose.Arrieta@hhs.gov>; Koyani, Sanjay (OS/IOS) <Sanjay.Koyani@hhs.gov>; McKoy, Philip G <philip.mckoy@uhc.com>; Bowles, Jamil (HHS/IOS) <Jamil.Bowles@HHS.GOV>; Khaliq, Kamran (OS/ASA/OCIO/OIS) <Kamran.Khaliq@hhs.gov>; Vogel, Janet (OS/ASA) <Janet.Vogel@hhs.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Burton, Adriane (HRSA) <ABurton@hrsa.gov>
Cc: Berg, Tracy A <tberg@uhg.com>; Dickel, Aman (OS/IOS) <Aman.Dickel@hhs.gov>
Subject: RE: HHS CIO/UHG Connect: UHG/HHS Critical Path Execution on Provider Relief Fund

(b) (5)

From: Arrieta, Jose (OS/ASA/OCIO) <Jose.Arrieta@hhs.gov>

Sent: Wednesday, April 8, 2020 10:51 AM

To: Koyani, Sanjay (OS/IOS) <Sanjay.Koyani@hhs.gov>; McKoy, Philip G <philip.mckoy@uhc.com>; Bowles, Jamil (HHS/IOS) <Jamil.Bowles@HHS.GOV>; Khaliq, Kamran (OS/ASA/OCIO/OIS) <Kamran.Khaliq@hhs.gov>; Vogel, Janet (OS/ASA) <Janet.Vogel@hhs.gov>

Cc: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Berg, Tracy A <tberg@uhg.com>; Dickel, Aman (OS/IOS) <Aman.Dickel@hhs.gov>

Subject: RE: HHS CIO/UHG Connect: UHG/HHS Critical Path Execution on Provider Relief Fund

(b) (5)

Jose

Regards,

Jose L. Arrieta
Chief Information Officer (CIO)
U. S. Department of Health and Human Services
Jose.arrieta@hhs.gov

From: Koyani, Sanjay (OS/IOS) <Sanjay.Koyani@hhs.gov>

Sent: Wednesday, April 8, 2020 10:49 AM

To: McKoy, Philip G <philip.mckoy@uhc.com>; Arrieta, Jose (OS/ASA/OCIO) <Jose.Arrieta@hhs.gov>

Cc: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Berg, Tracy A <tberg@uhg.com>; Dickel, Aman (OS/IOS) <Aman.Dickel@hhs.gov>

Subject: HHS CIO/UHG Connect: UHG/HHS Critical Path Execution on Provider Relief Fund

Phil

(b) (5)

sk

Sanjay J. Koyani

Executive Director

Office of the Chief Technology Officer | Immediate Office of the Secretary

U.S. Department of Health and Human Services

e: sanjay.koyani@hhs.gov | w: 202.774.2309 | m: 202.836.2354

<< OLE Object: Picture (Device Independent Bitmap) >>

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From: [Espinosa, Diana \(HRSA\)](#)
To: [Gillson, Denise](#); [Jenny, Brenna \(HHS/OGC\)](#); [Parente, Stephen T. EOP/CEA](#)
Cc: [Brady, Will \(HHS/IOS\)](#)
Subject: RE: HHS Questions - (b) (5)
Date: Tuesday, April 07, 2020 2:26:00 PM

(b) (5)

From: Gillson, Denise <denise_gillson@uhg.com>
Sent: Tuesday, April 7, 2020 1:52 PM
To: Jenny, Brenna (HHS/OGC) <Brenna.Jenny@hhs.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Cc: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Subject: HHS Questions - (b) (5)

Hi Brenna and Diana,
Can you help to provide clarity to our UHG team on the following? Or put me in contact with someone who can?

(b) (5)

(b) (5)

Thank you!

Denise Gillson

Enterprise Integration Services | UnitedHealth Group
952.202.0381 | denise_gillson@uhg.com

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From: [Santelli, John C](#)
To: [Brady, Will \(HHS/IOS\)](#); [Engels, Thomas \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Parker, Jim \(HHS/IOS\)](#); [Cardwell, Aimee K](#); [Berg, Tracy A](#); stephen.t.parente@cea.eop.gov
Subject: Re: HHS to United file uploads
Date: Thursday, April 09, 2020 8:12:45 PM

Great!

Thank you.

On April 9, 2020 at 7:01:38 PM CDT, Brady, Will (HHS/IOS) <William.Brady@hhs.gov> wrote:

(b) (5)

Sent from my iPhone

> On Apr 9, 2020, at 7:57 PM, Brady, Will (HHS/IOS) <William.Brady@hhs.gov> wrote:

>

> All,

(b) (5)

> Let me know if you have any questions.

>

> Sent from my iPhone

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From: [Berg, Tracy A](#)
To: [Brady, Will \(HHS/IOS\)](#); [Espinosa, Diana \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [Jenny, Brenna \(HHS/OGC\)](#); [Beck, Christine M](#)
Subject: RE: items needing decisions
Date: Thursday, April 16, 2020 11:47:04 AM

Thanks for the quick response. Regarding the question/answer below – YES, this is for additional distributions (b) (5)

- (b) (5)

Is this for the additional distributions?

From: Brady, Will (HHS/IOS) [mailto:William.Brady@hhs.gov]
Sent: Thursday, April 16, 2020 10:44 AM
To: Berg, Tracy A; Espinosa, Diana (HRSA); Bowers, Tonya (HRSA); Jenny, Brenna (HHS/OGC)
Subject: RE: items needing decisions

Thanks Tracy,

Adding the HRSA team who is compiling all FAQs.

My thoughts below.

From: Berg, Tracy A <tberg@uhg.com>
Sent: Thursday, April 16, 2020 10:31 AM
To: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Subject: items needing decisions

Will – please see outstanding questions that we would like HHS confirmation on decisions:

(b) (5)

(b) (5)

Tracy A. Berg

Enterprise Integration Services | UnitedHealth Group

T 952-205-1538 | M (b) (6)

tberg@uhg.com | unitedhealthgroup.com

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From: [Gillson, Denise](#)
To: [Brady, Will \(HHS/IOS\)](#); [Berg, Tracy A](#); [Jenny, Brenna \(HHS/OGC\)](#); [Engels, Thomas \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Parker, Jim \(HHS/IOS\)](#)
Cc: [Berg, Tracy A](#)
Subject: RE: Language needed
Date: Tuesday, April 07, 2020 10:10:06 AM

Thank you, Jenny and Will. Who can I work with on (b) (5) ?
Thanks,

Denise Gillson
Enterprise Integration Services | UnitedHealth Group

From: Jenny, Brenna (HHS/OGC) [mailto:Brenna.Jenny@hhs.gov]
Sent: Tuesday, April 7, 2020 7:01 AM
To: Brady, Will (HHS/IOS); Berg, Tracy A; Engels, Thomas (HRSA); Espinosa, Diana (HRSA); Parker, Jim (HHS/IOS)
Cc: Blyakhman, Alex; Ball, Cindy A; Cardwell, Aimee K; Gillson, Denise
Subject: RE: Language needed

(b) (5)

From: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Sent: Tuesday, April 7, 2020 7:40 AM
To: Berg, Tracy A <tberg@uhg.com>; Jenny, Brenna (HHS/OGC) <Brenna.Jenny@hhs.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>
Cc: Blyakhman, Alex <alex.blyakhman@optum.com>; Ball, Cindy A <cindy.ball@optum.com>; Cardwell, Aimee K <aimee.cardwell@optum.com>; Gillson, Denise <denise_gillson@uhg.com>
Subject: Re: Language needed

Brenna/ Dianna - (b) (5)

Thanks.
Sent from my iPhone

On Apr 7, 2020, at 2:40 AM, Berg, Tracy A <tberg@uhg.com> wrote:

Will,

I didn't see a response on this and I don't believe the folks cc:d (b) (5)
Can you please connect them to the right contact?

Request:



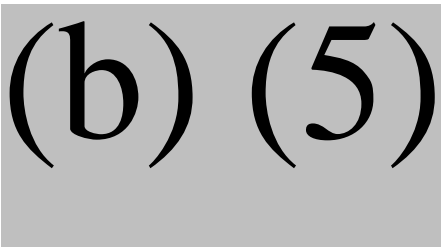
Thank you,
Tracy

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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From: Berg, Tracy A
Sent: Monday, April 06, 2020 2:39 PM
To: William.Brady@hhs.gov
Cc: Blyakhman, Alex; Ball, Cindy A; Cardwell, Aimee K
Subject: Language needed

Hi Will,
Per our convo, can you please define the language (b) (5)
[Redacted]
[Redacted]



Thank you,

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group

T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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From: [Berg, Tracy A](#)
To: [Brady, Will \(HHS/IOS\)](#); [Engels, Thomas \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Hage, Hans C](#); [Santoro, Michael A](#)
Subject: Portal questions
Date: Wednesday, April 08, 2020 6:23:54 PM

Will – [REDACTED] (b) (5)

These can be discussed in the meeting. Giving you a heads up.

We need confirmation on the following from HHS:

(b) (5)

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M [REDACTED] (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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From: [Espinosa, Diana \(HRSA\)](#)
To: [Byrnes, Chris A](#); [Gillson, Denise](#)
Cc: [Cardwell, Aimee K](#); [O'neill, Regis J](#)
Subject: RE: HHS Portal requirements
Date: Tuesday, April 07, 2020 8:25:00 PM

This is what we were thinking. It would need to be enough info to (b) (5)

(b) (5)

From: Byrnes, Chris A <chris_a_byrnes@uhc.com>
Sent: Tuesday, April 7, 2020 8:13 PM
To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Gillson, Denise <denise_gillson@uhg.com>
Cc: Cardwell, Aimee K <aimee.cardwell@optum.com>; O'neill, Regis J <regis_j_oneill@uhc.com>
Subject: RE: HHS Portal requirements

Thanks.

(b) (5)

Thanks
Chris

From: Espinosa, Diana (HRSA) [<mailto:DEspinosa@hrsa.gov>]
Sent: Tuesday, April 07, 2020 7:11 PM
To: Byrnes, Chris A; Gillson, Denise
Cc: Cardwell, Aimee K; O'neill, Regis J
Subject: RE: HHS Portal requirements

(b) (5)

From: Byrnes, Chris A <chris_a_byrnes@uhc.com>

Sent: Tuesday, April 7, 2020 7:17 PM

To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Gillson, Denise <denise_gillson@uhg.com>

Cc: Cardwell, Aimee K <aimee.cardwell@optum.com>; O'Neill, Regis J <regis_j_oneill@uhc.com>

Subject: RE: HHS Portal requirements

Thank you Diana!

We are anxious to see your input. Can we get this information yet this evening?

Thanks

Chris

From: Espinosa, Diana (HRSA) [<mailto:DEspinosa@hrsa.gov>]

Sent: Tuesday, April 07, 2020 6:09 PM

To: Gillson, Denise

Cc: Cardwell, Aimee K; Byrnes, Chris A; O'Neill, Regis J

Subject: RE: HHS Portal requirements

Based on the call that just completed, it seems that some edits (b) (5)

From: Gillson, Denise <denise_gillson@uhg.com>

Sent: Tuesday, April 7, 2020 5:31 PM

To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>

Cc: Cardwell, Aimee K <aimee.cardwell@optum.com>; Byrnes, Chris A <chris_a_byrnes@uhc.com>; O'Neill, Regis J <regis_j_oneill@uhc.com>

Subject: FW: HHS Portal requirements

Hi Diana,

(b) (5)

Thank you!

Denise Gillson

Enterprise Integration Services | UnitedHealth Group

From: Berg, Tracy A

Sent: Tuesday, April 07, 2020 9:14 AM

To: DEspinosa@hrsa.gov

Cc: Cardwell, Aimee K; Byrnes, Chris A; O'Neill, Regis J; Gillson, Denise

Subject: HHS Portal requirements

Diana,

Thank you for the call. (b) (5)

Please send requirements to those cc:d on this email.

Thank you,

Tracy

Tracy A. Berg

Enterprise Integration Services | UnitedHealth Group

T 952-205-1538 | M (b) (6)

tberg@uhg.com | unitedhealthgroup.com

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From: [Byrnes, Chris A](#)
To: [Espinosa, Diana \(HRSA\)](#); [Gillson, Denise](#)
Cc: [Cardwell, Aimee K](#); [O'Neill, Regis J](#)
Subject: RE: HHS Portal requirements
Date: Tuesday, April 07, 2020 8:12:44 PM

Thanks.

(b) (5)

Thanks
Chris

From: Espinosa, Diana (HRSA) [mailto:DEspinosa@hrsa.gov]
Sent: Tuesday, April 07, 2020 7:11 PM
To: Byrnes, Chris A; Gillson, Denise
Cc: Cardwell, Aimee K; O'Neill, Regis J
Subject: RE: HHS Portal requirements

(b) (5)

From: Byrnes, Chris A <chris_a_byrnes@uhc.com>
Sent: Tuesday, April 7, 2020 7:17 PM
To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Gillson, Denise <denise_gillson@uhg.com>
Cc: Cardwell, Aimee K <aimee.cardwell@optum.com>; O'Neill, Regis J <regis_j_oneill@uhc.com>
Subject: RE: HHS Portal requirements

Thank you Diana!

(b) (5)

Can we get this information yet this evening?

Thanks
Chris

From: Espinosa, Diana (HRSA) [mailto:DEspinosa@hrsa.gov]
Sent: Tuesday, April 07, 2020 6:09 PM
To: Gillson, Denise
Cc: Cardwell, Aimee K; Byrnes, Chris A; O'Neill, Regis J
Subject: RE: HHS Portal requirements

(b) (5)

From: Gillson, Denise <denise_gillson@uhg.com>
Sent: Tuesday, April 7, 2020 5:31 PM

To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Cc: Cardwell, Aimee K <aimee.cardwell@optum.com>; Byrnes, Chris A <chris_a_byrnes@uhc.com>; O'Neill, Regis J <regis_j_oneill@uhc.com>
Subject: FW: HHS Portal requirements

Hi Diana,

(b) (5)

Thank you!

Denise Gillson

Enterprise Integration Services | UnitedHealth Group

From: Berg, Tracy A
Sent: Tuesday, April 07, 2020 9:14 AM
To: DEspinosa@hrsa.gov
Cc: Cardwell, Aimee K; Byrnes, Chris A; O'Neill, Regis J; Gillson, Denise
Subject: HHS Portal requirements

Diana,

Thank you for the call. As discussed, (b) (5)

Please send requirements to those cc'd on this email.

Thank you,

Tracy

Tracy A. Berg

Enterprise Integration Services | UnitedHealth Group

T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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From: [Gillson, Denise](#)
To: [Espinosa, Diana \(HRSA\)](#)
Cc: [Cardwell, Aimee K](#); [Byrnes, Chris A](#); [O'Neill, Regis J](#)
Subject: FW: HHS Portal requirements
Date: Tuesday, April 07, 2020 5:31:41 PM

Hi Diana,

(b) (5)

Thank you!

Denise Gillson

Enterprise Integration Services | UnitedHealth Group

From: Berg, Tracy A
Sent: Tuesday, April 07, 2020 9:14 AM
To: DEspinosa@hrsa.gov
Cc: [Cardwell, Aimee K](#); [Byrnes, Chris A](#); [O'Neill, Regis J](#); [Gillson, Denise](#)
Subject: HHS Portal requirements

Diana,

Thank you for the call. As discussed, (b) (5)

Please send requirements to those cc'd on this email.

Thank you,

Tracy

Tracy A. Berg

Enterprise Integration Services | UnitedHealth Group

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From: [Espinosa, Diana \(HRSA\)](#)
To: [Brady, Will \(HHS/IOS\)](#)
Cc: [Pratt, Michael \(OS/ASPA\)](#); [Baker, Michael \(OS/IEA\)](#); tberg@uhg.com; [Bowers, Tonya \(HRSA\)](#); [Burton, Adriane \(HRSA\)](#); [Kramer, Marty \(HRSA\)](#)
Subject: RE: mailbox
Date: Thursday, April 09, 2020 3:37:00 PM
Attachments: [image001.png](#)

(b) (5)

Diana Espinosa

Deputy Administrator
Health Resources and Services Administration
301-443-2216
despinosa@hrsa.gov



From: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Sent: Thursday, April 9, 2020 3:33 PM
To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Cc: Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>; tberg@uhg.com; Bowers, Tonya (HRSA) <TBowers@hrsa.gov>; Burton, Adriane (HRSA) <ABurton@hrsa.gov>
Subject: Re: mailbox

(b) (5)

Sent from my iPhone

On Apr 9, 2020, at 3:29 PM, Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov> wrote:

(b) (5)

Diana Espinosa

Deputy Administrator
Health Resources and Services Administration
301-443-2216

despinosa@hrsa.gov

[<image001.png>](#)

[<image007.jpg>](#)

[<image008.jpg>](#)

[<image009.jpg>](#)

[<image010.jpg>](#)

[<image011.jpg>](#)

From: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>

Sent: Thursday, April 9, 2020 3:26 PM

To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>; tberg@uhg.com

Cc: Bowers, Tonya (HRSA) <TBowers@hrsa.gov>; Burton, Adriane (HRSA) <ABurton@hrsa.gov>

Subject: RE: mailbox

From: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>

Sent: Thursday, April 9, 2020 3:19 PM

To: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>

Cc: Bowers, Tonya (HRSA) <TBowers@hrsa.gov>; Burton, Adriane (HRSA) <ABurton@hrsa.gov>

Subject: mailbox

(b) (5)

Deputy Administrator
Health Resources and Services Administration
301-443-2216
despinosa@hrsa.gov

[<image001.png>](#)

[<image012.jpg>](#)

[<image013.jpg>](#)

[<image014.jpg>](#)

[<image015.jpg>](#)

[<image016.jpg>](#)

From: [Berg, Tracy A](#)
To: [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#); [Brady, Will \(HHS/IOS\)](#)
Cc: [Baker, Michael](#); [Beck, Christine M](#)
Subject: RE: meeting at 10am CT/11am ET
Date: Thursday, April 09, 2020 10:51:59 AM
Attachments: [image001.png](#)

correct

From: Espinosa, Diana (HRSA) [mailto:DEspinosa@hrsa.gov]
Sent: Thursday, April 09, 2020 9:51 AM
To: Berg, Tracy A; Engels, Thomas (HRSA); Brady, Will (HHS/IOS)
Cc: Baker, Michael; Beck, Christine M
Subject: RE: meeting at 10am CT/11am ET

(b) (5)

Diana Espinosa

Deputy Administrator
Health Resources and Services Administration
301-443-2216
despinosa@hrsa.gov



From: Berg, Tracy A <tberg@uhg.com>
Sent: Thursday, April 9, 2020 10:49 AM
To: Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Cc: Baker, Michael <mike.baker@uhc.com>; Beck, Christine M <christine_m_beck@uhg.com>
Subject: meeting at 10am CT/11am ET

Tom, Diana, Will –you should have received an invite to discuss provider service topics. I called Tom and Will –got voicemail. so giving you heads up so that you can forward invite to others if needed.
Thank you
Tracy

Tracy A. Berg
Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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From: [Engels, Thomas \(HRSA\)](#)
To: [Berg, Tracy A](#); [Brady, Will \(HHS/IOS\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Reller, Tami](#); [McKoy, Philip G](#)
Subject: RE: name of portal - action needed
Date: Wednesday, April 08, 2020 1:48:04 PM
Attachments: [image001.png](#)

Tracy,

(b) (5)

Tom

Tom Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov



From: Berg, Tracy A <tberg@uhg.com>
Sent: Wednesday, April 8, 2020 1:38 PM
To: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>
Cc: Reller, Tami <tami.reller@uhc.com>; McKoy, Philip G <philip.mckoy@uhc.com>
Subject: name of portal - action needed
Importance: High

Will, Tom, Diana –

Adriane Burton/HRSA requested a name (b) (5).

(b) (5) :
(b) (5)

(b) (5)

Thank you,
Tracy

Tracy A. Berg

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From: [Engels, Thomas \(HRSA\)](#)
To: [Pezhman, Payman](#); [Garcia, Alexandra \(HRSA\)](#); [DeWall, Patrick J](#)
Cc: [Burton, Adriane \(HRSA\)](#); [Karver, Shirley \(HRSA\)](#); [Taylor, Carolyn \(HRSA\)](#)
Subject: RE: NDA
Date: Monday, April 06, 2020 5:42:00 PM
Attachments: [Signed NDA04062020.tif](#)
[image007.png](#)

Pre-Decisional, Deliberative and Confidential

Tom Engels
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane,
Rockville, MD 20857
Main: (301) 443-2216
TEngels@hrsa.gov



From: Pezhman, Payman <payman_pezhman@uhc.com>
Sent: Monday, April 6, 2020 5:27 PM
To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>; DeWall, Patrick J <patrick.dewall@optum.com>
Cc: Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Burton, Adriane (HRSA) <ABurton@hrsa.gov>;
Karver, Shirley (HRSA) <SKarver@hrsa.gov>; Taylor, Carolyn (HRSA) <CTaylor@hrsa.gov>
Subject: RE: NDA

Yes. Attached please find the executed agreement. Thank you Bonnie.

From: Garcia, Alexandra (HRSA) [<mailto:AGarcia@hrsa.gov>]
Sent: Monday, April 06, 2020 4:19 PM
To: Pezhman, Payman; DeWall, Patrick J
Cc: Engels, Thomas (HRSA); Burton, Adriane (HRSA); Karver, Shirley (HRSA); Taylor, Carolyn (HRSA)
Subject: FW: NDA

Finally - I think this covers both of us. if you agree, please sign and send back to me.

Bonnie
(301)443-5116
(202) 421-0024 or (301)591-1640
agarcia@hrsa.gov



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NON-DISCLOSURE AGREEMENT

WHEREAS, the United States Department of Health and Human Services, Health Services and Resources Administration (HRSA) will enter into a Contract with United Healthcare Services, Inc., on behalf of itself and its affiliates (UHC);

WHEREAS, in advance of the Contract, HRSA will send a data file containing provider information to UHC to facilitate payments to eligible providers from the Public Health and Social Services Emergency Fund under the Coronavirus Aid, Relief, and Economic Security (CARES) Act;

NOW, THEREFORE, in consideration of UHC's promise to enter into the Contract, UHC agrees not to disclose outside the Government of the United States any information that UHC may learn by viewing or accessing the data file, except as may be required by law and as may be required to perform its duties under the Contract, except UHC will not release any information to any entity not a party to this Agreement unless required by law; and

The parties agree that any information UHC provides in connection with the Contract is considered by UHC to be competitively sensitive, confidential and proprietary business information subject to the protection of the Procurement Integrity Act and exempt from disclosure under the Freedom of Information Act.

This Non-Disclosure Agreement sets forth all of the promises, agreements, conditions, understandings, warranties, and representations between the parties hereto with respect to the subject matter hereof, and there are no promises, agreements, conditions, understandings, warranties, or representations, oral or written, express or implied, between them other than as set forth herein with regard to such subject matter.

This agreement shall be governed by the laws of the United States.

Signed for and on behalf of
United Healthcare Services, Inc.

by 

Payman Pezhman, Secretary and
Authorized Signatory

Signed for and on behalf of
HRSA

by 

Thomas J. Engels
HRSA, Administrator

From: [Grugnale, Gregory F](#)
To: [Reed Farha, Rebecca C](#); [Gavin, Cassandra K](#); [Guidobono, Lisa A](#); [Espinosa, Diana \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Jenny, Brenna \(HHS/OGC\)](#); [Engels, Thomas \(HRSA\)](#); [Jannetty, Sandra](#)
Cc: [Runice, Paul](#); [Beck, Christine M](#); [O'neill, Regis J](#); [Bietz, Daniel \(HRSA\)](#)
Subject: RE: Paper Check Clearing Process & Timeline
Date: Wednesday, April 15, 2020 12:03:46 PM

Hi all,

We are going to combine this meeting with a similar HHS/UHG meeting being held at the same time. This meeting will be cancelled and an invite will be forwarded. Gavin Payne is the host of that meeting and I will be on to facilitate the topics below.

Greg Grugnale
Vice President, Enterprise Integration Services

M (b) (6) 3
E greg.grugnale@uhg.com

-----Original Appointment-----

From: Grugnale, Gregory F
Sent: Tuesday, April 14, 2020 6:57 PM
To: Grugnale, Gregory F; Reed Farha, Rebecca C; Gavin, Cassandra K; Guidobono, Lisa A; Espinosa, Diana (HRSA); tcheatham@hrsa.gov; brenna.jenny@hhs.gov; tengels@hrsa.gov; Jannetty, Sandra
Cc: Runice, Paul; Beck, Christine M; O'neill, Regis J; Bietz, Daniel (HRSA)
Subject: Paper Check Clearing Process & Timeline
When: Wednesday, April 15, 2020 1:00 PM-1:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: WebEx

Hello:

Sorry for last minute meeting but need clarity on a few items:

1. (b) (5)
2. (b) (5)
3. (b) (5)

Thanks,

Greg

-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

Meeting number (access code): (b) (6)

Meeting password: (b) (6)

[Join meeting](#)

Join by phone

Tap to call in from a mobile device (attendees only)

(b) (6) US/Canada (Preferred)

[Global call-in numbers](#)

If you are a host, [go here](#) to view host information.

Need help? Go to <http://help.webex.com>

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From: mike.baker@uhc.com
To: [Pratt, Michael \(OS/ASPA\)](#); [Brady, Will \(HHS/IOS\)](#); [Berg, Tracy A](#); [Engels, Thomas \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Garcia, Alexandra \(HRSA\)](#)
Cc: [Benskin, Christy](#); [Parker, Jim \(HHS/IOS\)](#); [Murphy, Ryan \(OS/ASPA\)](#)
Subject: RE: PPSI - Provider Services List of Questions
Date: Monday, April 06, 2020 11:41:12 PM

Thank you!

Michael Baker
COO, United Healthcare Provider Operations

Sent from [Workspace ONE Boxer](#)

On April 6, 2020 at 10:40:10 PM CDT, Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov> wrote:

(b) (5)

Michael

Michael J. Pratt
Director, Strategic Communications & Campaigns
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
michael.pratt@hhs.gov
202.690.7471 | (b) (6) (m)

From: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Sent: Monday, April 6, 2020 5:36 PM
To: Berg, Tracy A <tberg@uhg.com>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>
Cc: Benskin, Christy <christy.benskin@uhc.com>; Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>
Subject: RE: PPSI - Provider Services List of Questions

(b) (5)

From: Berg, Tracy A <tberg@uhg.com>
Sent: Monday, April 6, 2020 5:28 PM
To: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Cc: Benskin, Christy <christy.benskin@uhc.com>
Subject: PPSI - Provider Services List of Questions

Hi Will,
Please see attached for the payment questions we would like answered from HHS.
Thank you
Tracy

Tracy A. Berg
Enterprise Integration [REDACTED] itedHealth Group
T 952-205-1538 | M [REDACTED] (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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<Provider Payment Support Questions - 040620 Review Copy 1130.docx>

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From: [Santoro, Michael A](#)
To: [Brady, Will \(HHS/IOS\)](#); [Berg, Tracy A](#); [Alexander, Alec \(CMS/OA\)](#); [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#)
Cc: [Parker, Jim \(HHS/IOS\)](#); Stephen.T.Parente@cea.eop.gov; [Dickel, Aman \(OS/IOS\)](#); [Jenny, Brenna \(HHS/OGC\)](#); Stephen.T.Parente@cea.eop.gov
Subject: RE: Program Integrity
Date: Tuesday, April 07, 2020 4:48:44 PM

Thanks Will. (b) (5)

Mike

Michael Santoro | Senior Vice President, UnitedHealthcare Payment Integrity
(office) 203.447.4903 | (email) msantoro@uhc.com | (cell) (b) (6)

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From: Brady, Will (HHS/IOS) [mailto:William.Brady@hhs.gov]
Sent: Tuesday, April 7, 2020 3:53 PM
To: Berg, Tracy A; Alexander, Alec (CMS/OA); Espinosa, Diana (HRSA); Engels, Thomas (HRSA)
Cc: Parker, Jim (HHS/IOS); Stephen.T.Parente@cea.eop.gov; Dickel, Aman (OS/IOS); Jenny, Brenna (HHS/OGC); Santoro, Michael A; Stephen.T.Parente@cea.eop.gov
Subject: Program Integrity

Tracy,

(b) (5)

Thanks

(b) (5)

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From: [Bothra, Sid \(SVP Operations\)](#)
To: [Berg, Tracy A](#); [Espinosa, Diana \(HRSA\)](#); [Brady, Will \(HHS/IOS\)](#)
Cc: [Mahmood, Krystine D](#); [Beck, Christine M](#); [Engels, Thomas \(HRSA\)](#); [Rood, Heather L](#)
Subject: RE: Reporting contact
Date: Tuesday, April 07, 2020 11:50:07 AM

Hi Diana - Afternoon today between 3pm and 5pm eastern time (or any time after 5pm) would be best for us. Please let us know what works for you.

Tracy - Thanks for connecting us.

Thank You,
Sid Bothra
Operations Enablement – UHC
M: 816-547-9090
O: 952-979-6673

From: Berg, Tracy A
Sent: Tuesday, April 7, 2020 10:32 AM
To: Espinosa, Diana (HRSA); Brady, Will (HHS/IOS)
Cc: Bothra, Sid (SVP Operations); Mahmood, Krystine D; Beck, Christine M; Engels, Thomas (HRSA)
Subject: RE: Reporting contact

Diana,
Thanks for the quick response. (b) (5)
Krystine and Sid – Please provide Diana your availability.

From: Espinosa, Diana (HRSA) [mailto:DEspinosa@hrsa.gov]
Sent: Tuesday, April 07, 2020 10:12 AM
To: Brady, Will (HHS/IOS); Berg, Tracy A
Cc: Bothra, Sid (SVP Operations); Mahmood, Krystine D; Beck, Christine M; Engels, Thomas (HRSA)
Subject: RE: Reporting contact

Tracy – let me pull together a small group to discuss. What time works for you?

From: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>
Sent: Tuesday, April 7, 2020 11:04 AM
To: Berg, Tracy A <tberg@uhg.com>
Cc: Bothra, Sid (SVP Operations) <sid_bothra@uhc.com>; Mahmood, Krystine D <krystine.mahmood@uhc.com>; Beck, Christine M <christine_m_beck@uhg.com>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>
Subject: Re: Reporting contact

Tracy, Connecting you Diana.

Diana please share thoughts on reporting requirement.

(b) (5)

Sent from my iPhone

On Apr 7, 2020, at 10:59 AM, Berg, Tracy A <tberg@uhg.com> wrote:

Hi Will,

We are in need of a reporting contact to discuss HHS reporting requirements.

Our contacts are in the cc: row.

Thank you,

Tracy

Tracy A. Berg

Enterprise Integration Services | UnitedHealth Group

T 952-205-1538 | M (b) (6)

tberg@uhg.com | unitedhealthgroup.com

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From: [Grugnale, Gregory F](#)
To: [Espinosa, Diana \(HRSA\)](#); [Jenny, Brenna \(HHS/OGC\)](#)
Cc: [Beck, Christine M](#)
Subject: RE: Returned ACH or Undeliverable Check Payments
Date: Thursday, April 09, 2020 3:57:54 PM

My apologies - (b) (5)

Kindly disregard.

Greg

Greg Grugnale
Vice President, Enterprise Integration Services

M (b) (6)
E greg.grugnale@uhg.com

From: Grugnale, Gregory F
Sent: Thursday, April 9, 2020 3:53 PM
To: 'DEspinosa@hrsa.gov' <DEspinosa@hrsa.gov>; 'Brenna.Jenny@hhs.gov' <Brenna.Jenny@hhs.gov>
Cc: Beck, Christine M <christine_m_beck@uhg.com>
Subject: Returned ACH or Undeliverable Check Payments

Hi Brenna and Diana,

Can you help to provide clarity to our UHG team on the following? Or put me in contact with someone who can?

(b) (5)

Thanks,

Greg

Greg Grugnale
Vice President, Enterprise Integration Services

M (b) (6)
E greg.grugnale@uhg.com

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From: [Espinosa, Diana \(HRSA\)](#)
To: [Grugnale, Gregory F](#); [Jenny, Brenna \(HHS/OGC\)](#)
Cc: [Beck, Christine M](#); [Cheatham, Tina \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#)
Subject: RE: Returned ACH or Undeliverable Check Payments
Date: Thursday, April 09, 2020 4:07:00 PM
Attachments: [image001.png](#)

(b) (5)

Tina – if you are free can call. This is probably easier to discuss on the phone and I am on rollout call.

Diana Espinosa

Deputy Administrator
Health Resources and Services Administration
301-443-2216
despinosa@hrsa.gov



From: Grugnale, Gregory F <greg.grugnale@uhg.com>
Sent: Thursday, April 9, 2020 3:53 PM
To: Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Jenny, Brenna (HHS/OGC) <Brenna.Jenny@hhs.gov>
Cc: Beck, Christine M <christine_m_beck@uhg.com>
Subject: Returned ACH or Undeliverable Check Payments

Hi Brenna and Diana,

Can you help to provide clarity to our UHG team on the following? Or put me in contact with someone who can?

(b) (5)

Thanks,

Greg

Greg Grugnale
Vice President, Enterprise Integration Services

M (b) (6)
E greg.grugnale@uhg.com

unitedhealthgroup.com

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From: mike.baker@uhc.com
To: [Brady, Will \(HHS/IOS\)](#); [Espinosa, Diana \(HRSA\)](#); [Parente, Stephen T. EOP/CEA](#)
Cc: [Engels, Thomas \(HRSA\)](#); [Pratt, Michael \(OS/ASPA\)](#); [Benskin, Christy](#); [Szabo, Sherri](#); [Berg, Tracy A](#)
Subject: RE: Scope and Allocation
Date: Thursday, April 09, 2020 12:02:52 PM
Attachments: [COMMUNICATION COVID-19 Provider Relief Initiative FAQs for Call Center Teams 04092020.docx](#)

Thanks Will. Attached are our latest Q&A and talking points. We will send an updated list of questions today.

Diana – Christy Benskin at UHG (leads our call center program) and (b) (5)

[REDACTED]

[REDACTED]

More to come.

Best, Mike

Michael Baker | COO | UnitedHealthcare Provider Operations

O 952-931-4149 | M (b) (6) | mike.baker@UHC.com | unitedhealthgroup.com

From: Brady, Will (HHS/IOS) [mailto:William.Brady@hhs.gov]
Sent: Thursday, April 9, 2020 10:19 AM
To: Espinosa, Diana (HRSA); Parente, Stephen T. EOP/CEA; Baker, Michael
Cc: Engels, Thomas (HRSA); Pratt, Michael (OS/ASPA)
Subject: Scope and Allocation

Steve,

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From: [Meyerhofer, Jeffrey P](#)
To: [Cheatham, Tina \(HRSA\)](#); [Brady, Will \(HHS/IOS\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Berg, Tracy A](#); [Cardwell, Aimee K](#); [Santoro, Michael A](#); [Dickel, Aman \(OS/IOS\)](#); [Aldrich, Julie](#)
Subject: Secure Message from jeffrey_p_meyerhofer@optum.com
Date: Thursday, April 16, 2020 6:23:11 PM
Attachments: (b) (6)

You have received a secure message

If you have concerns about the validity of this message, contact the sender directly.

To retrieve your encrypted message, follow these steps:

1. Click the attachment, securedoc.html.

You will be prompted to open (view) the file or save (download) it to your computer. For best results, save the file first, then open it in a Web browser.

2. Enter your password.

If you are a first time user, you will be asked to register first.

Mobile device users: forward this message to mobile@res.cisco.com. You will be emailed a link where you can enter your password and view the secure email message.

For help opening securedoc.html, see (b) (6)

To initiate a new email message <https://res.cisco.com/websafe>.

From: [Beck, Christine M](#)
To: [Baker, Michael](#); [Benskin, Christy](#); [O'Neill, Regis J](#); [Espinosa, Diana \(HRSA\)](#); [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Taylor, Jessamy \(HRSA\)](#); [Burton, Adriane \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [Cates, Bridget R](#)
Subject: This am's Open HHS Questions
Date: Wednesday, April 15, 2020 10:55:54 AM
Attachments: [Open HHS Questions.xlsx](#)
Importance: High

Open questions list to be discussed at 11:30c/12:30e. Thanks!

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From: [Berg, Tracy A](#)
To: [Thompson, Brian R \(CEO UHC M&R\)](#); [Santoro, Michael A](#); [Santelli, John C](#); [Meyerhofer, Jeffrey P](#); [Wicks, Timothy A](#); [McKoy, Philip G](#); [Baker, Michael](#); [O'Neill, Regis J](#); [Brueckman, Brian D](#); [Brady, Will \(HHS/IOS\)](#); [Byrnes, Chris A](#); [Pezhman, Payman](#); [Stearns, Matthew H](#); [Reller, Tami](#); [McMahon, Dirk C](#); [Beck, Christine M](#); [Hage, Hans C](#); [Espinosa, Diana \(HRSA\)](#); [Parker, Jim \(HHS/IOS\) \(Jim.Parker@hhs.gov\)](#); [Cardwell, Aimee K](#); [Trueman, Laura \(HHS/IEA\)](#); [Stephen.T.Parente@cea.eop.gov](#); [Uehlecke, Nick \(HHS/IOS\)](#); [Moughalian, Jen \(HHS/ASFR\)](#); [Peckham, Michael \(OS/ASFR\)](#); [Alexander, Alec \(CMS/OA\)](#); [Pate, Randy \(CMS/CCIIO\)](#); [Mahmood, Krystine D](#)
Cc: [Brennan, Patrick \(OS/ASPA\)](#); [Charrow, Robert \(HHS/OGC\)](#); [Kovani, Sanjay \(OS/IOS\)](#); [Engels, Thomas \(HRSA\)](#); [Keane, Thomas \(OS/IOS\)](#); [Morse, Sara \(HHS/ASL\)](#); [Procopio, Vincenzo \(OS/ASA/OBMT\)](#); [Pratt, Michael \(OS/ASPA\)](#); [Garcia, Alexandra \(HRSA\)](#); [Jenny, Brenna \(HHS/OGC\)](#)
Subject: UHG/HHS Critical Path Execution

webex or dial in 7 (b) (6) 0 Mtg ID (b) (6)

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Agenda:

1. Contract- Executed/Received: Bonnie Garcia, Payman Pezhman
2. Funds – Confirming receipt by UHG at 10AM Est(?): Bonnie Garcia, Mike Peckham and Jeff MeyerHofer, Aimee Cardwell
3. Provider File – Steve Parenti, Aimee Cardwell, Matt Neale, John Santelli, Mike Santoro, Krystine Mahmood

(b) (5)

4. Wednesday Communications – Michael Pratt, Tami Reller

(b) (5)

5. Portal – Will Brady, Michael Pratt, Dianne Engels, Brenna Jenny: Phil McCoy, Hans Hage

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To: [Thompson, Brian R \(CEO UHC M&R\)](#); [Mcmahon, Dirk C](#); [Santelli, John C](#); [Brueckman, Brian D](#); [McKoy, Philip G](#); [Cardwell, Aimee K](#); [Santoro, Michael A](#); [Meyerhofer, Jeffrey P](#); [Wicks, Timothy A](#); [Bothra, Sid \(SVP Operations\)](#); [Baker, Michael](#); [Reller, Tami](#); [Byrnes, Chris A](#); [Pezhman, Payman](#); [Gorsuch, Kirsten](#); [Runice, Paul](#); [Payne, Gavin](#); [Beck, Christine M](#); [Brady, Will \(HHS/IOS\)](#); [Parker, Jim \(HHS/IOS\) \(Jim.Parker@hhs.gov\)](#); [Trueman, Laura \(HHS/IEA\)](#); [Uehlecke, Nick \(HHS/IOS\)](#); [Moughalian, Jen \(HHS/ASFR\)](#); [Jenny, Brenna \(HHS/OGC\)](#); [Charrow, Robert \(HHS/OGC\)](#); [Morse, Sara \(HHS/ASL\)](#); [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#); [Garcia, Alexandra \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Alexander, Alec \(CMS/OA\)](#); [Pate, Randy \(CMS/CCIIO\)](#); [Brennan, Patrick \(OS/ASPA\)](#); [Koyani, Sanjay \(OS/IOS\)](#); [Keane, Thomas \(OS/IOS\)](#); [Procopio, Vincenzo \(OS/ASA/OBMT\)](#); [Pratt, Michael \(OS/ASPA\)](#)
Subject: UHG/HHS Daily Standup

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UHG HHS HRSA CMS OS
BT Michael Baker Will Brady Diana Espinosa Alec Alexander Patrick Brennan
Dirk McMahon Tami Reller Jim Parker Tom Engels Randy Pate Sanjay Koyani
John Santelli Chris Byrnes Laura Trueman Bonnie Garcia Tom Keane
Brian Brueckman Payman Pezhman Steve Parente Tina Cheatham Vincenzo Procopio
Phil McKoy Kirsten Gorsuch Nick Uehlecke Michael Pratt
Aimee Cardwell Paul Runice Jen Moughalian
Mike Santoro Gavin Payne Brenna Jenny
Jeff Meyerhofer Tracy Berg Robert Charrow
Tim Wicks Christine Beck Sara Morse
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To: [Berg, Tracy A](#); [McKoy, Philip G](#); [Reller, Tami](#); [Mcmahon, Dirk C](#); [Thompson, Brian R \(CEO UHC M&R\)](#); [Santelli, John C](#); [Brueckman, Brian D](#); [Cardwell, Aimee K](#); [Santoro, Michael A](#); [Meyerhofer, Jeffrey P](#); [Wicks, Timothy A](#); [Bothra, Sid \(SVP Operations\)](#); [Baker, Michael](#); [Byrnes, Chris A](#); [Pezhman, Payman](#); [Gorsuch, Kirsten](#); [Runice, Paul](#); [Payne, Gavin](#); [Beck, Christine M](#); [Brady, Will \(S/IOS\)](#); [Parker, Jim \(H S/IOS\)](#); [Trueman, Laura \(S/IEA\)](#); [Uehlecke, Nick \(HHS/IOS\)](#); [Moughalian, Jen \(HHS/ASFR\)](#); [Jenny, Brenna \(HHS/OGC\)](#); [Charrow, Robert \(HHS/OGC\)](#); [Morse, Sara \(HHS/ASL\)](#); [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Alexander, Alec \(CMS/OA\)](#); [Pate, Randy \(CMS/CCIIO\)](#); [Brennan, Patrick \(OS/ASPA\)](#); [Koyani, Sanjay \(OS/IOS\)](#); [Keane, Thomas \(OS/IOS\)](#); [Pratt, Michael \(OS/ASPA\)](#)
Cc: [Shuy, Caitrin \(HHS/ASFR\)](#); [Armstrong, Rebekah \(HHS/ASL\)](#); [Bettencourt, Alice \(HHS/ASFR\)](#); [Powell, Natalie \(OS/ASFR\)](#); [Rashid, Lina C. \(CMS/CCIIO\)](#)
Subject: RE: UHG/HHS Daily Standup
Date: Wednesday, April 15, 2020 5:05:57 PM

4/15 3:30PM – 4:00PM
UHG/HHS Daily Standup

Action Items/Key Takeaways:



Enzo Procopio

Management Analyst, HHS | ASA | OBMT
Usual Hours: M-F, 8:45AM – 5:15PM
Location: 200 Independence Ave. S.W.
Washington, D.C. 20201
Rm #: 624D.3
Contact: Desk Phone #: 202-205-5039
Work Cell #: (b) (6)
Em il: Vincenzo.Procopio@hhs.gov



-----Original Appointment-----

From: Berg, Tracy A <tberg@uhg.com>
Sent: Saturday, April 11, 2020 5:57 PM
To: Berg, Tracy A; McKoy, Philip G; Reller, Tami; Mcmahon, Dirk C; Thompson, Brian R (CEO UHC M&R); Santelli, John C; Brueckman, Brian D; Cardwell, Aimee K; Santoro, Michael A; Meyerhofer, Jeffrey P; Wicks, Timothy A; Bothra, Sid (SVP Operations); Baker, Michael; Byrnes, Chris A; Pezhman, Payman; Gorsuch, Kirsten; Runice, Paul; Payne, Gavin; Beck, Christine M; Brady, Will (HHS/IOS); Parker, Jim (HHS/IOS); Trueman, Laura (HHS/IEA); Uehlecke, Nick (HHS/IOS); Moughalian, Jen (HHS/ASFR); Jenny, Brenna (HHS/OGC); Charrow, Robert (HHS/OGC); Morse, Sara (HHS/ASL); Espinosa, Diana (HRSA);

Engels, Thomas (HRSA); Cheatham, Tina (HRSA); Alexander, Alec (CMS/OA); Pate, Randy (CMS/CCIIO); Brennan, Patrick (OS/ASPA); Koyani, Sanjay (OS/IOS); Keane, Thomas (OS/IOS); Procopio, Vincenzo (OS/ASA/OBMT); Pratt, Michael (OS/ASPA)

Cc: Shuy, Caitrin (HHS/ASFR); Armstrong, Rebekah (HHS/ASL); Bettencourt, Alice (HHS/ASFR); Powell, Natalie (OS/ASFR); Rashid, Lina C. (CMS/CCIIO)

Subject: UHG/HHS Daily Standup

When: Wednesday, April 15, 2020 2:30 PM-3:00 PM (UTC-06:00) Central Time (US & Canada).

Where: Dial in (b) (6) Mtg ID (b) (6)

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Dirk McMahon	Tami Reller	Jim Parker	Tom Engels	Randy Pate	Sanjay Koyani
John Santelli	Chris Byrnes	Laura Trueman	Lina Rashid		Tom Keane
Brian Brueckman	Payman Pezhman	Steve Parente	Tina Cheatham		Vincenzo Procopio
Phil McKoy	Kirsten Gorsuch	Nick Uehlecke			Michael Pratt
Aimee Cardwell	Paul Runice	Jen Moughalian			
Mike Santoro	Gavin Payne	Brenna Jenny			
Jeff Meyerhofer	Tracy Berg	Robert Charrow			
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To: [Thompson, Brian R \(CEO UHC M&R\)](#); [Mcmahon, Dirk C](#); [Santelli, John C](#); [Brueckman, Brian D](#); [McKoy, Philip G](#); [Cardwell, Aimee K](#); [Santoro, Michael A](#); [Meyerhofer, Jeffrey P](#); [Wicks, Timothy A](#); [Bothra, Sid \(SVP Operations\)](#); [Baker, Michael](#); [Reller, Tami](#); [Byrnes, Chris A](#); [Pezhman, Payman](#); [Gorsuch, Kirsten](#); [Runice, Paul](#); [Payne, Gavin](#); [Beck, Christine M](#); [Brady, Will \(HHS/IOS\)](#); [Parker, Jim \(HHS/IOS\)](#); [Trueman, Laura \(HHS/IEA\)](#); [Uehlecke, Nick \(HHS/IOS\)](#); [Moughalian, Jen \(HHS/ASFR\)](#); [Jenny, Brenna \(HHS/OGC\)](#); [Charrow, Robert \(HHS/OGC\)](#); [Morse, Sara \(HHS/ASL\)](#); [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#); [Garcia, Alexandra \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Alexander, Alec \(CMS/OA\)](#); [Pate, Randy \(CMS/CCIIO\)](#); [Brennan, Patrick \(OS/ASPA\)](#); [Koyani, Sanjay \(OS/IOS\)](#); [Keane, Thomas \(OS/IOS\)](#); [Procopio, Vincenzo \(OS/ASA/OBMT\)](#); [Pratt, Michael \(OS/ASPA\)](#)
Cc: [Shuy, Caitrin \(HHS/ASFR\)](#); [Armstrong, Rebekah \(HHS/ASL\)](#); [Bettencourt, Alice \(HHS/ASFR\)](#)
Subject: RE: UHG/HHS Daily Standup - changed to 9:30am CT/10:30am ET
Date: Tuesday, April 14, 2020 10:03:49 AM
Importance: High

The reschedule was sent, however there may be delays in your receiving.

Please note new time 9:30am CT/10:30am ET

-----Original Appointment-----

From: Berg, Tracy A
Sent: Saturday, April 11, 2020 4:56 PM
To: Berg, Tracy A; Thompson, Brian R (CEO UHC M&R); Mcmahon, Dirk C; Santelli, John C; Brueckman, Brian D; McKoy, Philip G; Cardwell, Aimee K; Santoro, Michael A; Meyerhofer, Jeffrey P; Wicks, Timothy A; Bothra, Sid (SVP Operations); Baker, Michael; Reller, Tami; Byrnes, Chris A; Pezhman, Payman; Gorsuch, Kirsten; Runice, Paul; Payne, Gavin; Beck, Christine M; William.Brady@hhs.gov; Parker, Jim (HHS/IOS); Trueman, Laura (HHS/IEA); Uehlecke, Nick (HHS/IOS); Moughalian, Jen (HHS/ASFR); Jenny, Brenna (HHS/OGC); Charrow, Robert (HHS/OGC); Morse, Sara (HHS/ASL); DEspinosa@hrsa.gov; TEngels@hrsa.gov; Garcia, Alexandra (HRSA); Cheatham, Tina (HRSA); Alexander, Alec (CMS/OA); Pate, Randy (CMS/CCIIO); Brennan, Patrick (OS/ASPA); Koyani, Sanjay (OS/IOS); Keane, Thomas (OS/IOS); Procopio, Vincenzo (OS/ASA/OBMT); Pratt, Michael (OS/ASPA)
Cc: Shuy, Caitrin (HHS/ASFR); Armstrong, Rebekah (HHS/ASL); Bettencourt, Alice (HHS/ASFR)
Subject: UHG/HHS Daily Standup
When: Tuesday, April 14, 2020 9:30 AM-10:00 AM (UTC-06:00) Central Time (US & Canada).
Where: Dial in (b) (6) Mtg ID (b) (6)

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UHG	HHS	HRSA	CMS	OS
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Dirk McMahon	Tami Reller	Jim Parker	Randy Pate	Sanjay Koyani
John Santelli	Chris Byrnes	Laura Trueman	Bonnie Garcia	Tom Keane
Brian Brueckman	Payman Pezhman	Steve Parente	Tina Cheatham	Vincenzo Procopio
Phil McKoy	Kirsten Gorsuch	Nick Uehlecke		Michael Pratt
Aimee Cardwell	Paul Runice	Jen Moughalian		
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From: [Berg, Tracy A](#)
To: [Thompson, Brian R \(CEO UHC M&R\)](#); [McMahon, Dirk C](#); [Santelli, John C](#); [Brueckman, Brian D](#); [McKoy, Philip G](#); [Cardwell, Aimee K](#); [Santoro, Michael A](#); [Meyerhofer, Jeffrey P](#); [Wicks, Timothy A](#); [Bothra, Sid \(SVP Operations\)](#); [Baker, Michael](#); [Reller, Tami](#); [Byrnes, Chris A](#); [Pezhman, Payman](#); [Gorsuch, Kirsten](#); [Runice, Paul](#); [Payne, Gavin](#); [Beck, Christine M](#); [Brady, Will \(HHS/IOS\)](#); [Parker, Jim \(HHS/IOS\) \(Jim.Parker@hhs.gov\)](#); [Trueman, Laura \(HHS/IEA\)](#); [Uehlecke, Nick \(HHS/IOS\)](#); [Moughalian, Jen \(HHS/ASFR\)](#); [Jenny, Brenna \(HHS/OGC\)](#); [Charrow, Robert \(HHS/OGC\)](#); [Morse, Sara \(HHS/ASL\)](#); [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#); [Garcia, Alexandra \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Alexander, Alec \(CMS/OA\)](#); [Pate, Randy \(CMS/CCIIO\)](#); [Brennan, Patrick \(OS/ASPA\)](#); [Koyani, Sanjay \(OS/IOS\)](#); [Keane, Thomas \(OS/IOS\)](#); [Procopio, Vincenzo \(OS/ASA/OBMT\)](#); [Pratt, Michael \(OS/ASPA\)](#)
Subject: UHG/HHS Daily Standup

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UHG HHS HRSA CMS OS
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Brian Brueckman Payman Pezhman Steve Parente Tina Cheatham Vincenzo Procopio
Phil McKoy Kirsten Gorsuch Nick Uehlecke Michael Pratt
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To: [Thompson, Brian R \(CEO UHC M&R\)](#); [McMahon, Dirk C](#); [Santelli, John C](#); [Brueckman, Brian D](#); [McKoy, Philip G](#); [Cardwell, Aimee K](#); [Santoro, Michael A](#); [Meyerhofer, Jeffrey P](#); [Wicks, Timothy A](#); [Bothra, Sid \(SVP Operations\)](#); [Baker, Michael](#); [Reller, Tami](#); [Byrnes, Chris A](#); [Pezhman, Payman](#); [Gorsuch, Kirsten](#); [Runice, Paul](#); [Payne, Gavin](#); [Beck, Christine M](#); [Brady, Will \(HHS/IOS\)](#); [Parker, Jim \(HHS/IOS\)](#); [Trueman, Laura \(HHS/IEA\)](#); [Uehlecke, Nick \(HHS/IOS\)](#); [Moughalian, Jen \(HHS/ASFR\)](#); [Jenny, Brenna \(HHS/OGC\)](#); [Charrow, Robert \(HHS/OGC\)](#); [Morse, Sara \(HHS/ASL\)](#); [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#); [Garcia, Alexandra \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Alexander, Alec \(CMS/OA\)](#); [Pate, Randy \(CMS/CCIIO\)](#); [Brennan, Patrick \(OS/ASPA\)](#); [Koyani, Sanjay \(OS/IOS\)](#); [Keane, Thomas \(OS/IOS\)](#); [Procopio, Vincenzo \(OS/ASA/OBMT\)](#); [Pratt, Michael \(OS/ASPA\)](#)
Cc: [Shuy, Caitrin \(HHS/ASFR\)](#); [Armstrong, Rebekah \(HHS/ASL\)](#); [Bettencourt, Alice \(HHS/ASFR\)](#)
Subject: UHG/HHS Daily Standup

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UHG HHS HRSA CMS OS
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Brian Brueckman Payman Pezhman Steve Parente Tina Cheatham Vincenzo Procopio
Phil McKoy Kirsten Gorsuch Nick Uehlecke Michael Pratt
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From: [Mckinley, Jill A](#)
To: [Cardwell, Aimee K](#); [Thompson, Brian R \(CEO UHC M&R\)](#); [Brueckman, Brian D](#); [Byrnes, Chris A](#); [Mcmahon, Dirk C](#); [Pezhman, Payman](#); [Meyerhofer, Jeffrey P](#); [Santelli, John C](#); [Gorsuch, Kirsten](#); [Baker, Michael](#); [Santoro, Michael A](#); [Runice, Paul](#); [McKoy, Philip G](#); [Bothra, Sid \(SVP Operations\)](#); [Reller, Tami](#); [Wicks, Timothy A](#); [Berg, Tracy A](#); [Beck, Christine M](#); [Neale, Matthew](#); [Bettencourt, Alice \(HHS/ASFR\)](#); [Shuy, Caitrin \(HHS/ASFR\)](#); [Dasher, David \(HHS/ASFR\)](#); [Moughalian, Jen \(HHS/ASFR\)](#); [Cash, Lester \(HHS/ASFR\)](#); [Hittle, Taylor \(HHS/ASFR\)](#); [Armstrong, Rebekah \(HHS/ASL\)](#); [Morse, Sara \(HHS/ASL\)](#); [Arbes, Sarah \(HHS/ASL\)](#); [Kuhns, Daniel \(OS/ASPA\)](#); [Pratt, Michael \(OS/ASPA\)](#); [Murphy, Ryan \(OS/ASPA\)](#); [Myrie, Simone \(OS/ASPA\)](#); [Bradley, Tasha \(OS/ASPA\)](#); [Foster, Timothy \(OS/ASPA\)](#); [Lynch, Calder \(CMS/OA\)](#); [Rashid, Lina C. \(CMS/CCIIO\)](#); [Pate, Randy \(CMS/CCIIO\)](#); [Burton, Adriane \(HRSA\)](#); [Huttinger, Alexandra \(HRSA\)](#); [Bietz, Daniel \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Hauck, Heather \(HRSA\)](#); [Kavanagh, Laura \(HRSA\)](#); [Kramer, Martin \(HRSA\)](#); [Cheatham, Tina \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#); [Bowers, Tonya \(HRSA\)](#); [Agarwal, Dheeraj \(OS/IEA\)](#); [Gary.Beck@hhs.gov](#); [Rigas, Laura \(HHS/IEA\)](#); [Trueman, Laura \(HHS/IEA\)](#); [Wilson, Alexander \(OS/IOS\)](#); [Aman.Dickel@hhs.gov](#); [Bodmeier, Andreas \(OS/IOS\) \(CTR\)](#); [Jim.Parker@hhs.gov](#); [Fallahkhair, Michael \(OS/IOS\)](#); [Uehlecke, Nick \(HHS/IOS\)](#); [Kovani, Sanjay \(OS/IOS\)](#); [Stephen.T.Parente@cea.eop.gov](#); [Keane, Thomas \(OS/IOS\)](#); [Will.Brady@hhs.gov](#); [Beattie, Allison \(HHS/OGC\)](#); [Jenny, Brenna \(HHS/OGC\)](#); [Charrow, Robert \(HHS/OGC\)](#)
Subject: UHG/HHS PPSI Daily Standup (NEW INVITE)

Forward as needed

Meeting number (access code): (b) (6)

Meeting password: (b) (6)

Join meeting <h (b) (6)

Join by phone

(b) (6) US/Canada (Preferred)
Global call-in numbers (b) (6)

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From: [Beck, Christine M](#)
To: [Berg, Tracy A](#); [Espinosa, Diana \(HRSA\)](#); [Engels, Thomas \(HRSA\)](#); [Brady, Will \(HHS/IOS\)](#); [Baker, Michael](#); [Benskin, Christy](#); [Szabo, Sherri](#)
Subject: UHG/HHS Provider Service - Dispute Process
Importance: High

Purpose of this call is to discuss the approach for Providers who may dispute payment.

Diana/Tom – please pull in others as you deem appropriate. Thank you!

-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

Meeting number (access code): (b) (6)
Meeting password: (b) (6)

Join meeting <(b) (6)>

Join by phone

Tap to call in from a mobile device (attendees only)

(b) (6)
Global call-in numbers (b) (6)

If you are a host, go here <(b) (6)> to view host information.

Need help? Go to <http://help.webex.com> <<http://help.webex.com>>

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From: [Beck, Christine M](#)
To: [Espinosa, Diana \(HRSA\)](#)
Subject: UHG/HHS Provider Service - Dispute Process

Diana – I just noticed that you aren't on this invitation – hoping you can join us. My apologies!

(b) (5)
SA data and OIT teams would like to explore automation options to support the transfer of those items/tickets from UHG to HRSA for resolution.

Daily touchpoint meetings – mid-day and end of day: Who from HRSA should be included in those meetings. Noon and 4 central?

Please extend this invitation to others as appropriate. Thank you!
-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

Meeting number (access code): (b) (6)
Meeting password: (b) (6)

Join meeting (b) (6)

Join by phone
Tap to call in from a mobile device (attendees only)

(b) (6)
Global call-in numbers (b) (6)

If you are a host, go here (b) (6) to view host information.

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From: [Berg, Tracy A](#)
To: [Brady, Will \(HHS/IOS\)](#); [Koyani, Sanjay \(OS/IOS\)](#); [Espinosa, Diana \(HRSA\)](#)
Cc: [Beck, Christine M](#)
Subject: Updated grid
Date: Tuesday, April 14, 2020 10:16:19 AM
Attachments: [Provider Populations draft 4.14.20.docx](#)

Attached.

Tracy A. Berg

Enterprise Integration Services | UnitedHealth Group
T 952-205-1538 | M (b) (6)
tberg@uhg.com | unitedhealthgroup.com

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Integrity | Compassion | Relationships | Innovation | Performance

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DEFINITION OF PROVIDER POPULATIONS – INTERNAL DISCUSSIONS ONLY (this verbiage is not intended for external communications) DRAFT

PHASE	WAVE	DEFINITION	VOLUME	PAYMENT TARGET DATE	Notes
(b) (5)					

Note: (b) (5)

From: [Bembers, Sue](#)
To: [Garcia, Alexandra \(HRSA\)](#)
Cc: [Willey, Jonathan R](#); [Payne, Gavin](#); [Runice, Paul](#); [Berg, Tracy A](#); [Meyerhofer, Jeffrey P](#); [DeWall, Patrick J](#); [Pezhman, Payman](#)
Subject: RE: 6:30am MT Fed ACH Settlement Complete
Date: Friday, April 10, 2020 8:28:19 PM
Attachments: [image001.png](#)

Good Evening, Ms. Garcia.

I look forward to working with you and your team on this contract. Please find my contact information below.

Warm Regards,
Sue

Sue Bembers | Lewin Group
Director of Contracts
3160 Fairview Park Drive, Suite 600, Falls Church, VA 22042
T : 703.269.5684 C : (b) (6) sue.bembers@lewin.com



From: Pezhman, Payman <payman_pezhman@uhc.com>
Sent: Friday, April 10, 2020 7:46 PM
To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>; Bembers, Sue <sue.bembers@Lewin.com>
Cc: Willey, Jonathan R <jonathan.willey@optum.com>; Payne, Gavin <gavin.payne@optum.com>; Runice, Paul <paul_runice@uhg.com>; Berg, Tracy A <tberg@uhg.com>; Meyerhofer, Jeffrey P <jeffrey_p_meyerhofer@optum.com>; DeWall, Patrick J <patrick.dewall@optum.com>
Subject: RE: 6:30am MT Fed ACH Settlement Complete

Bonnie,

On this contract, Sue Bembers, whom I've copied, will be United/Optum's contract manager. She will be your Contracting Officer's point person and will coordinate with myself and Pat in Legal as needed.

Thanks,
Payman

From: Garcia, Alexandra (HRSA) [<mailto:AGarcia@hrsa.gov>]
Sent: Friday, April 10, 2020 9:27 AM
To: Meyerhofer, Jeffrey P
Cc: Willey, Jonathan R; Payne, Gavin; Runice, Paul; Berg, Tracy A; Pezhman, Payman
Subject: Re: 6:30am MT Fed ACH Settlement Complete

Thanks

Sent from my iPhone

On Apr 10, 2020, at 10:16 AM, Meyerhofer, Jeffrey P <jeffrey_p_meyerhofer@optum.com> wrote:

Thanks Bonnie

I would keep Payman as our main contract point person.

Thank you!

From: Garcia, Alexandra (HRSA) [<mailto:AGarcia@hrsa.gov>]
Sent: Friday, April 10, 2020 8:48 AM
To: Meyerhofer, Jeffrey P
Cc: Willey, Jonathan R; Payne, Gavin; Runice, Paul; Berg, Tracy A
Subject: RE: 6:30am MT Fed ACH Settlement Complete

Hi Jeff,

Thank you so much for the notification. I know that the United/Optum team has been working around the clock to assist with this program. Big THANK YOU!!

Generally, under contracts, we would like to have a kick-off meeting, from the contract side, to do the introduction of COR and how the contractor submits vouchers, etc. Would you be the point person that I can give to my Contracting Officer to set up this meeting, or is there someone else?

We understand that the priority is to get the funds out, but I want to add this to your (I image) long list of things to do.

I appreciate your assistance,

Bonnie
(301)443-5116
(b) (6)
agarcia@hrsa.gov

<[image001.png](#)>

<[image002.jpg](#)>

<[image003.jpg](#)>

[<image004.jpg>](#)

[<image005.jpg>](#)

[<image006.jpg>](#)

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From: Meyerhofer, Jeffrey P <jeffrey_p_meyerhofer@optum.com>

Sent: Friday, April 10, 2020 8:56 AM

To: Brady, Will (HHS/IOS) <William.Brady@hhs.gov>

Cc: Willey, Jonathan R <jonathan.willey@optum.com>; Payne, Gavin <gavin.payne@optum.com>; Runice, Paul <paul_runice@uhg.com>; Berg, Tracy A <tberg@uhg.com>; Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>

Subject: FW: 6:30am MT Fed ACH Settlement Complete

Will –

See below. Per your ask, below shows the money has been settled to the provider accounts.

Thank you!

From: Willey, Jonathan R

Sent: Friday, April 10, 2020 7:54 AM

To: Meyerhofer, Jeffrey P

Cc: Payne, Gavin; Runice, Paul

Subject: RE: 6:30am MT Fed ACH Settlement Complete

Jeff,

(b) (5)

Thanks,

Jonathan

<image007.png>

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From: [Pezhman, Payman](#)
To: [Garcia, Alexandra \(HRSA\)](#); [Runice, Paul](#); [DeWall, Patrick J](#); [Meyerhofer, Jeffrey P](#); [Berg, Tracy A](#)
Cc: [Karver, Shirley \(HRSA\)](#); [Taylor, Carolyn \(HRSA\)](#)
Subject: RE: Executed Letter Contract and Tripartite
Date: Wednesday, April 08, 2020 5:19:54 PM
Attachments: [image001.png](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)

Thank you Bonnie. We couldn't agree with your sentiments more.

From: Garcia, Alexandra (HRSA) [mailto:AGarcia@hrsa.gov]
Sent: Wednesday, April 08, 2020 3:26 PM
To: Pezhman, Payman; Runice, Paul; DeWall, Patrick J; Meyerhofer, Jeffrey P; Berg, Tracy A
Cc: Karver, Shirley (HRSA); Taylor, Carolyn (HRSA)
Subject: Executed Letter Contract and Tripartite

Dear UHC Team,

Please find attached a fully executed copy of the Letter Contract and Tripartite Agreement. I have tremendous trust that UnitedHealth Group will help us through this crisis and ensure that the funds are delivered to the healthcare providers that have provided the much-needed services.

I genuinely believe that as a Nation, we will grow stronger from this phase in our lives, and having partners like your company with such a commitment has only made my belief more of a reality.

Thank you, and do not hesitate to call Mrs. Shirley Karver, Mrs. Carolyn Taylor or me.

Bonnie
Alexandra B. Garcia
Head of Contracting Activity
Director, Office of Acquisitions Management
and Policy
Health Resources and Services Administration
5600 Fishers Lane
Room 14W37
Rockville, MD 20857
(301)443-5116

(b) (6)

agarcia@hrsa.gov

HRSA



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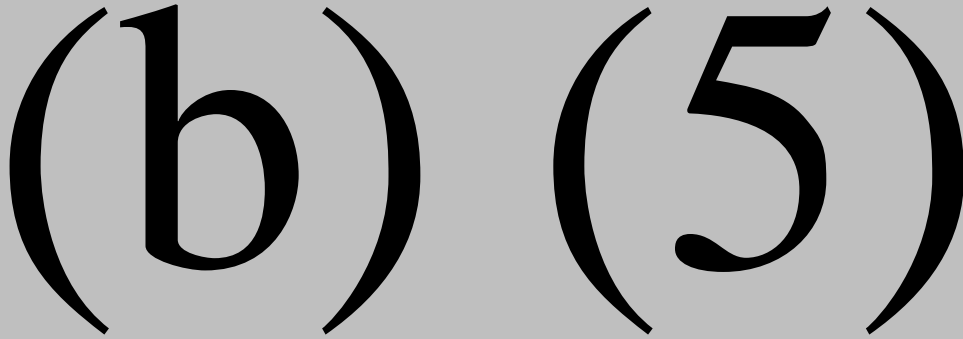
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From: [Garcia, Alexandra \(HRSA\)](#)
To: [Willey, Jonathan R](#); [Runice, Paul](#); [Payne, Gavin](#)
Cc: [Burns, Noreen \(HRSA\)](#); [Gent, Laura \(HRSA\)](#); [Burton, Adriane \(HRSA\)](#)
Subject: RE: Format
Date: Wednesday, April 08, 2020 8:47:00 PM
Attachments: [image001.png](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)
[image007.jpg](#)
[image008.png](#)

Hi, Below is our suggested changes in yellow. Thank you

April 8, 2020



(b) (5)

If you have any questions regarding this request, please contact me.

Regards,

Jonathan Willey
Chief Financial Officer

Optum Bank
2525 Lake Park Boulevard
Salt Lake City, Utah 84120

T +1 801-963-6085

Bonnie
(301)443-5116

(b) (6)

agarcia@hrsa.gov



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From: Willey, Jonathan R <jonathan.willey@optum.com>

Sent: Wednesday, April 08, 2020 6:47 PM

To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>

Cc: Runice, Paul <paul_runice@uhg.com>; Payne, Gavin <gavin.payne@optum.com>

Subject: RE: Format

Hi Bonnie,

Below is a draft of the payment request email. Please let me know if this format will work for your team.

Thanks,
Jonathan



FUNDING REQUEST

April 8, 2020

(b) (5)

If you have any questions regarding this request, please contact me.

Regards,

Jonathan Willey
Chief Financial Officer

Optum Bank
2525 Lake Park Boulevard
Salt Lake City, Utah 84120

T +1 801-963-6085
F +1 801-963-6041
jonathan.willey@optum.com

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From: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>
Sent: Wednesday, April 8, 2020 4:40 PM
To: Runice, Paul <paul_runice@uhg.com>; Willey, Jonathan R <jonathan.willey@optum.com>;
Payne, Gavin <gavin.payne@optum.com>
Subject: RE: Format

Thanks

Bonnie
(301)443-5116

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agarcia@hrsa.gov



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From: Runice, Paul <paul_runice@uhg.com>
Sent: Wednesday, April 08, 2020 6:32 PM
To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>; Willey, Jonathan R <jonathan.willey@optum.com>; Payne, Gavin <gavin.payne@optum.com>
Subject: RE: Format

Agree. Jonathan is sending this over.

Paul Runice
Treasurer



952.936.7346 | paul_runice@uhg.com

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From: Garcia, Alexandra (HRSA) [<mailto:AGarcia@hrsa.gov>]
Sent: Wednesday, April 8, 2020 5:30 PM
To: Willey, Jonathan R; Payne, Gavin; Runice, Paul
Subject: Format

Hi,

Do you have the format/language of the e-mail for memo to use for the approval?

I really would like to have everything ready to go tomorrow.

Thanks,

Bonnie

Alexandra B. Garcia

Head of Contracting Activity

Director, Office of Acquisition Management and Policy

Health Resources and Services Administration

Phone: (301)443-5116

Cell: (b) (6)



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From: [DeWall, Patrick J](#)
To: [Runice, Paul](#); [Garcia, Alexandra \(HRSA\)](#)
Cc: [Pezhman, Payman](#); [Payne, Gavin](#); [Willey, Jonathan R](#); [Conklin, John M \(Legal\)](#)
Subject: RE: Fund Transfer from HHS to UHG - Correction
Date: Tuesday, April 07, 2020 4:25:38 PM
Attachments: [image010.jpg](#)
[image011.png](#)
[image012.jpg](#)
[image013.jpg](#)
[image014.jpg](#)
[image015.jpg](#)
[image016.jpg](#)
[image017.png](#)
[image018.png](#)
[image019.jpg](#)
[HHS_UHG_Optum_Bank_SampleTripartite_Optum_Comments_Clean.doc](#)
[HHS_UHG_Optum_Bank_SampleTripartite_Optum_Comments_Final_Markup_Showing.pdf](#)

Bonnie,

My internal business colleagues are doing one last check. Concurrent to their review, I thought would get the document back into your hands and then we can route for execution internally. [®]

(b) (5)

Please contact me with any questions.

Best Regards,



Patrick J. DeWall
Deputy General Counsel, Mgr

OptumHealth
11000 Optum Circle
MN101-W013
Eden Prairie, MN 55344

T +1 952-205-8401
C (b) (6)
patrick.dewall@optum.com

OptumHealth is part of Optum – a leading health services business.

From: Runice, Paul
Sent: Tuesday, April 7, 2020 2:12 PM
To: Garcia, Alexandra (HRSA)
Cc: Pezhman, Payman; DeWall, Patrick J; Payne, Gavin; Willey, Jonathan R; Conklin, John M (Legal)
Subject: RE: Fund Transfer from HHS to UHG - Correction

Yes. of course. I am adding a few, just so we can be definitive on the call to bring this to resolution.
Thanks.

From: Garcia, Alexandra (HRSA) [mailto:AGarcia@hrsa.gov]
Sent: Tuesday, April 7, 2020 2:07 PM
To: Runice, Paul
Cc: Pezhman, Payman; DeWall, Patrick J
Subject: RE: Fund Transfer from HHS to UHG - Correction

Hey can we get on the phone to discuss the Tripartite agreement _ (b) (5)
(b) (5)

Bonnie
(301)443-5116
(b) (6)
agarcia@hrsa.gov



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From: Runice, Paul <paul_runice@uhg.com>
Sent: Tuesday, April 07, 2020 2:36 PM
To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>
Cc: Pezhman, Payman <payman_pezhman@uhc.com>; DeWall, Patrick J <patrick.dewall@optum.com>
Subject: RE: Fund Transfer from HHS to UHG - Correction

Alexandra: This would not require any change to instructions or the form.

Thanks,

Paul Runice

Treasurer



952.936.7346 | paul_runice@uhq.com

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From: Garcia, Alexandra (HRSA) [<mailto:AGarcia@hrsa.gov>]
Sent: Tuesday, April 7, 2020 1:28 PM
To: Runice, Paul
Cc: Pezhman, Payman; DeWall, Patrick J
Subject: FW: Fund Transfer from HHS to UHG - Correction

(b) (5) . Below is the latest instructions.

From: Burns, Christian (OS/ASA/PSC/FMP) <Christian.Burns@PSC.hhs.gov>
Sent: Tuesday, April 07, 2020 2:24 PM
To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>; Pollack, Randy (OS/ASA/PSC/FMP) <Randy.Pollack@psc.hhs.gov>; Olarinde, Olubunmi (OS/ASA/PSC/FMP) <Olubunmi.Olarinde@psc.hhs.gov>; Dinh, Trang (OS/ASA/PSC/FMP) <Trang.Dinh@psc.hhs.gov>
Cc: Gent, Laura (HRSA) <LGent@hrsa.gov>; Burns, Noreen (HRSA) <NBurns@hrsa.gov>; Karver, Shirley (HRSA) <SKarver@hrsa.gov>
Subject: RE: Fund Transfer from HHS to UHG - Correction

Hello everyone,

Based on our testing and further contact with treasury. (b) (5)

So Bonnie, (b) (5)

(b) (5)

Christian Burns, CGFM
Branch Chief, Accounting Services
Acting Director, Accounting Services

Program Support Center, Financial Management Portfolio
U.S. Department of Health and Human Services
7700 Wisconsin Ave. | Cubicle 9308
Bethesda, MD 20857

P: (301) 492-5341

 | psc.gov | [comments](#)



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**TRI-PARTITE BANK AGREEMENT FOR PAYMENT PROCESSING SERVICES FOR
COVID-19 TESTING**

(b) (5)

(b) (5)

(b) (5)

[SIGNATURES ON NEXT PAGE]

IN WITNESS WHEREOF, the parties hereto have caused this Tri-Partite Agreement, including the signature pages, to be executed as of the day and year first above written.

THE UNITED STATES OF AMERICA
Department of Health and Human Services

CONTRACTOR
United Healthcare Services, Inc.

By: _____

By: _____

Its: _____

Its: _____

Date: _____

Date: _____

BANK
Optum Bank, Inc.

By: _____

Its: _____

Date: _____

ADDENDUM A

CONTRACTOR'S BANKING SERVICES

(b) (5)

n
al

(b) (5)

ADDENDUM B

(b) (5)

(b) (5)

From: [Garcia, Alexandra \(HRSA\)](#)
To: [Runice, Paul](#); [Willey, Jonathan R](#); [Payne, Gavin](#)
Cc: [Burns, Noreen \(HRSA\)](#); [DeVoss, Elizabeth \(HRSA\)](#); [Gent, Laura \(HRSA\)](#)
Subject: RE: importance of sticking with "health care"
Date: Wednesday, April 08, 2020 9:34:00 PM
Attachments: [image001.png](#)
[image009.jpg](#)
[image010.jpg](#)
[image011.jpg](#)
[image012.jpg](#)
[image013.jpg](#)
[image014.jpg](#)
[image015.jpg](#)
[image016.jpg](#)
[image017.jpg](#)
[image018.jpg](#)
[image019.jpg](#)
[image020.png](#)

Hi Paul, Jonathan, and Gavin,

Sorry, (b) (5)

 See justification below.

Thank you

Bonnie
(301)443-5116

(b) (6)

agarcia@hrsa.gov



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From: Gent, Laura (HRSA) <LGent@hrsa.gov>
Sent: Wednesday, April 08, 2020 9:30 PM
To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>
Cc: Burns, Noreen (HRSA) <NBurns@hrsa.gov>; DeVoss, Elizabeth (HRSA) <EDeVoss@hrsa.gov>
Subject: importance of sticking with "health care"

Hi Bonnie,

(b) (5)

[Redacted text block]

(b) (5)

[Redacted text block]

[Redacted text block]

(b) (5)

Provided further, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

From: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>

Sent: Wednesday, April 08, 2020 8:48 PM

To: Willey, Jonathan R <jonathan.willey@optum.com>; Runice, Paul <paul_runice@uhg.com>; Payne, Gavin <gavin.payne@optum.com>

Cc: Burns, Noreen (HRSA) <NBurns@hrsa.gov>; Gent, Laura (HRSA) <LGent@hrsa.gov>; Burton, Adriane (HRSA) <ABurton@hrsa.gov>

Subject: RE: Format

Hi, Below is our suggested changes in yellow. Thank you

April 8, 2020

(b) (5)

If you have any questions regarding this request, please contact me.

Regards,

Jonathan Willey
Chief Financial Officer

Optum Bank
2525 Lake Park Boulevard
Salt Lake City, Utah 84120

T +1 801-963-6085

Bonnie
(301)443-5116

(b) (6)

agarcia@hrsa.gov

-



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From: Willey, Jonathan R <jonathan.willey@optum.com>
Sent: Wednesday, April 08, 2020 6:47 PM
To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>
Cc: Runice, Paul <paul_runice@uhg.com>; Payne, Gavin <gavin.payne@optum.com>
Subject: RE: Format

Hi Bonnie,

Below is a draft of the payment request email. Please let me know if this format will work for your team.

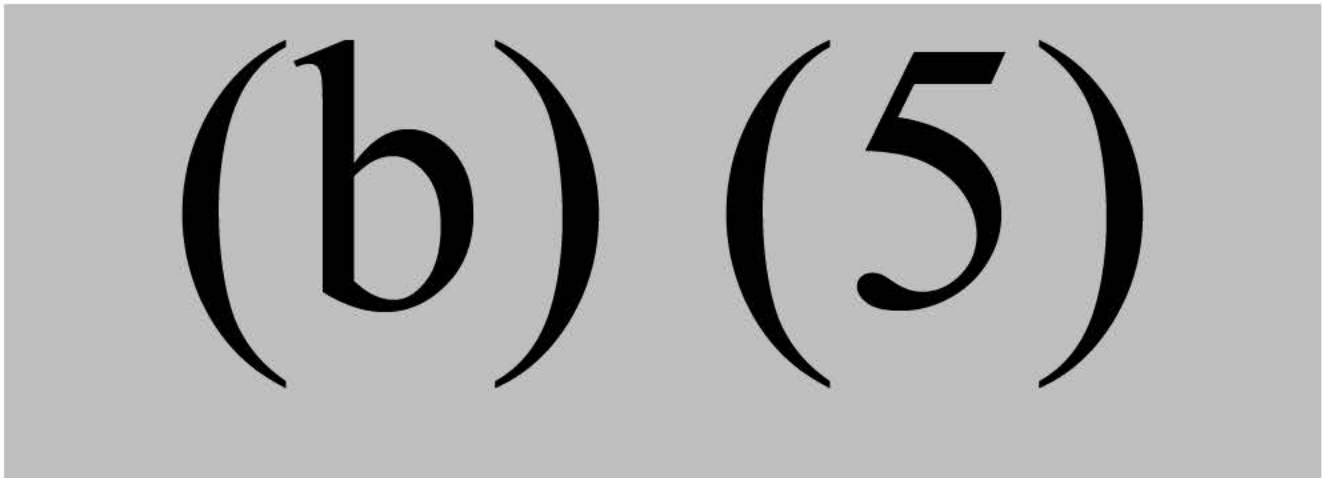
Thanks,
Jonathan



FUNDING REQUEST

April 8, 2020

Attn: U.S. Department of Health and Human Services



If you have any questions regarding this request, please contact me.

Regards,

Jonathan Willey
Chief Financial Officer

Optum Bank
2525 Lake Park Boulevard
Salt Lake City, Utah 84120

T +1 801-963-6085
F +1 801-963-6041
jonathan.willey@optum.com

Optum Bank is part of Optum – a leading health services business.

From: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>
Sent: Wednesday, April 8, 2020 4:40 PM
To: Runice, Paul <paul_runice@uhg.com>; Willey, Jonathan R <jonathan.willey@optum.com>;
Payne, Gavin <gavin.payne@optum.com>
Subject: RE: Format

Thanks

Bonnie
(301)443-5116
(b) (6)
agarcia@hrsa.gov



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From: Runice, Paul <paul_runice@uhg.com>
Sent: Wednesday, April 08, 2020 6:32 PM
To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>; Willey, Jonathan R <jonathan.willey@optum.com>; Payne, Gavin <gavin.payne@optum.com>
Subject: RE: Format

Agree. Jonathan is sending this over.

Paul Runice
Treasurer



952.936.7346 | paul_runice@uhg.com

Our United Culture. The way forward.

■ Integrity ■ Compassion ■ Relationships ■ Innovation ■ Performance

From: Garcia, Alexandra (HRSA) [<mailto:AGarcia@hrsa.gov>]
Sent: Wednesday, April 8, 2020 5:30 PM
To: Willey, Jonathan R; Payne, Gavin; Runice, Paul
Subject: Format

Hi,

Do you have the format/language of the e-mail for memo to use for the approval?

I really would like to have everything ready to go tomorrow.

Thanks,

Bonnie

Alexandra B. Garcia

Head of Contracting Activity

*Director, Office of Acquisition Management and Policy
Health Resources and Services Administration*

Phone: (301)443-5116

Cell: (b) (6)



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From: [Beck, Christine M](#)
To: [Grabill, Russell \(HRSA\)](#)
Subject: RE: Letter Contract Distribution COVID19PRPF 04062020 (4) (002).DOCX
Date: Thursday, April 09, 2020 11:30:29 AM
Attachments: [image001.png](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)
[image007.jpg](#)
[image008.jpg](#)
[image009.jpg](#)
[image010.jpg](#)
[image011.jpg](#)

The contact would be Brian Thompson, UHC CEO of Government Programs.

Thanks!

Christine

From: Grabill, Russell (HRSA) [mailto:RGrabill@hrsa.gov]
Sent: Thursday, April 09, 2020 8:19 AM
To: Beck, Christine M
Subject: RE: Letter Contract Distribution COVID19PRPF 04062020 (4) (002).DOCX

Hi Christine,

The contract POC would be the main point of contract administering the contract on a daily basis on the contractors side and who we would primarily communicate with regarding the contract.

Thank you,

Russell Grabill

Contracting Officer – Team Lead

Division of Primary Care and Health Infrastructure Services

HRSA | OAMP

Phone: 301-443-1798 | Cell Phone: 2 (b) (6) | Email: rgrabill@hrsa.gov



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From: Beck, Christine M <christine_m_beck@uhg.com>
Sent: Wednesday, April 08, 2020 10:48 PM
To: Grabill, Russell (HRSA) <RGrabill@hrsa.gov>
Subject: FW: Letter Contract Distribution COVID19PRPF 04062020 (4) (002).DOCX

Importance: High

Hi Russell –

Playing catch up a bit, so if this has been resolved, please let me know. (b) (5)

Thank you!

Christine Beck

(b) (6)

From: Berg, Tracy A

Sent: Tuesday, April 07, 2020 11:16 PM
To: Beck, Christine M
Subject: FW: Letter Contract Distribution COVID19PRPF 04062020 (4) (002).DOCX
Importance: High
Please call Russell Grabill or email him. (b) (5)

From: Pezhman, Payman
Sent: Tuesday, April 07, 2020 1:51 PM
To: Grabill, Russell (HRSA)
Cc: Berg, Tracy A
Subject: RE: Letter Contract Distribution COVID19PRPF 04062020 (4) (002).DOCX
Hi Russell.
Tracy, I believe that would be you, correct?

From: Grabill, Russell (HRSA) [<mailto:RGrabill@hrsa.gov>]
Sent: Tuesday, April 07, 2020 1:36 PM
To: Pezhman, Payman
Subject: RE: Letter Contract Distribution COVID19PRPF 04062020 (4) (002).DOCX
Hi Payman,
Would you be the contract point of contact for UHC or would UHC have another person carry out that function?
Thank you,
Russell Grabill
Contracting Officer – Team Lead
Division of Primary Care and Health Infrastructure Services
HRSA | OAMP
Phone: 301-443-1798 | Cell Phone: (b) (6) | Email: rgrabill@hrsa.gov



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From: Pezhman, Payman <payman_pezhman@uhc.com>
Sent: Tuesday, April 07, 2020 2:20 PM
To: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>; DeWall, Patrick J <patrick.dewall@optum.com>
Cc: Karver, Shirley (HRSA) <SKarver@hrsa.gov>; Grabill, Russell (HRSA) <RGrabill@hrsa.gov>
Subject: RE: Letter Contract Distribution COVID19PRPF 04062020 (4) (002).DOCX
Hi Bonnie - Brian Thompson, UHC CEO of Government Programs. Also, Pat and I have one remaining question on the Letter Contract. Can we call you?

From: Garcia, Alexandra (HRSA) [<mailto:AGarcia@hrsa.gov>]
Sent: Tuesday, April 07, 2020 1:17 PM
To: Pezhman, Payman; DeWall, Patrick J
Cc: Karver, Shirley (HRSA); Grabill, Russell (HRSA)
Subject: RE: Letter Contract Distribution COVID19PRPF 04062020 (4) (002).DOCX
Who is going to sign the contract?
Bonnie
(301)443-5116
(b) (6)
agarcia@hrsa.gov

HRSA



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From: Garcia, Alexandra (HRSA)

Sent: Tuesday, April 07, 2020 1:12 PM

To: Pezhman, Payman <payman_pezhman@uhc.com>; DeWall, Patrick J <patrick.dewall@optum.com>

Cc: Karver, Shirley (HRSA) <SKarver@hrsa.gov>; Grabill, Russell (HRSA) <RGrabill@hrsa.gov>

Subject: Letter Contract Distribution COVID19PRPF 04062020 (4) (002).DOCX

Hi,

Please see my mark up and proposed language for liability. (b) (5)

Thanks,
Bonnie
Alexandra B. Garcia
Head of Contracting Activity
Director, Office of Acquisitions Management
and Policy
Health Resources and Services Administration
5600 Fishers Lane
Room 14W37
Rockville, MD 20857
(301)443-5116

(b) (6)
agarcia@hrsa.gov

HRSA



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Wallace, Denise (HRSA)

From: Pezhman, Payman <payman_pezhman@uhc.com>
Sent: Sunday, April 05, 2020 11:15 PM
To: Garcia, Alexandra (HRSA)
Cc: Thompson, Brian R (CEO UHC M&R); McMahon, Dirk C; DeWall, Patrick J
Subject: RE: Request for information
Attachments: UHS SAM Entity Registration.pdf

Bonnie – Here is the information you have requested. I will send you the financial report separately.

United HealthCare Services, Inc.

TIN: (b) (4)

DUNS: 071778674

CAGE Code: 3CRH1

Status: Active

Expiration Date: 01/05/2021

Address: 9900 Bren Rd E

Minnetonka, MN 55343-9664

From: Garcia, Alexandra (HRSA) [mailto:AGarcia@hrsa.gov]
Sent: Sunday, April 05, 2020 9:16 PM
To: Pezhman, Payman
Cc: Thompson, Brian R (CEO UHC M&R); McMahon, Dirk C; DeWall, Patrick J
Subject: Re: Request for information

Thank you Payman!

I am going to send you the template that we use.

Bonnie

Sent from my iPhone

On Apr 5, 2020, at 10:10 PM, Pezhman, Payman <payman_pezhman@uhc.com> wrote:

Hi Bonnie – We're gathering that information right now. (b) (5)

(b) (5)

In the meantime, please do not hesitate to reach out to me at any time. My contact information is below.

Thanks,

Payman

Payman Pezhman
General Counsel
UnitedHealthcare, Medicare & Retirement
Office (952) 931-5556 | Cell (b) (6) | payman_pezhman@uhc.com

From: Thompson, Brian R (CEO UHC M&R)
Sent: Sunday, April 05, 2020 8:33 PM
To: Garcia, Alexandra (HRSA); McMahon, Dirk C; Pezhman, Payman
Subject: RE: Request for information

Thanks Bonnie. We will get to work on this right now. I've included Payman Pezhman, a lawyer on our team, on this note and just spoke to him. He will coordinate these items and send directly to you so look for an email from Payman. Thanks.

From: Garcia, Alexandra (HRSA) <AGarcia@hrsa.gov>
Sent: Sunday, April 5, 2020 8:20 PM
To: Thompson, Brian R (CEO UHC M&R) <brian_r_thompson@uhc.com>; McMahon, Dirk C <dirk@uhc.com>
Subject: Request for information

Hi Brian and Dirk,

Thank you for your time today. Could you please provide me the following information:
Company legal name, address, and Duns, TIN, if you have last year's financial report, that will be great as well.

Please also make sure that your company is registered in SAM.gov

Thank you!

Bonnie

*Alexandra B. Garcia
Head of Contracting Activity
Director, Office of Acquisitions Management
and Policy
Health Resources and Services Administration
5600 Fishers Lane
Room 14W37
Rockville, MD 20857
(301)443-5116*

(b) (6)
agarcia@hrsa.gov

<image001.png>

<image002.jpg>

<image003.jpg>

<image004.jpg>

<image005.jpg>

<image006.jpg>

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DEPARTMENT OF HEALTH AND HUMAN SERVICE
LETTER CONTRACT BETWEEN THE HEALTH RESOURCES AND SERVICES
ADMINISTRATION

AND

UNITED HEALTHCARE SERVICES, INC.

DATE: April 6, 2020

ISSUED BY: Health Resources and Services Administration
Office of Acquisition Management and Policy
5600 Fishers Lane, 14W-26
Rockville, MD 20874

CONTRACTOR: United HealthCare Services, Inc.
9900 Bren Rd E
Minnetonka, MN 55343-9664

SUBJECT: Letter Contract for Claims Processing Claims Processing Services for Provider Relief and Protection Fund

CONTRACT NUMBER: 75R60220C00006

CONTRACT EFFECTIVE DATE: April 7, 2020

This Letter Contract forms a preliminary agreement between the Health Resources and Services Administration and United Healthcare Services, Inc. Issuance of this Letter Contract authorizes the Contractor to immediately begin the activities necessary to perform the requirements for this Letter Contract to process and pay claims from eligible health care providers for reimbursement of health care related expenses or lost revenues that are attributable to coronavirus. The statutory authority for this Performance Work Statement is found in the Coronavirus Aid, Relief and Economic Security (CARES) Act (P.L. 116 - 136). In furtherance of this effort, the parties will work in good faith to negotiate a Firm Fixed Price definitive contract in accordance with the Advanced Understandings set forth in Attachment 1.

ACCOUNTING AND APPROPRIATION DATA:

Requisition#	Appropriation	CAN	Object Class	AMOUNT
HRS257135	75-X-0140	0-370CO3C	25235	\$500,000

1. FAR 52.216-23 EXECUTION AND COMMENCEMENT OF WORK (APR 1984)

The Contractor shall indicate acceptance of this letter contract by signing three copies of the contract and returning them to the Contracting Officer not later than April 7, 2020. Upon acceptance by both parties, the Contractor shall proceed with performance of the work, including purchase of necessary materials.

2. FAR 52.216-24 LIMITATION OF GOVERNMENT LIABILITY (APR 1984)

- a) In performing this contract, the Contractor is not authorized to make expenditures or incur obligations exceeding \$500,000 dollars.
- b) The maximum amount for which the Government shall be liable if this contract is terminated is \$100,000 dollars.

3. FAR 52.216-25 CONTRACT DEFINITIZATION (OCT 2010)

- a) A Firm Fixed Price definitive contract is contemplated. The Contractor agrees to begin promptly negotiating with the Contracting Officer the terms of a definitive contract that will include (1) all clauses required by the Federal Acquisition Regulation (FAR) on the date of execution of the letter contract, (2) all clauses required by law on the date of execution of the definitive contract, and (3) any other mutually agreeable clauses, terms, and conditions. The Contractor agrees to submit a Firm Fixed Price proposal, including data other than certified cost or pricing data, and certified cost or pricing data, in accordance with FAR 15.408, Table 15-2, supporting its proposal.
- b) The schedule for definitizing this contract is

Receipt of contractor's proposal	45 days after receipt of Letter Contract award	Tuesday, May 12, 2020
Negotiation start date	15 days after receipt of proposal	Wednesday, May 27, 2020
Definitization	within 90 days of Letter Contract award	Tuesday, July 7, 2020

- c) If agreement on a definitive contract to supersede this Letter Contract is not reached by the target date in paragraph (b) of this section, or within any extension granted by the Contracting Officer, the Contracting Officer may, with the approval of the head of the contracting activity, determine a reasonable price or fee in accordance with Subpart 15.4 and Part 31 of the FAR, subject to Contractor appeal as provided in the Disputes clause. In any event, the Contractor shall proceed with completion of the contract, subject only to FAR 52.216-24, Limitation of Government Liability clause.

- 1) After the Contracting Officer's determination of price or fee, the contract shall be governed by—
 - i. All clauses required by the FAR on the date of execution of this Letter Contract for either fixed-price or cost-reimbursement contracts, as determined by the Contracting Officer under this paragraph (c);
 - ii. All clauses required by law as of the date of the Contracting Officer's determination; and
 - iii. Any other clauses, terms, and conditions mutually agreed upon.
- 2) To the extent consistent with paragraph (c) (1) of this section, all clauses, terms, and conditions included in this Letter Contract shall continue in effect, except those that by their nature apply only to a letter contract

4. FAR 52.216-26 PAYMENTS OF ALLOWABLE COSTS BEFORE DEFINITIZATION (DEC 2002)

- a) Reimbursement rate. Pending the placing of the definitive contract referred to in this letter contract, the Government will promptly reimburse the Contractor for all allowable costs under this contract at the following rates:
 - 1) One hundred percent of approved costs representing financing payments to subcontractors under fixed-price subcontracts; provided, that the Government's payments to the Contractor will not exceed 80 percent of the allowable costs of those subcontractors.
 - 2) One hundred percent of approved costs representing cost-reimbursement subcontracts; provided, that the Government's payments to the Contractor shall not exceed 85 percent of the allowable costs of those subcontractors.
 - 3) Eighty-five percent of all other approved costs.
- b) Limitation of reimbursement. To determine the amounts payable to the Contractor under this letter contract, the Contracting Officer shall determine allowable costs in accordance with the applicable cost principles in Part 31 of the Federal Acquisition Regulation (FAR). The total reimbursement made under this paragraph shall not exceed 85 percent of the maximum amount of the Government's liability, as stated in this contract.
- c) Invoicing. Payments shall be made promptly to the Contractor when requested as work progresses, but (except for small business concerns) not more often than every 2 weeks, in amounts approved by the Contracting Officer. The Contractor may submit to an authorized representative of the Contracting Officer, in such form and reasonable detail

as the representative may require, an invoice or voucher supported by a statement of the claimed allowable cost incurred by the Contractor in the performance of this contract.

- d) Allowable costs. For the purpose of determining allowable costs, the term “costs” includes –
- 1) Those recorded costs that result, at the time of the request for reimbursement, from payment by cash, check, or other form of actual payment for items or services purchased directly for the contract;
 - 2) When the Contractor is not delinquent in payment of costs of contract performance in the ordinary course of business, costs incurred, but not necessarily paid, for –
 - i. Supplies and services purchased directly for the contract and associated financing payments to subcontractors, provided payments determined due will be made--
 - A. In accordance with the terms and conditions of a subcontract or invoice; and
 - B. Ordinarily within 30 days of the submission of the Contractor’s payment request to the Government;
 - ii. Materials issued from the Contractor’s stores inventory and placed in the production process for use on the contract;
 - iii. Direct labor;
 - iv. Direct travel;
 - v. Other direct in-house costs; and
 - vi. Properly allocable and allowable indirect costs as shown on the records maintained by the Contractor for purposes of obtaining reimbursement under Government contracts; and
 - 3) The amount of financing payments that the Contractor has paid by cash, check, or other forms of payment to subcontractors.
- e) Small business concerns. A small business concern may receive more frequent payments than every 2 weeks.
- f) Audit. At any time before final payment, the Contracting Officer may have the Contractor’s invoices or vouchers and statements of costs audited. Any payment may be –

- 1) Reduced by any amounts found by the Contracting Officer not to constitute allowable costs; or
- 2) Adjusted for overpayments or underpayments made on preceding invoices or vouchers

5. FAR 52.252-2 CLAUSES INCORPORATED BY REFERENCE (JUN 1988)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available.

Other clauses and provisions applicable to this letter contract are hereby incorporated. (See Attachment 2).

6. ADMINISTRATION:

Following are the Government Representatives and their respective roles and responsibilities on this contract:

a. Contracting Officer

As defined in Federal Acquisition Regulation (FAR) 2.101, Definitions, and in accordance with FAR 1.602-1, Authority, "Contracting officers have authority to enter into, administer, and/or terminate contracts and make related determinations and findings." There is no other authorized representative or any other Administrative Contracting Officer assigned to this contract to carry out a Contracting Officer's duties, except for technical direction assigned to the Contracting Officer's Representative, if applicable.

The Contracting Officer is:
Name: Shirley Karver
Phone: 301-443-0136
Email Address: skraver@hrsa.gov

The overall administrative responsibility for this contract lies in the **Chief of Contracting**, [Carolyn Taylor, ctaylor@hrsa.gov \(301\) 443-6508](mailto:ctaylor@hrsa.gov).

b. Contract Specialist

Notwithstanding any of the other provisions of this Contract, the Contract Specialist will assist the Contracting Officer with his/her responsibilities as defined in the FAR.

The Contract Specialist is:
Name: Russell Grabill
Phone: 301-443-1798

Email Address: rgrabill@hrsa.gov

c. Contracting Officer's Representative

The Contracting Officer's Representative (COR), as defined in FAR 2.101, Definitions, is:

Name: Robyn Ashton

Phone: 301-443-3416

Email Address: rashton@hrsa.gov

In accordance with FAR 1.602-2(d), Responsibilities, the COR's delegated responsibilities are identified in the Contracting Officer's appointment memorandum, a copy of which will be furnished to the contractor.

Technical direction must be within the general scope of the work stated in the contract. The term "technical direction" is defined to include, without limitation, the following:

1. Directions to the Contractor which direct the contract effort, shift work emphasis between work areas or tasks, require pursuit of certain lines of inquiry, fill in details or otherwise serve to accomplish the contractual technical requirements as identified in the Performance Work Statement; or
2. Provision of information to the Contractor, which assists in the interpretation of drawings, specifications, or technical portions of the work description.

The COR does not have the authority to:

1. Make changes to contract terms and conditions;
2. Direct the contractor to perform work or make deliveries not specifically required under the contract;
3. Waive or relax the Government's rights with regard to the Contractor's compliance with the specifications, price, delivery or any other terms or conditions of the contract;
4. Make any commitments or approve any actions that would create any financial obligation on the part of the Government; or
5. Issue direction that constitutes a "change" as defined in:

FAR 52.243-1, Changes – Fixed Price;

FAR 52.243-5, Changes and Changed Conditions.

All technical direction shall be issued in writing by the COR or, if issued verbally, shall be confirmed in writing by the COR within five (5) business days after issuance. The Contractor shall proceed promptly with the performance of technical direction duly issued by the COR within the scope of his/her authority.

If, in the opinion of the Contractor, any instruction or direction issued by a Government representative constitutes a change to the contract or constitutes a "Change Order" as defined in FAR 2.101, Definitions, the Contractor shall follow the instructions identified in FAR 52.243-7 Notification of Changes

d. Payments

Payments will be made by Program Support Center (PSC) DFO Accounting Operations 12501 Ardennes Avenue, Suite 200, Rockville, MD 20852. (See Attachment 3)

7. SIGNATURE PAGE FOR HRSA LETTER CONTRACT:

This instrument has been negotiated pursuant to Section 3304(a) (2) of Title 41 U.S. Code. Your acceptance of this Letter Contract number 75R60220C00006 is indicated by execution of the signature line below. Upon acceptance by your company, one signed copies of this document shall be returned to the Contracting Officer.



(Contractor's Signature)

Brian R. Thompson
CEO, United Healthcare Government Programs
United HealthCare Services, Inc.
9900 Bren Rd E
Minnetonka, MN 55343-9664

**Shirley
Karver -S** Digitally signed by
Shirley Karver -S
Date: 2020.04.07
17:06:44 -04'00'

(Contracting Officer Signature)

Shirley Karver
Health Resources and Services Administration
Office of Acquisition Management and Policy
5600 Fishers Lane, 14W31
Rockville, MD 20874

- Attachment 1 – Advanced Understandings
- Attachment 2 – Terms and Conditions
- Attachment 3 – Invoicing instructions
- Attachment 4 – Non-Disclosure Agreement
- Attachment 5 – Performance Work Statement

ADVANCED UNDERSTANDINGS

The following reflects the parties' intention and agreement with respect to the Letter Contract and any definitized contract related thereto, and shall take precedent over any conflicting terms in the Letter Contract:

a. *General*

The parties acknowledge and agree that the situation around COVID-19 is highly dynamic, evolving rapidly, and subject to significant uncertainty. The Letter Contract is being executed on an expedited timeline to meet an urgent and compelling government need without the benefit of prior negotiation. Thus, the parties will negotiate in good faith to ensure that the definitized contract reflects an appropriate allocation of risk and responsibility and that it is consistent with the proposal submitted by United HealthCare Services, Inc. ("UHC") on April 5, 2020, and the discussions between the parties that have taken place between April 4, 2020, and April 7, 2020.

b. *Contract Price and Terms*

Consistent with the April 5, 2020 proposal, the firm fixed price under the definitized contract will be \$1,000,000. The parties agree that the definitized contract will reflect clauses required by the Federal Acquisition Regulation ("FAR") for firm fixed price contracts, notwithstanding the inclusion of any FAR clauses for cost-reimbursable contracts included in the Letter Contract, and the parties agree to amend the Terms and Conditions of Attachment 2 in accordance with the final contract type.

c. *Commercial Item Status*

The services provided by UHC under the Letter Contract and any definitized contract constitute commercial item services, and the terms of any definitized contract will reflect that understanding.

d. *Certified Cost or Pricing Data*

UHC will **not** be required to submit certified cost and pricing data in support of its Firm Fixed Price proposal.

e. *Performance Work Statement*

The parties will negotiate the Performance Work Statement in the process of contract definitization to fairly reflect the proposal submitted by UHC on April 5, 2020, and the discussions between the parties that have taken place between April 4, 2020, and April 7, 2020.

f. *Use of Affiliates*

UHC may use one or more of its affiliates in performing the scope of work under the Contract.

g. *Reliance on Health and Human Services Direction and Data*

HHS/HRSA will review and approve or concur with UHC's work, including its methodologies and approaches, in carrying out the services. In order to complete the services, UHC will rely on HHS's timely cooperation, including HHS/HRSA making available relevant data, information and personnel; performing any tasks or responsibilities assigned to HHS; and notifying UHC of any issues or concerns that HHS/HRSA may have relating to the services provided.

HHS/HRSA assumes complete responsibility for the accuracy and sufficiency of the information and data provided to UHC, to include information concerning the providers to whom relief payments should be given, and the amount that each eligible provider is due.

h. *Limitation of Contractor Liability*

UHC's total liability under the Letter Contract and any definitized contract shall be limited to the total fees that UHC earns from the Government under the contract(s).

UHC's services do not constitute policy advice. UHC's services do not supplant HHS's management, policy-making, or decision-making functions. HHS/HRSA is solely responsible for its decision (including policy decisions), use of the deliverables and any other materials received pursuant to this Letter Contract, and compliance with applicable laws, rules and regulations. HHS acknowledges and agrees that it retains ultimate and sole responsibility for the agency's decisions regarding distribution of provider relief payments.

To the extent permitted by law and the other terms of this contract, except in the event of gross negligence or willful misconduct by Contractor, Contractor shall be reimbursed by HHS/HRSA for any costs or other losses associated with third party litigation or other judicial proceedings related to the Letter Contract or any definitized contract(s).

Contractor will give prompt notice to HHS/HRSA of any such third party proceedings. The parties agree to cooperate with each other throughout such proceedings. Should the contractor incur legal expenses or other costs, including fees, fines or damages, related to any claim, actions or demands related to the performance of this contract, which arise, in whole or in part, from any actual or alleged act and/or omission of Government, or pursuant to a judicial or administrative proceeding, those expenses would be allowable to the extent authorized by FAR § 31.205-47, "Costs related to legal and other proceedings."

TERMS AND CONDITIONS

1. FEDERAL ACQUISITION REGULATION (FAR) (48 CFR CHAPTER 1)
CONTRACT CLAUSES

FAR 52.252-2 Clauses Incorporated by Reference (FEB 1998)

The contract incorporates one or more clauses by reference with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. In addition, the full text of a clause may be accessed electronically at <http://www.acquisition.gov/far/>.

<u>Clause No.</u>	<u>Title</u>	<u>Date</u>
52.202.1	Definitions	Nov 2013
52.203.3	Gratuities	Apr 1984
52.203.5	Covenant Against Contingent Fees	May 2014
52.203.6	Restrictions on Subcontractor Sales to the Government	Sep 2006
52.203-7	Anti-Kickback Procedures.	May 2014
52.203-8	Cancellation, Rescission, and Recovery of Funds for Illegal Or Improper Activity.	May 2014
52.203-10	Price or Fee Adjustment for Illegal or Improper Activity.	May 2014
52.203-11	Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions	Sep 2007
52.203-12	Limitation on Payments to Influence Certain Federal Transactions.	Oct 2010
52.203-13	Contractor Code of Business Ethics and Conduct.	Oct 2015
52.203-17	Contractor Employee Whistleblower Rights and Requirement To Inform Employees of Whistleblower Rights.	Apr 2014
52.203-18	Prohibition on Contracting with Entities that Require Certain Internal Confidentiality Agreements or Statements-Representation	Jan 2017
52.203-19	Prohibition on Requiring Certain Internal Confidentiality Agreements or Statements	Jan 2017
52.204-4	Printed or Copied Double-Sided on Postconsumer Fiber Content Paper.	May 2011
52.204-7	System for Award Management	Oct 2016
52.204-9	Personal Identity Verification of Contractor Personnel.	Jan 2011
52.204-10	Reporting Executive Compensation and First-Tier Subcontract Awards.	Oct 2016
52.204-13	System for Award Management Maintenance.	Oct 2016
52.204-14	Service Contract Reporting Requirements	Oct 2016

52.204-18	Commercial and Government Entity Code Maintenance	Jul 2016
52.204-19	Incorporation by Reference of Representations and Certifications	Dec 2014
52.204-21	Basic Safeguarding of Covered Contractor Information Systems	Jun 2016
52.204-22	Alternative Line Item Proposal	Jan 2017
52.209-6	Protecting the Government's Interest When Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment.	Oct 2015
52.209-9	Updates of Publicly Available Information Regarding Responsibility Matters.	Oct 2018
52.209-10	Prohibition on Contracting with Inverted Domestic Corporations	Nov 2015
52.210-1	Market Research	Apr 2011
52.215-2	Audit and Records—Negotiation	Oct 2010
52.215-8	Order of Precedence—Uniform Contract Format	Oct 1997
52.215-10	Price Reduction for Defective Certified Cost or Pricing Data	Aug 2011
52.215-11	Price Reduction for Defective Certified Cost or Pricing Data—Modification	Aug 2011
52.215-12	Subcontractor Certified Cost or Pricing Data	Oct 2010
52.215-13	Subcontractor Certified Cost or Pricing Data—Modifications	Oct 2010
52.215-15	Pension Adjustments and Asset Reversions	Oct 2010
52.215-18	Reversion or Adjustment of Plans for Postretirement Benefits (PRB) Other Than Pensions	July 2005
52.215-19	Notification of Ownership Change	Oct 1997
52.215-20	Requirements for Certified Cost or Pricing Data	Oct 2010
52.215-21	Requirements for Certified Cost or Pricing Data and Data Other Than Certified Cost or Pricing Data—Modifications – Alternate III	Oct 2010
52.215-23	Limitations on Pass-Through Charges	Oct 2009
52.216-7	Allowable Cost and Payment	Aug 2018
52.216-8	Fixed Fee	Jun 2011
52.219-8	Utilization of Small Business Concerns	Oct 2018
52.219-9	Small Business Subcontracting Plan	Aug 2018
52.219-16	Liquidated Damages—Subcontracting Plan	Jan 1999
52.222-3	Convict Labor	June 2003
52.222-21	Prohibition of Segregated Facilities	Apr 2015
52.222-26	Equal Opportunity	Sept 2016
52.222-35	Equal Opportunity for Veterans	Oct 2015
52.222.36	Equal Opportunity for Workers with Disabilities	Jul 2014
52.222-37	Employment Reports on Veterans	Feb 2016
52.222-40	Notification of Employee Rights Under the National Labor Relations Act	Dec 2010
52.222-50	Combating Trafficking in Persons	Jan 2019
52.222-54	Employment Eligibility Verification	Oct 2015
52.223-6	Drug-Free Workplace	May 2001
52.223-18	Encouraging Contractor Policies to Ban Text Messaging While Driving	Aug 2011

52.224-1	Privacy Act Notification	Apr 1984
52.224-2	Privacy Act	Apr 1984
52.224-3	Privacy Training	Jan 2017
52.227-14	Rights in Data—General	May 2014
52.227-16	Additional Data Requirements	June 1987
52.228-7	Insurance—Liability to Third Persons	Mar 1996
52.230-2	Cost Accounting Standards	Oct 2015
52.230-3	Disclosure and Consistency in Cost Accounting Practices	Oct 2015
52.230-6	Administration of Cost Accounting Standards.	June 2010
52.232-9	Limitation on Withholding of Payments	Apr 1984
52.232-17	Interest	May 2014
52.232-18	Availability of Funds	Apr 1984
52.232-20	Limitation of Cost	Apr 1984
52.232-22	Limitation of Funds	Apr 1984
52.232-23	Assignment of Claims	May 2014
52.232-25	Prompt Payment	Jan 2017
52.232-33	Payment by Electronic Funds Transfer— System for Award Management.	Oct 2018
52.232-39	Unenforceability of Unauthorized Obligations.	Jun 2013
52.232-40	Providing Accelerated Payments to Small Business Subcontractors	Dec 2013
52.233-1	Disputes	May 2014
	Alternate I	Dec 1991
52.233-3	Protest after Award	Aug 1996
	Alternate I	June 1985
52.233-4	Applicable Law for Breach of Contract Claim	Oct 2004
52.237-3	Continuity of Services	Jan 1991
52.239-1	Privacy or Security Safeguards	Aug 1996
52.242-1	Notice of Intent to Disallow Costs	Apr 1984
52.242-3	Penalties for Unallowable Costs	May 2014
52.242-4	Certification of Final Indirect Costs	Jan 1997
52.242-5	Payments to Small Business Subcontractors.	Jan 2017
52.242-13	Bankruptcy	July 1995
52.244-2	Subcontracts	Aug 1987
52.244-5	Competition in Subcontracting	Apr 1984
52.244-6	Subcontracts for Commercial Items	Oct 2010
52.245-1	Government Property	Dec 1996
52.246-25	Limitation of Liability—Services	Nov 2017
52.249-6	Termination (Cost-Reimbursement)	Jan 2017
52.249-14	Excusable Delays	Feb 1997
52.253-1	Computer Generated Forms.	May 2004
		Apr 1984
		Jan 1991

FAR 52.222-2 Payment for Overtime Premiums (July 1990)

- a) The use of overtime is authorized under this contract if the overtime premium does not exceed 1 and ½ of regular pay or the overtime premium is paid for work—
 - 1) Necessary to cope with emergencies such as those resulting from accidents, natural disasters, breakdowns of production equipment, or occasional production bottlenecks of a sporadic nature;
 - 2) By indirect-labor employees such as those performing duties in connection with administration, protection, transportation, maintenance, standby plant protection, operation of utilities, or accounting;
 - 3) To perform tests, industrial processes, laboratory procedures, loading or unloading of transportation conveyances, and operations in flight or afloat that are continuous in nature and cannot reasonably be interrupted or completed otherwise; or
 - 4) That will result in lower overall costs to the Government.
- b) Any request for estimated overtime premiums that exceeds the amount specified above shall include all estimated overtime for contract completion and shall—
 - 1) Identify the work unit; e.g., department or section in which the requested overtime will be used, together with present workload, staffing, and other data of the affected unit sufficient to permit the Contracting Officer to evaluate the necessity for the overtime;
 - 2) Demonstrate the effect that denial of the request will have on the contract delivery or performance schedule;
 - 3) Identify the extent to which approval of overtime would affect the performance or payments in connection with other Government contracts, together with identification of each affected contract; and
 - 4) Provide reasons why the required work cannot be performed by using multi shift operations or by employing additional personnel.

FAR 52.244-2 Subcontracts (Oct 2010)

- a) Definitions. As used in this clause—

“Approved purchasing system” means a Contractor’s purchasing system that has been reviewed and approved in accordance with [Part 44](#) of the Federal Acquisition Regulation (FAR).

“Consent to subcontract” means the Contracting Officer’s written consent for the Contractor to enter into a particular subcontract.

“Subcontract” means any contract, as defined in FAR [Subpart 2.1](#), entered into by a subcontractor to furnish supplies or services for performance of the prime contractor a subcontract. It includes, but is not limited to, purchase orders, and changes and modifications to purchase orders.

- b) When this clause is included in a fixed-price type contract, consent to subcontract is required only on unpriced contract actions (including unpriced modifications or unpriced delivery orders), and only if required in accordance with paragraph (c) or (d) of this clause.
- c) If the Contractor does not have an approved purchasing system, consent to subcontract is required for any subcontract that—
 - 1) Is of the cost-reimbursement, time-and-materials, or labor-hour type; or
 - 2) Is fixed-price and exceeds—
 - i. For a contract awarded by the Department of Defense, the Coast Guard, or the National Aeronautics and Space Administration, the greater of the simplified acquisition threshold or 5 percent of the total estimated cost of the contract; or
 - ii. For a contract awarded by a civilian agency other than the Coast Guard and the National Aeronautics and Space Administration, either the simplified acquisition threshold or 5 percent of the total estimated cost of the contract.
- d) If the Contractor has an approved purchasing system, the Contractor nevertheless shall obtain the Contracting Officer’s written consent before placing any subcontracts
- e) (1) The Contractor shall notify the Contracting Officer reasonably in advance of placing any subcontract or modification thereof for which consent is required under paragraph (b), (c), or (d) of this clause, including the following information:
 - i. A description of the supplies or services to be subcontracted.
 - ii. Identification of the type of subcontract to be used.
 - iii. Identification of the proposed subcontractor.
 - iv. The proposed subcontract price.
 - v. The subcontractor’s current, complete, and accurate certified cost or pricing data and Certificate of Current Cost or Pricing Data, if required by other contract provisions.
 - vi. The subcontractor’s Disclosure Statement or Certificate relating to

Cost Accounting Standards when such data are required by other provisions of this contract.

- vii. A negotiation memorandum reflecting—
- A. The principal elements of the subcontract price negotiations;
 - B. The most significant considerations controlling establishment of initial or revised prices;
 - C. The reason certified cost or pricing data were or were not required;
 - D. The extent, if any, to which the Contractor did not rely on the subcontractor's certified cost or pricing data in determining the price objective and in negotiating the final price;
 - E. The extent to which it was recognized in the negotiation that the subcontractor's certified cost or pricing data were not accurate, complete, or current; the action taken by the Contractor and the subcontractor; and the effect of any such defective data on the total price negotiated;
 - F. The reasons for any significant difference between the Contractor's price objective and the price negotiated; and
 - G. A complete explanation of the incentive fee or profit plan when incentives are used. The explanation shall identify each critical performance element, management decisions used to quantify each incentive element, reasons for the incentives, and a summary of all trade-off possibilities considered.

(2) The Contractor is not required to notify the Contracting Officer in advance of entering into any subcontract for which consent is not required under paragraph (b), (c), or (d) of this clause.

- f) Unless the consent or approval specifically provides otherwise, neither consent by the Contracting Officer to any subcontract nor approval of the Contractor's purchasing system shall constitute a determination—
- 1) Of the acceptability of any subcontract terms or conditions;
 - 2) Of the allowability of any cost under this contract; or
 - 3) To relieve the Contractor of any responsibility for performing this contract.
- g) No subcontract or modification thereof placed under this contract shall provide for payment on a cost-plus-a-percentage-of-cost basis, and any fee payable under cost-reimbursement type subcontracts shall not exceed the fee limitations in FAR [15.404-4\(c\)\(4\)\(i\)](#).

- h) The Contractor shall give the Contracting Officer immediate written notice of any action or suit filed and prompt notice of any claim made against the Contractor by any subcontractor or vendor that, in the opinion of the Contractor, may result in litigation related in any way to this contract, with respect to which the Contractor may be entitled to reimbursement from the Government.
- i) The Government reserves the right to review the Contractor’s purchasing system as set forth in FAR [Subpart 44.3](#).
- j) Paragraphs (c) and (e) of this clause do not apply to the following subcontracts, which were evaluated during negotiations:

FAR 2.252-6 Authorized Deviations in Clauses (Apr 1984)

- a) The use in this solicitation or contract of any Federal Acquisition Regulation (48 CFR Chapter 1) clause with an authorized deviation is indicated by the addition of “(DEVIATION)” after the date of the clause.
- b) The use in this solicitation or contract of any Department of Health and Human Services Acquisition Regulation (HHSAR) (48 CFR Chapter 3) clause with an authorized deviation is indicated by the addition of “(DEVIATION)” after the name of the regulation.

**Department of Health and Human Services Acquisition Regulation (HHSAR)
(48 CFR Chapter 3) (<http://www.hhs.gov/regulations/hhsar/>)**

<u>Clause No.</u>	<u>Title</u>	<u>Date</u>
352.203-70	Anti-Lobbying	DEC 2015
352.211-1	Public Accommodations and Commercial Facilities	DEC 2015
352.211-3	Paperwork Reduction Act	DEC 2015
352.208-70	Printing and Duplication	DEC 2015
352.224-70	Privacy Act	DEC 2015
352.227-70	Publications and Publicity	DEC 2015
352.231-70	Salary Rate Limitation	DEC 2015
352.219-70	Mentor Protégé program	DEC 2015
352.219-71	Mentor-Protégé Program Reporting	JAN 2010
352.233-71	Litigation and Claims	DEC 2015
352.239-74	Electronic and Information Technology Accessibility	DEC 2015

352.224-71 Confidential Information (DEC 2015)

- a) Confidential Information, as used in this clause, means information or data of a personal nature about an individual, or proprietary information or data submitted by or pertaining to an institution or organization.
- b) Specific information or categories of information that the Government will furnish to the Contractor, or that the Contractor is expected to generate, which are confidential may be identified elsewhere in this contract. The Contracting Officer may modify this contract to identify Confidential Information from time to time during performance.
- c) Confidential Information or records shall not be disclosed by the Contractor until:
 - 1) Written advance notice of at least 45 days shall be provided to the Contracting Officer of the Contractor's intent to release findings of studies or research, to which an agency response may be appropriate to protect the public interest or that of the agency.
 - 2) For information provided by or on behalf of the government,
 - i. The publication or dissemination of the following types of information are restricted under this contract: personally identifiable information about patients and donors.
 - ii. The reason(s) for restricting the types of information identified in subparagraph (i) is/are: maintain patient and donor confidentiality and safety.
 - iii. Written advance notice of at least 45 days shall be provided to the Contracting Officer of the Contractor's intent to disseminate or publish information identified in subparagraph (2)(i). The contractor shall not disseminate or publish such information without the written consent of the Contracting Officer.
- d) Whenever the Contractor is uncertain with regard to the confidentiality of or a property interest in information under this contract, the Contractor should consult with the Contracting Officer prior to any release, disclosure, dissemination, or publication.

352.239-73 Electronic and Information Technology Accessibility Notice (DEC 2015)

- a) Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended by the Workforce Investment Act of 1998 and the Architectural and Transportation Barriers Compliance Board Electronic and Information (EIT) Accessibility Standards (36 CFR part 1194), require that when Federal agencies develop, procure, maintain, or use electronic and information technology, Federal employees with disabilities have access to and use of information and data that is comparable to the access and use by Federal

employees who are not individuals with disabilities, unless an undue burden would be imposed on the agency. Section 508 also requires that individuals with disabilities, who are members of the public seeking information or services from a Federal agency, have access to and use of information and data that is comparable to that provided to the public who are not individuals with disabilities, unless an undue burden would be imposed on the agency.

- b) Accordingly, any offeror responding to this solicitation must comply with established HHS EIT accessibility standards. Information about Section 508 is available at <http://www.hhs.gov/web/508>. The complete text of the Section 508 Final Provisions can be accessed at <http://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-section-508-standards>.
- c) The Section 508 accessibility standards applicable to this solicitation are stated in the clause at [352.239-74](#), Electronic and Information Technology Accessibility.

In order to facilitate the Government's determination whether proposed EIT supplies meet applicable Section 508 accessibility standards, offerors must submit an HHS Section 508 Product Assessment Template, in accordance with its completion instructions. The purpose of the template is to assist HHS acquisition and program officials in determining whether proposed EIT supplies conform to applicable Section 508 accessibility standards. The template allows offerors or developers to self-evaluate their supplies and document—in detail—whether they conform to a specific Section 508 accessibility standard, and any underway remediation efforts addressing conformance issues. Instructions for preparing the HHS Section 508 Evaluation Template are available under Section 508 policy on the HHS website <http://www.hhs.gov/web/508>.

In order to facilitate the Government's determination whether proposed EIT services meet applicable Section 508 accessibility standards, offerors must provide enough information to assist the Government in determining that the EIT services conform to Section 508 accessibility standards, including any underway remediation efforts addressing conformance issues.

- d) Respondents to this solicitation must identify any exception to Section 508 requirements. If a offeror claims its supplies or services meet applicable Section 508 accessibility standards, and it is later determined by the Government, i.e., after award of a contract or order, that supplies or services delivered do not conform to the described accessibility standards, remediation of the supplies or services to the level of conformance specified in the contract will be the responsibility of the Contractor at its expense.

Information Security

All HRSA and CMS information shall be protected from unauthorized access, use, disclosure, duplication, modification, diversion, or destruction, whether accidental or intentional, in order to maintain the security, confidentiality, integrity, and availability of such information. Therefore, if

this contract requires the contractor to provide services (both commercial and non-commercial) for Federal Information/Data, to include any of the following requirements:

- Process any Information/Data; or
- Store any Information/Data (includes “Cloud” computing services); or
- Facilitate the transport of Information/Data; or
- Host/maintain Information/Data (including software and/or infrastructure developer/maintainers); or
- Have access to, or use of, Personally Identifiable Information (PII), including instances of remote access to, or physical removal of, such information beyond agency premises or control,

HIPAA Clause

All Protected Health Information (PHI), as defined in 45 C.F.R. §160.103, that is relevant to this Contract, shall be administered in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA," 42 U.S.C. § 1320d), as amended, as well as the corresponding implementing regulations and this HIPAA Business Associate Clause.

INVOICING INSTRUCTIONS

I. INTRODUCTION

These instructions reflect the standards of the Health Resource and Services Administration (HRSA) for adequately prepared requests for payment. Prompt payment of your claims will be promoted by your compliance. All requests for payment submitted under this contract are subject to audit; therefore, all costs claimed must be adequately supported by accounting records and other data that can be audited.

II. SUBMISSION INSTRUCTIONS:

1. The Contractor shall submit payment requests to hrsainvoices@hrsa.gov as often as monthly using the Standard Form 1034, Public Voucher for Purchases and Services Other Than Personal. The SF 1034 must be submitted in PDF format. An electronic copy of the SF1034 in PDF format may be found at www.gsa.gov/portal/forms/download/115462 .
2. Only one SF 1034 may be submitted at a time to hrsainvoices@hrsa.gov. An e-mail with more than one voucher will be returned to you.
3. For inquiries regarding voucher submission, e-mail your concerns to hrsainvoices@hrsa.gov.
4. For inquiries regarding technical issues, inspection and acceptance call your Contracting Officer Representative (COR).
5. For inquiries regarding suspension or rejection of costs submitted, call your Contract Specialist.
6. For inquiries regarding payment, call Accounts Payable Section at (301) 492-5233.

Payment shall be made by:

PSC/FMP/AS
U.S. Department of Health and Human Services
Program Support Center
7700 Wisconsin Ave., Suite 9000
Bethesda, MD 20814
Telephone: 301-492-5233 Fax: 301-480-5089
Email: pscinvoiceinquiries@psc.hhs.gov

III. VOUCHER SUBMISSION INSTRUCTIONS:

A. **Forms**—In claiming reimbursement use: The Standard Form (SF) 1034, *Public Voucher for Purchases and Services Other Than Personal* (with continuation sheet SF 1035) *Public Voucher for Purchases and Services Other Than Personal*. The billing content must include all applicable information contained below:

Expenditure Category	Incurred Cost		Cost at Completion (k)	Amount Funded (l)	Variance (m)
	Current (i)	Cumulative (j)			
Direct Costs:					
(1) Direct Labor/Hourly Rate					
(2) Fringe Benefits					
(3) Accountable Property					
(4) Materials & Supplies					
(5) Premium pay -if applicable					
(6) Consultant Hourly Rate					
(7) Travel					
(8) Subcontracts					
(9) Other					
Total Direct Costs					
Overhead					
G&A					
Fixed Fee					
Total Amount Claimed					
Adjustments					
Grand Totals					

B. **Number of Copies**— See Section G, Contract Administration-Submission of Vouchers, for information on how to submit your voucher.

- C. **Time for Submission**—Vouchers may be submitted at the beginning of each calendar month for costs incurred during the preceding month. Costs incurred earlier than the preceding month, but not previously billed for, may be included, but the amount and month(s) in which such costs were incurred must be stated in the voucher.
- D. **Resubmission of Costs**—Costs resubmitted after being disallowed should be claimed in a separate public voucher and marked "Resubmission of Costs". It must be numbered as an addendum to the original invoice/voucher and have a revised date. It should include the amount not allowed, supporting documentation, and corrections as required.
- E. **Cost Incurrence Period**—Costs must be incurred and the dates of the related "billed for" period must fall within the contract performance period as set forth in the original contract and any amendments thereof.
- F. **Contractor's Fiscal Year**—Vouchers should be prepared in such a manner that costs claimed can be associated or identified with the contractor's fiscal year. This will ensure proper application of an indirect cost rate(s) to the direct costs of a particular fiscal year.
- G. **Supporting Documentation**—Vouchers shall include all documents/receipts that support each cost incurred and claimed on the voucher.
- H. Vouchers or supporting documentation shall be prepared in such a manner that it is apparent whether an activity is fully or partially funded by federal funds or by other funding sources.
- I. Vouchers or supporting documentation shall be prepared in such a manner that costs incurred are allocated to the lowest level of subtask that can be determined.

IV. PREPARATION GUIDE

A. **Completion of Form 1034**—Supply the following information in the appropriate blocks. Complete the blocks entitled: Voucher No., U.S. Department, Bureau, or Establishment and Location, Date Voucher Prepared, Contract Number and Date, Payee's Name and Address, Number and Date of Order, Date of Delivery of Service, Articles or Services, Amount, and Total. Leave all other blocks blank.

Be sure to include the signature of the officer authorize to certify that the voucher is correct and proper for payment.

Instructions:

- In block entitled, *Voucher No.*, enter the number of the voucher.

- In block entitled, *U.S. Department, Bureau or Establishment and Location* enter:
HHS/Health Resources and Services Administration
Office of Acquisition Management and Policy
5600 Fishers Lane, 14th Floor
Rockville, MD 20857
- In the block entitled, *Date Voucher Prepared*, enter the date the voucher is prepared.
- In block entitled, *Contract Number and Date*, enter the contract number under which reimbursement is claimed and the date the contract was signed. If billing for work done under a task order, enter the contract number against which the task order was issued.
- In the block entitled, *Requisition Number and Date*, leave blank.
- In the block entitled, *Payee's Name and Address*, enter the name and address as it appears on the contract. In the case of assignment of claims, also supply the *remit to* address of the organization to which payments are assigned. Enter the DUNS number in this block.
- In the block entitled, *Number and Date of Order*, enter the number and date of the task order.
- In the block entitled, *Date of Delivery or Service*, if billing monthly, enter the specific month/year that the cost were incurred. If billing for a period other than monthly, enter the beginning and ending dates of the cost incurrence period.
- In the block entitled, *Articles or Services*, enter the following statement:
“For reimbursement of costs incurred under Contract No ____, as detailed in attachments.” Include the signed statement, “I certify that all payments requested are for appropriate purposes and in accordance with the contract.”
- In blocks entitled, *Amount and Total*, enter the total dollar amount claimed for this billing.

B. Completion of Summary of Expenditures—This page follows directly behind the Form SF 1034 and contains two main categories of information: 1) gross summary of costs by category showing amount previously claimed, amount claimed under this voucher, and cumulative through this voucher and 2) necessary certifications and signature.

1. *Gross Summary*—include only major categories of costs in the order illustrated.

2. *Certifications and Signature* are illustrated in Exhibit B. The *Certification of Costs/Fee* is mandatory; the *Price Stabilization Certification* is required only when called for in the *Submission of Invoices and Place of Payment* article of the contract. The next page in order should be the SF 1035.

C. Completions of Form 1034—On the “Detail” Form 1035, provide a breakdown to support the total amount cited in both Form 1034 and *Summary of Expenditures*. The purpose of the detailed information is to assist the HRSA Contracting officer and program personnel in relating costs incurred to work performed. The several categories of cost will be itemized and described as follows:

1. *Direct labor* costs consist of salaries and wages paid for work performed directly for the contract and pursuant to its terms. Such labor costs (excluding fringe benefits and overtime premium pay) will be billed as follows:

- Provide the job title or classification of the worker and provide for each classification: the number of hours worked, the hourly rate, and the total wage or salary. The name of the worker should be provided, but when a great number of routine workers are involved, the position classifications only will suffice.

The cost of direct labor charged to the contract must be supported by time records maintained in the contractor’s office; if salaries are involved, reasonable estimates on a post basis may be used in lieu of time records.

2. *Fringe benefits* are to be treated according to the contractor's established practice:

- If fringe benefits, bonuses, etc. are included in the overhead pool, no specific entry is required.
- Fringe benefits can be treated as direct costs, in which case enters the fringe benefits expressed as a percentage factor of the direct labor base or show the Actual Fringe Benefits cost.

3. *Materials and supplies* should include only those items that the contractor normally treats as "direct costs". Bill these costs under major classifications or categories such as office supplies, chemicals, electronics parts, etc., unless any one particular item within a class exceeds **\$300.00**, in which case all such item(s) exceeding \$300.00 must be specifically identified. **Note:** *Under no circumstances shall any item of non-expendable equipment be included within these classifications (see 8 below).*

4. *Premium pay* of any kind (including overtime) must be authorized by the Contracting Officer in advance. Billings for unauthorized premium pay cause frequent delays in payment due to suspensions and exchange of correspondence. Generally, such pay is not included in the direct labor base and should not be included in the billing for "direct labor" unless the contractor has consistently followed this practice in the past as a matter of policy. Make entries as follows:
 - a. In *Summary of Expenditures* –List as a single item.
 - b. In SF 1035–itemize for each position or job category referencing the Contracting Officer's (CO) letter of authorization. **Note on Special Authorizations:** According to the contract, certain costs require specific authorization in writing by the CO. Whenever, the voucher includes costs pursuant to CO authorization, include for example, the reference: "CO letter (date)" or "approval number 57/74/115" if the CO cites said number in his letter.
5. *Travel*, as authorized by the contract, shall include the following in the SF 1035.
 - a. Travel by contractor shall provide:
 - Name of traveler or title
 - Dates of departure and return to departure point
 - Transportation costs
 - If claim for subsistence is on per diem basis, show number of days, rate, and amount, as authorized in contract. If claim is based on actual cost of subsistence, show on a daily basis the amounts claimed for lodging and meals separately.
 - References to Contracting Officer's letter of authorization if approval is necessary
 - b. Travel by consultants shall provide detail similar to contractor travel above.
6. *Consultant fees* must reflect each consultant's name, daily honorarium, and number of days claimed. Travel for consultants (if applicable) must be itemized separately.
7. *Subcontract* requires the name of each subcontractor involved and the dollar amount claimed. Costs claimed by Firm Fixed Price subcontractors must be on an "as incurred" basis and subcontractor backup information similar to the SF 1035 must be obtained and attached for each subcontractor.

8. *Equipment* is an article of personal property, complete in itself, that is of a durable nature with an expected service life of one year or more. Equipment does not ordinarily lose its identity or become a component part of another article when put to use. For the purposes of invoicing and reporting under HRSA contracts, the definition of *non-expendable property* and equipment are equivalent because the HRSA definition of non-expendable property does not include a dollar limitation.

(The standard definition of "non-expendable property" considers items costing \$200.00 or more—excluding transportation, installation, taxes—with a useful life of a year or more and property sensitive to conversation to private use (no cost limit).

Therefore, when billing for non-expendable property (equipment) costs, the Contractor must attach live (5) copies of a completed form, HEW 565 *Report of Non-expendable Government Property in Possession of Contractor*, to the original invoice copy. The Contractor will retain the sixth copy. Only that property being billed for during the applicable billing period shall be included in the HEW 565. In addition, one (1) copy of each vendor invoice covering purchased property shall be attached to the original invoice.

9. *Overhead* will be charged in accordance with your organization's negotiated provisional indirect cost rate agreement. Absent such rate agreement, the overhead will be charged at the provisional rate(s), not to exceed the ceiling provisional rate(s), established at negotiation and made part of the award.
10. *Other direct costs* are minor costs that cannot be placed within any of the categories listed above. Identify by categories to the extent both possible and reasonable.
11. *Fixed fee*, when applicable, should be billed by prorating the negotiated total fixed fee to costs incurred. Applying a fee percentage to the fee base will achieve this effect. Refer to the contract provisions for guidance.

VOUCHERS WITHOUT ALL REQUIRED INFORMATION WILL BE DENIED UNTIL THE PROPER INFORMATION IS SUBMITTED.

NON-DISCLOSURE AGREEMENT

WHEREAS, the United States Department of Health and Human Services, Health Services and Resources Administration (HRSA) will enter into a Contract with United Healthcare Services, Inc., on behalf of itself and its affiliates (UHC);

WHEREAS, in advance of the Contract, HRSA will send a data file containing provider information to UHC to facilitate payments to eligible providers from the Public Health and Social Services Emergency Fund under the Coronavirus Aid, Relief, and Economic Security (CARES) Act;

NOW, THEREFORE, in consideration of UHC's promise to enter into the Contract, UHC agrees not to disclose outside the Government of the United States any information that UHC may learn by viewing or accessing the data file, except as may be required by law and as may be required to perform its duties under the Contract, except UHC will not release any information to any entity not a party to this Agreement unless required by law; and

The parties agree that any information UHC provides in connection with the Contract is considered by UHC to be competitively sensitive, confidential and proprietary business information subject to the protection of the Procurement Integrity Act and exempt from disclosure under the Freedom of Information Act.

This Non-Disclosure Agreement sets forth all of the promises, agreements, conditions, understandings, warranties, and representations between the parties hereto with respect to the subject matter hereof, and there are no promises, agreements, conditions, understandings, warranties, or representations, oral or written, express or implied, between them other than as set forth herein with regard to such subject matter.

This agreement shall be governed by the laws of the United States.

Signed for and on behalf of
United Healthcare Services, Inc.

by 

Payman Pezhman, Secretary and
Authorised Signatory

Signed for and on behalf of
HRSA

by 

Thomas J. Engels
HRSA, Administrator

PERFORMANCE WORK STATEMENT

Claims Processing Services for Provider Relief and Protection Fund

April 7, 2020

1. BACKGROUND

In December 2019, a novel (new) coronavirus known as SARS-CoV-2 was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19 that has now spread globally. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19. The Federal Government, along with State and local governments, has taken preventive and proactive measures to slow the spread of the virus and treat those affected, including by instituting Federal quarantines for individuals evacuated from foreign nations, issuing a declaration pursuant to section 319F-3 of the Public Health Service Act (42 U.S.C. 247d-6d), and releasing policies to accelerate the acquisition of personal protective equipment and streamline bringing new diagnostic capabilities to laboratories. On March 11, 2020, the World Health Organization announced that the COVID-19 outbreak can be characterized as a pandemic, as the rates of infection continue to rise in many locations around the world and across the United States. On March 13, 2020, President Donald J. Trump announced and proclaimed that the COVID-19 outbreak in the United States constitutes a national emergency.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security (CARES) Act (P.L. 116 - 136) became law. The CARES Act provides economic and financial support for individuals and business impacted by the coronavirus outbreak. To provide relief, Congress appropriated funding from the Public Health and Social Services Emergency Fund to reimburse eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus.

The CARES Act specifies that eligible health care providers are to be reimbursed for health care related expenses or lost revenues that are attributable to coronavirus that have to be reimbursed from other sources or that other sources are obligated to reimburse. Eligible health care providers are public entities, Medicare or Medicaid enrolled suppliers and providers, and other entities the Secretary may specify, that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19. The CARES funds can be used to reimburse eligible providers for lost revenues and costs related to the coronavirus outbreak including building or construction of temporary structures, leasing of properties, medical supplies and equipment including personal protective equipment and testing supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity.

2. PURPOSE/GENERAL DESCRIPTION

HHS will be issuing a contract to process and pay claims from eligible health care providers for reimbursement of health care related expenses or lost revenues that are attributable to coronavirus. The scope of this activity may include:

1. Project Management
2. Intake Electronic and Paper Claims

- a. Electronic Data Interchange
- b. Paper Claim Intake, Scanning, and Optical Character Recognition
3. Claim Adjudication
 - a. Paper Remittance Advice
 - b. General Claims Processing
 - c. Back-End Processing
 - d. Remittance Advice and Explanation of Benefits
4. Provider Customer Service Program
 - a. Education and Outreach
 - b. Call Center
5. Provider Payment and Integrity
6. Security

3. PROBLEM STATEMENT

HHS is establishing a Provider Relief and Protection Fund (PRF). How will providers be reimbursed for health care related expenses or lost revenues that are attributable to coronavirus?

4. PERIOD OF PERFORMANCE/PLACE OF PERFORMANCE

4.1 Period of Performance

Base Period: 12 months from date of award

4.2 Place of Performance

The Contractor shall perform the work under this contract off-site, primarily at the contractor's facilities.

5. Assumptions

Contractor shall consider the following technical assumptions when developing the claims processing services for the PRF Performance Work Statement.

1.1. Assumptions

- This is a National contract for all eligible providers to submit and receive payment on health care related expenses or lost revenues that are attributable to coronavirus.
 - DESCRIBE the DATA that you will use to validate the provider.
- All systems leveraged for this program are hosted XXXXXXXX WHERE DO YOU PLAN TO HOST.
- The PRF will be divided into tranches including a General, Targeted and Reserve Distribution.

- Each distribution method will follow separate eligibility and methodology requirements.
- Under the General Distribution, the contractor will immediately disperse a pre-defined payment amount to Medicare enrolled providers based on a list provided by HHS.
- Contractor will utilize a website to process applications for payment requests from eligible providers not included on the list supplied by HHS who will attest to the terms and conditions for receiving payment from the PRF.
- The website address will be pending availability and registration with .gov.
- Contractor will collect information from providers and perform any necessary validation checks to ensure their eligibility for funds.
- Contractor will receive requests for payment and disperse payment under the Targeted Distribution based on criteria provided by HHS.
- HHS may require an independent Authority to Operate for this system which will not be feasible to execute fully in order to meet the timelines being proposed.
- A provisional ATO may be required in the interim and Contractor will work to address any gaps between existing ATO's and any required for this program
- Contractor will collect among other elements for each eligible provider seeking payment: Provider Name, Address, Tax Identification Number (TIN), Name and location of Financial Institution, Bank Routing Number, and Bank Account Number.
- Contractor will establish a specific call center to technical support and service and payment support for providers.
- Contractor will develop and retain data collection and reporting on specific factors to be determined by HHS including application volume and payment disbursement.
- Comprehensive, daily financial accounting in HHS preferred format.
- Contractor will not be responsible for any special claims processing (e.g. adjustments, reconsiderations).
- Handwritten claims will not be accepted for processing.
- EDI files will only receive an Electronic Data Interchange 999 acknowledgement transaction, the Electronic Data Interchange 277CA (claims acknowledgment) shall be generated (Not required by HIPAA)
- One contract ID code will be used for uninsured COVID-19 claims
- The Electronic Data Interchange 837 Professional transaction will be used to submit EDI claims

6. TASKS

The contractor shall perform the following tasks:

Task 1 Project Management

1.1 Single Point of Contact

The contractor shall provide a single point of contact for the management of all aspects of this contract to the Contracting Officer's Representative (COR). The point of contact shall be responsible for ensuring that the services and deliverables required by HHS are provided in accordance with the contract.

1.2 Kickoff Meeting

The contractor shall meet with the COR and other HHS representatives within two (2) business days of the effective date of the contract (EDOC) to discuss all current activities and the scope of work. One (1) day prior to the kickoff meeting, the contractor shall provide an agenda for the meeting. At the kickoff meeting, the contractor shall provide a draft project management plan and timeline, updated roster of key personnel, a roster of all personnel and roles, signed Non-Disclosure Agreements, and proposed communication schedule/plan. The contractor shall submit detailed minutes of the meeting to the COR within one week.

The objectives of the kickoff meeting are to:

1. Initiate the communication process between HHS and the contractor by introducing key project participants and identifying their roles.
2. Ensure the contractor understands the expectations of key stakeholders regarding the scope of work and the effort described in this contract, including task requirements and objectives.
3. Discuss critical aspects of the Project Management Plan (PMP) and deliverables.
4. Review communication ground rules.
5. Define a roadmap to a successful project.
6. Provide a live demonstration of the system

1.3 Conference Calls

The contractor shall chair weekly/bi-weekly conference calls with the COR and HHS representatives, providing an agenda by 5:00 pm Eastern Time the day prior, and update the agenda with action items and any corrections within 24 hours of the meeting. The contractor shall also provide project updates and ad hoc reports as requested by the COR. Ad hoc meetings will be scheduled as necessary.

1.4 Monthly Status Report

The contractor shall submit monthly progress reports by the 15th of each month to the COR.

1.5 Final Report

The contractor shall submit a final report 30 days prior to the end of the period of performance that includes all project accomplishments and recommendations.

The contractor shall submit a final payment reconciliation report, return unobligated funds to HHS, and close out the bank account.

1.6 Documents

The contractor shall develop and submit the following project management documents to the Contracting Officer's Representative (COR):

- Integrated Project Management Project Management Plan, which include payments and reconciliation activities
- Business requirements documents with visual business workflows for the overall process
- Payment Methodology
- Systems Plan and
- Systems Security and Privacy Artifacts

1.7 Performance and Quality Metrics

The contractor shall work with the COR to develop and implement contractor performance and quality metrics. The COR will evaluate the contractor using these metrics on a quarterly basis. HHS will require frequent updates on total workload volumes and provider payments to ensure that the COVID-19 Testing for Uninsured Reimbursement Program stays within statutory funding limits.

1.8 Requirements

The contractor shall facilitate multiple requirements workshops to

- Provide multiple detailed demonstrations of the Claims processing process with an end to end process.
- Document HRSA requirements for the PRF claims processing
- Discuss and document technical requirements to integrate HRSA's IRMS with EDI, XXX Cost Point
- Demonstrate the System's reporting capabilities and document Reporting and analytics requirements for HRSA w.r.t. claims processing.

Task 2 Intake Electronic and Paper Claims

The Contractor shall:

2.1 Electronic Data Interchange

- Accept COVID-19 837 professional claims for the uninsured from EDI clearinghouses who have an existing Trading Partner ID with the contractor to minimize the number of paper claims to process.
- Establish a new contractor ID which will be used to identify and route claims from clearinghouses to the contractors EDI front-end.
- Upon receipt of the EDI claim file, the trading partner shall be sent an EDI 999

acknowledgment transaction. The 277CA (claims acknowledgment transaction) responses will not be sent.

- Traditional EDI editing, including Common Edit Module edits, will be bypassed.
- Clearinghouses not enrolled with Contractor will be handled by a manual enrollment process as we expect this volume to be very low.

Task 4 Provider Customer Service Program (PCSP)

The contractor shall:

- Establish a Customer Service Program:
Customer service addresses the ability to provide quality services effectively and to increase the overall level of customer service and satisfaction. In support of customer service, the Contractor shall do the following:
 - a) Respond to provider telephone inquiries promptly, clearly, and accurately.
 - b) Provide effective provider education to promote accurate request for payment.
 - c) Maintain a high level of provider service and satisfaction through good communication and relationships with providers.

4.1 Provider Outreach and Education (POE)

- Educate providers about the PRF. POE may be delivered to groups, to individuals and through various media channels at the complete discretion of the Contractor.

4.1.1 Website

- Establish a provider educational website hosted on HTML5 site on the NGS LINUX servers. Initially the site will consist of 3 content items including payment request form requirements, contractor contact information, and FAQs including general information around reimbursement. Contractor shall develop additional FAQs based on inquiries received in the Call Center.
- The primary audience of the website will be the provider community impacted by the coronavirus outbreak. The site shall provide up-to-date information on provider reimbursement under the PRF including links to the CDC and other responsible sources for public health updates. Site content shall follow [Federal plain language guidelines](#).

4.2 Provider Contact Center (PCC)

- Establish and maintain a PCC to support Provider Inquiries regarding the requests for payment processing lost revenues and costs related to the coronavirus outbreak. The PCC shall respond to Provide Inquiries within 48 hours.
- Choose and implement contact center technology that demonstrates innovation and efficiency in providing excellent customer service. The PCC serves as the coordinating centerpiece for developing and managing the relationship with the providers.

4.2.1 Telephone Inquiries

- Respond to provider telephone inquiries in an accurate and consistent manner, from 8:00 a.m. to 8:00 p.m. Eastern Time. All calls shall be answered within XX minutes.
- Report on standard call center metrics such as average handle time, average hold time and average call length.
- Provider contact centers shall monitor a minimum of five (5) calls per Customer Service Representative (CSR) per month for Quality Call Monitoring (QCM) purposes.
- The contractor shall be held accountable to performance standards and quality monitoring for all PCC telephone inquiries.
- Divide telephone inquiry staff into at least two levels of CSRs. First level CSRs shall answer a wide range of basic questions. Second-level CSRs will answer more complex questions.

Task 5 Provider Payment and Integrity

The Contractor shall:

5.1 Payment System

- Provide payment system that manages all financial transactions.

The payment system shall:

- Have the required accounting, logical partitions, firewalls, and funds control capabilities to ensure that all Treasury deposits and financial transactions are managed, maintained, and reported separately in a bank account;
- Manage, maintain and report check payments;
- Be an auditable system of records for all financial transactions;
- Be capable of auditable funds control and management of all deposits and transactions;
- Have quality assurance and payment integrity capabilities to ensure payments are processed accurately and without duplication;
- Have separate interfaces for transferring files with HHS, the bank, and the Treasury/IRS to process payments, receivables, FPLP, 1099s, and remittance advices; *and*
- Have full and ad hoc reporting capability for all financial transactions and audits, and shall comply with all HHS security requirements.

5.2 Approved Bank Account

- Maintain a bank account capable of processing and managing all financial transactions.
- Sign a Tripartite Agreement with the bank and HHS/HRSA
- Fill out Direct deposit form,
- Create a new supplier account
- Coordinate a monthly banking services utilization report with the bank that details all transactions conducted through the account.
 - The contractor shall use the monthly utilization report to validate the total monthly utilization for the account. The bank shall submit a monthly invoice to HHS/HRSA for

- the total cost of the bank account.
- The bank account shall be non-interest bearing and be restricted to receiving Treasury deposits, accounts payable and accounts receivable, and related financial transactions.
- The contractor shall maintain a lockbox with the bank to receive payments from providers.
- Complete and sign a form that shall be sent to HHS/HRSA to establish a vendor account (also known as supplier site) in the UMFS system that identifies contractor's bank account. The Treasury shall deposit funds into the bank account during each payment cycle; using these funds, the contractor shall disburse payments.
- Ensure that the bank account maintains a near zero balance unless otherwise approved by the COR and the HRSA Office of Budget and Finance.
- Return surplus funds received from providers due to voluntary returns to HHS on a monthly basis. Refunds shall include the principal, interest, total amount, total count and allowance.

5.3 Financial Management and Reporting

- Provide the COR and the HRSA Office of Budget and Finance with financial reports and monthly bank statements.
- Provide documentation to the COR and the HRSA Office of Budget and Finance demonstrating that adequate internal control policies and procedures have been established by the contractor for all financial transactions conducted under this contract.
 - The contractor's internal controls shall comply with the A-123 assessment. As part of the revised Office of Management and Budget (*OMB Circular A-123 Management's Responsibility for Enterprise Risk Management and Internal Controls*), HRSA must take systematic and proactive measures to 1) develop and implement appropriate, cost-effective management controls for results-oriented management; 2) assess the adequacy of management controls in Federal programs and operations; 3) identify deficiencies; 4) take corresponding corrective action, and 5) report annually on management controls.

Given the emergent need and significance of the COVID-19 Program, HRSA will perform testing of internal controls and assess risks to provide management with reasonable assurance of performance and payment integrity.

5.4 Deltek Cost point Database

- Host the Deltek Costpoint system responsible for making payments.
 - Secure routine and ad hoc execution of payment files;
 - Secure processing and storage of millions of payment records;
 - Secure reporting and file transfer capabilities;
 - Secure interface with other HHS internal systems and external systems such as US Treasury; and
 - Ensure disaster recovery capabilities.
- Operate and maintain the Deltek Costpoint Database.

- Secure routine and ad hoc execution of payment files;
 - Secure processing and storage of payment records per HHS records retention requirements;
 - Secure reporting and file transfer capabilities;
 - Secure interface with other internal systems and external systems such as US Treasury; and
 - Disaster recovery capabilities.
- The contractor shall participate in workgroup sessions facilitated by HRSA and collaborate with IRMS vendor to document the technical and business requirements for the IRMS system's connectivity with Deltek Costpoint.
 - Provide a daily incremental extract file from the Deltek database that provides details of all financial commitments, obligations, etc., posted to the General Ledger -
 - Either a direct database link from HRSA Integrated Resource Management System (IRMS) to Deltek Costpoint; or through a trusted and secure scheduled extract file process
 - HRSA's IRMS system will connect to the Deltek via database link one time per day on a daily basis in order to query the Deltek
 - Specifics of the file structure, data elements, data dictionary, etc., to be provided after initial kickoff meeting with contractor
 - Ensure compliance with all necessary FISMA security requirements such as Interconnection Security Agreements, Authority to Operate, etc.

Note: IRMS is financial data warehouse managed by HRSA to collect and store financial commitments, obligations and disbursements, and is used by Agency staff to verify the status and availability of funds, support internal controls testing, and other enterprise risk management activities.

5.5 Software Quality Control and Systems Development Management Plan

- Establish a culture and infrastructure that supports the practices needed to produce systems and services that meet requirements and satisfy HHS needs. The contractor's quality improvement program shall include:
 - Procedures and standards for creating quality products from the beginning of the lifecycle process including elements such as:
 - ◆ Clear identification of quality roles, responsibilities and authorities within the organization;
 - ◆ A set of objective (both technical performance and business performance, as well as business impact) criteria to define the overall health of the systems;
 - ◆ Standard activities to review planning, analysis, and design deliverables that define a system; and

- ◆ Practices and tools to verify and validate software release before delivery to HHS.
- Quality control to ensure that project teams follow the standards.
- Ongoing work to improve software quality
 - ◆ Evaluate progress against the defined metrics;
 - ◆ Track and manage the source code quality;
 - ◆ Track functional defects (e.g., defect density) and execute strategies for efficient defect resolution. Recommend improvements for efficiency and effectiveness of the defect resolution process; and
 - ◆ Provide oversight and compliance reporting management for HHS systems under this contract development environment and to manage the process for code promotion.
- Develop a System Development Management Plan (SDMP) that describes its approach to software quality control and managing the software development lifecycle. This is a one-time deliverable that describes the contractor’s approach to software development to include:
 - The contractor’s quality control program (standards, roles, etc.);
 - Requirements management process;
 - Design and architecture process;
 - Source code management (environnements, builds, etc.);
 - Change and configuration management;
 - Verification and validation of sprints and releases before delivery to COR; and
 - Templates for deliverables, including requirements documents and test plans.

5.6 Payment File Format

- Work with HHS/HRSA and designated project staff to develop a standardized payment file format. At a minimum, the file format shall include these payee identifiers, legal business name, Employer Identification Number (EIN)/ Tax Identification Number (TIN), Project ID, date, and amount; additional identifiers may include NPI, CCN, and business address as required by HHS.
- HRSA for review then
- PSC for funding/treasury
- PSC sends stuff to treasury every day, will include in normal transactions each day to treasury

5.7 Payment Files

- Provide HHS with a payment file for each payment cycle that includes the payees, identifiers, and payment amounts for at least five (5) business days prior to the payment submit date on the payment calendar. (file process: To HRSA for review then, PSC for funding/treasury; PSC sends information to treasury every day, will include in normal transactions each day to treasury)
- Submit an expectations report to HHS for all returned payments.
- Scrub payment files against the Do Not Pay list to ensure payments are not deposited into these accounts.
- Notify the COR and HRSA Office of Budget and Finance when payees on the Do Not Pay list are identified on the payment file and these findings shall also be included in the exceptions report.

5.8 Payment Request for Each Payment Cycle

- Send a payment request to the HRSA Office of Budget and Finance for approval and funds certification five (5) business days prior to the submit date during a payment cycle.
 - a. The payment requests shall provide the total funds requested.
 - b. After reviewing and approving the payment request, HRSA Office of Budget and Finance will process the payment request through UFMS to the Treasury. The Treasury will deposit the funds into the bank account per the payment date on the HHS calendar. The payment request from the contractor shall include the gross payment totals for the project, the contractor EIN associated with the project bank account, the contractor's legal business name, and the date of the request. Additional documentation to support the payment may be requested by HHS.
 - c. Due to the potential for unanticipated changes in enrollment such as late entry by participants, incomplete banking information, and other circumstances, HHS shall require the contractor to be capable of completing payment cycles as requested by the contractor.

5.9 FPLP Withholding to Payments

- Ensure that all payments are subjected to FPLP or non-tax debt withholding in accordance with Treasury policy and procedure.
- Construct an extract file of the payment information file including legal business name and /TIN.
- Send the extract file to the Treasury to match against the debt database.
- Receive a match file from to the Treasury for any payee with outstanding tax or non-tax debt.
- Offset payment to the payee in accordance with the Treasury withholding requirements and send offset file to the Treasury with the debt amounts withheld.

- Receive an acknowledgement file from the Treasury.
- Forward all FPLP withholdings to the Treasury within 10 business days.
- Ensure that the payment remittance advice is designated with the appropriate reason code for the FPLP withholding.

5.12 IRS 1099s to Payees

- Prepare and send IRS 1099-MISC, in accordance with IRS regulations, no later than January 31st to all payees that received payments during the prior calendar year
- Send the electronic 1099 file with this information to the IRS in accordance with the IRS reporting deadline.

5.13 IRS Backup Withholding

- The contractor shall apply backup withholding to affected payments in compliance with IRS and Treasury laws and regulations.

5.14 Authority to Operate (ATO) and Annual Adaptive Capabilities Testing (ACT)

- Obtain “Application” ATO for the Deltek Costpoint payment system and all contract-related payment and data management systems. HHS will work with the contractor and the HHS Certified Information System Security Officer (CISSO) to establish a schedule for the ATO that meets the program needs.
- Be required to participate in all facets of security testing, prepare security documents, answer questions, and implement recommendations as required by the CISSO to obtain ATO for the payment system application.
- Maintain an ATO by successfully completing all annual HHS security testing requirements needed to process payments. This shall be done in a 3-year cycle, with one-third of the system reviewed annually.

5.16 Overpayment Recovery

- Coordinate with HRSA to develop an overpayment program, including: overpayment identification, issuing demand letters, and collections.
- Comply with Federal overpayment rules and regulations.
- Report monthly on overpayments identified and collections.

Task 6 Security Requirements

The contractor shall:

A. Baseline Security Requirements

- 1) **Applicability.** The requirements herein apply whether the entire contract or order (hereafter “contract”), or portion thereof, includes either or both of the following:
 - a. Access (Physical or Logical) to Government Information: A Contractor (and/or any subcontractor) employee will have or will be given the ability to have, routine physical (entry) or logical (electronic) access to government information.

- b. **Operate a Federal System Containing Information:** A Contractor (and/or any subcontractor) will operate a federal system and information technology containing data that supports the HHS mission. In addition to the Federal Acquisition Regulation (FAR) Subpart 2.1 definition of “information technology” (IT), the term as used in this section includes computers, ancillary equipment (including imaging peripherals, input, output, and storage devices necessary for security and surveillance), peripheral equipment designed to be controlled by the central processing unit of a computer, software, firmware and similar procedures, services (including support services), and related resources.
- 2) **Safeguarding Information and Information Systems.** In accordance with the Federal Information Processing Standards Publication (FIPS)199, *Standards for Security Categorization of Federal Information and Information Systems*, the Contractor (and/or any subcontractor) shall:
- a. Protect government information and information systems in order to ensure:
- **Confidentiality**, which means preserving authorized restrictions on access and disclosure, based on the security terms found in this contract, including means for protecting personal privacy and proprietary information;
 - **Integrity**, which means guarding against improper information modification or destruction, and ensuring information non-repudiation and authenticity; and
 - **Availability**, which means ensuring timely and reliable access to and use of information.
- b. Provide security for any Contractor systems, and information contained therein, connected to an HHS network or operated by the Contractor on behalf of HHS regardless of location. In addition, if new or unanticipated threats or hazards are discovered by either the agency or contractor, or if existing safeguards have ceased to function, the discoverer shall immediately, **within one (1) hour or less**, bring the situation to the attention of the other party.
- c. Adopt and implement the policies, procedures, controls, and standards required by the HHS Information Security Program to ensure the confidentiality, integrity, and availability of government information and government information systems for which the Contractor is responsible under this contract or to which the Contractor may otherwise have access under this contract. Obtain the HHS Information Security Program security requirements, outlined in the HHS Information Security and Privacy Policy (IS2P), by contacting the CO/COR or emailing fisma@hhs.gov.
- d. Comply with the Privacy Act requirements and tailor FAR clauses as needed.
- 3) **Information Security Categorization.** In accordance with FIPS 199 and National Institute of Standards and Technology (NIST) Special Publication (SP) 800-60, *Volume II: Appendices to Guide for Mapping Types of Information and Information Systems to Security Categories*, Appendix C, and based on information provided by the ISSO, CISO, or other security representative, the risk level for each Security Objective and the Overall

Risk Level, which is the highest watermark of the three factors (Confidentiality, Integrity, and Availability) of the information or information system are the following:

Confidentiality:	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> High
Integrity:	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> High
Availability:	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> High
Overall Risk Level:	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> High

Based on information provided by the ISSO, Privacy Office, system/data owner, or other security or privacy representative, it has been determined that this solicitation/contract involves:

No PII Yes PII

Personally Identifiable Information (PII). Per the Office of Management and Budget (OMB) Circular A-130, “PII is information that can be used to distinguish or trace an individual's identity, either alone or when combined with other information that is linked or linkable to a specific individual.” Examples of PII include, but are not limited to the following: social security number, date and place of birth, mother’s maiden name, biometric records, etc.

PII Confidentiality Impact Level has been determined to be: Low Moderate High

- 4) **Controlled Unclassified Information (CUI).** CUI is defined as “information that laws, regulations, or Government-wide policies require to have safeguarding or dissemination controls, excluding classified information.” The Contractor (and/or any subcontractor) must comply with *Executive Order 13556, Controlled Unclassified Information, (implemented at 3 CFR, part 2002)* when handling CUI. 32 C.F.R. 2002.4(aa) As implemented the term “handling” refers to “...any use of CUI, including but not limited to marking, safeguarding, transporting, disseminating, re-using, and disposing of the information.” 81 Fed. Reg. 63323. All sensitive information that has been identified as CUI by a regulation or statute, handled by this solicitation/contract, shall be: “...any use of CUI, including but not limited to marking, safeguarding, transporting, disseminating, re-using, and disposing of the information.” 81 Fed. Reg. 63323. All sensitive information that has been identified as CUI by a regulation or statute, handled by this solicitation/contract, shall be:
- a. marked appropriately;
 - b. disclosed to authorized personnel on a Need-To-Know basis;
 - c. protected in accordance with NIST SP 800-53, *Security and Privacy Controls for Federal Information Systems and Organizations* applicable baseline if handled by a Contractor system operated on behalf of the agency, or NIST SP 800-171, *Protecting Controlled Unclassified Information in Nonfederal Information Systems and*

Organizations if handled by internal Contractor system; and

d. returned to HHS control, destroyed when no longer needed, or held until otherwise directed. Destruction of information and/or data shall be accomplished in accordance with NIST SP 800-88, *Guidelines for Media Sanitization*.

- 5) **Protection of Sensitive Information.** For security purposes, information is *or* may be sensitive because it requires security to protect its confidentiality, integrity, and/or availability. The Contractor (and/or any subcontractor) shall protect all government information that is or may be sensitive in accordance with OMB Memorandum M-06-16, *Protection of Sensitive Agency Information* by securing it with a FIPS 140-2 validated solution.

See the HHS Standard for the Definition of Sensitive Information, for additional information in defining and protecting sensitive information.

- 6) **Confidentiality and Nondisclosure of Information.** Any information provided to the contractor (and/or any subcontractor) by HHS or collected by the contractor on behalf of HHS shall be used only for the purpose of carrying out the provisions of this contract and shall not be disclosed or made known in any manner to any persons except as may be necessary in the performance of the contract. The Contractor assumes responsibility for protection of the confidentiality of Government records and shall ensure that all work performed by its employees and subcontractors shall be under the supervision of the Contractor. Each Contractor employee or any of its subcontractors to whom any HHS records may be made available or disclosed shall be notified in writing by the Contractor that information disclosed to such employee or subcontractor can be used only for that purpose and to the extent authorized herein.

The confidentiality, integrity, and availability of such information shall be protected in accordance with HHS and *HRSA* policies. Unauthorized disclosure of information will be subject to the HHS/*HRSA* policies and/or governed by the following laws and regulations:

- a. 18 U.S.C. Section 641 (Criminal Code: Public Money, Property or Records); and
- b. 44 U.S.C. Chapter 35, Subchapter I (Paperwork Reduction Act).

- 7) **Internet Protocol Version 6 (IPv6).** All procurements using Internet Protocol shall comply with OMB Memorandum M-05-22, *Transition Planning for Internet Protocol Version 6 (IPv6)*.
- 8) **Government Websites.** All new and existing public-facing government websites must be securely configured with Hypertext Transfer Protocol Secure (HTTPS) using the most recent version of Transport Layer Security (TLS). In addition, HTTPS shall enable HTTP Strict Transport Security (HSTS) to instruct compliant browsers to assume HTTPS at all times to reduce the number of insecure redirects and protect against attacks that attempt to downgrade connections to plain HTTP. For internal-facing websites, the HTTPS is not

required, but it is highly recommended.

9) **Contract Documentation.** The Contractor shall use provided templates, policies, forms and other agency documents to comply with contract deliverables as appropriate.

10) **Standard for Encryption.** The Contractor (and/or any subcontractor) shall:

- a. Comply with the *HHS Standard for Encryption of Computing Devices and Information* to prevent unauthorized access to government information.
- b. Encrypt all sensitive federal data and information (i.e., PII, protected health information [PHI], proprietary information, etc.) in transit (i.e., email, network connections, etc.) and at rest (i.e., servers, storage devices, mobile devices, backup media, etc.) with FIPS 140-2 validated encryption solution.
- c. Secure all devices (i.e.: desktops, laptops, mobile devices, etc.) that store and process government information and ensure devices meet HHS and OpDiv-specific encryption standard requirements. Maintain a complete and current inventory of all laptop computers, desktop computers, and other mobile devices and portable media that store or process sensitive government information (including PII).
- d. Verify that the encryption solutions in use have been validated under the Cryptographic Module Validation Program to confirm compliance with FIPS 140-2. The Contractor shall provide a written copy of the validation documentation to the COR *within thirty days of contract award*.
- e. Use the Key Management system on the HHS personal identification verification (PIV) card or establish and use a key recovery mechanism to ensure the ability for authorized personnel to encrypt/decrypt information and recover encryption keys <http://csrc.nist.gov/publications/>. Encryption keys shall be provided to the COR upon request and at the conclusion of the contract.

11) **Contractor Non-Disclosure Agreement (NDA).** Each Contractor (and/or any subcontractor) employee having access to non-public government information under this contract shall complete the OpDiv non-disclosure agreement as applicable. A copy of each signed and witnessed NDA shall be submitted to the Contracting Officer (CO) and/or CO Representative (COR) prior to performing any work under this acquisition.

12) **Privacy Threshold Analysis (PTA)/Privacy Impact Assessment (PIA)** – The Contractor shall assist the OpDiv Senior Official for Privacy (SOP) or designee with conducting a PTA for the information system and/or information handled under this contract to determine whether or not a full PIA needs to be completed.

- a. If the results of the PTA show that a full PIA is needed, the Contractor shall assist the OpDiv SOP or designee with completing a PIA for the system or information within *4-6 weeks or prior to system implementation* after completion of the PTA and in

accordance with HHS policy and OMB M-03-22, *Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002*.

- b. The Contractor shall assist the OpDiv SOP or designee in reviewing the PIA at least every **three years** throughout the system development lifecycle (SDLC)/information lifecycle, or when determined by the agency that a review is required based on a major change to the system, or when new types of PII are collected that introduces new or increased privacy risks, whichever comes first.

B. Training

- 1) **Mandatory Training for All Contractor Staff.** All Contractor (and/or any subcontractor) employees assigned to work on this contract shall complete the applicable HHS/OpDiv Contractor Information Security Awareness, Privacy, and Records Management training (provided upon contract award) before performing any work under this contract. Thereafter, the employees shall complete *OS/OASH* Information Security Awareness, Privacy, and Records Management training at least **annually**, during the life of this contract. All provided training shall be compliant with HHS training policies.
- 2) **Role-based Training.** All Contractor (and/or any subcontractor) employees with significant security responsibilities (as determined by the program manager) must complete role-based training **annually** commensurate with their role and responsibilities in accordance with HHS policy and the *HHS Role-Based Training (RBT) of Personnel with Significant Security Responsibilities Memorandum*.
- 3) **Training Records.** The Contractor (and/or any subcontractor) shall maintain training records for all its employees working under this contract in accordance with HHS policy. A copy of the training records shall be provided to the CO and/or COR within **30 days** after contract award and **annually** thereafter or upon request.

C. Rules of Behavior

- 1) The Contractor (and/or any subcontractor) shall ensure that all employees performing on the contract comply with the *HHS Information Technology General Rules of Behavior*.
- 2) All Contractor employees performing on the contract must read and adhere to the Rules of Behavior before accessing Department data or other information, systems, and/or networks that store/process government information, initially at the beginning of the contract and at least **annually** thereafter, which may be done as part of annual OpDiv Information Security Awareness
- 3) Training. If the training is provided by the contractor, the signed ROB must be provided as a separate deliverable to the CO and/or COR per defined timelines above.

D. Incident Response

The Contractor (and/or any subcontractor) shall respond to all alerts/Indicators of Compromise (IOCs) provided by HHS Computer Security Incident Response Center (CSIRC) and OASH IRT teams **within 24 hours**, whether the response is positive or negative.

FISMA defines an incident as “an occurrence that (1) actually or imminently jeopardizes, without lawful authority, the integrity, confidentiality, or availability of information or an information system; or (2) constitutes a violation or imminent threat of violation of law, security policies, security procedures, or acceptable use policies. The HHS *Policy for IT Security and Privacy Incident Reporting and Response* further defines incidents as events involving cybersecurity and privacy threats, such as viruses, malicious user activity, loss of, unauthorized disclosure or destruction of data, and so on.

A privacy breach is a type of incident and is defined by Federal Information Security Modernization Act (FISMA) as the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, or any similar occurrence where (1) a person other than an authorized user accesses or potentially accesses personally identifiable information or (2) an authorized user accesses or potentially accesses personally identifiable information for an other than authorized purpose. The HHS *Policy for IT Security and Privacy Incident Reporting and Response* further defines a breach as “a suspected or confirmed incident involving PII”.

In the event of a suspected or confirmed incident or breach, the Contractor (and/or any subcontractor) shall:

- 1) Protect all sensitive information, including any PII created, stored, or transmitted in the performance of this contract so as to avoid a secondary sensitive information incident with FIPS 140-2 validated encryption.

NOT notify affected individuals unless so instructed by the Contracting Officer or designated representative. If so instructed by the Contracting Officer or representative, the Contractor shall send *OS/OASH* approved notifications to affected individuals.

- 2) Report all suspected and confirmed information security and privacy incidents and breaches to the OpDiv Incident Response Team (IRT) at 1-866-646-751, csirc@hhs.gov, COR, CO, HHS/OCIO SOP (or his or her designee), and other stakeholders, including incidents involving PII, in any medium or form, including paper, oral, or electronic, as soon as possible and without unreasonable delay, no later than **one (1) hour**, and consistent with the applicable OpDiv and HHS policy and procedures, NIST standards and guidelines, as well as US-CERT notification guidelines. The types of information required in an incident report must include at a minimum: company and point of contact information, contact information, impact classifications/threat vector, and the type of information compromised. In addition, the Contractor shall:

- a. cooperate and exchange any information, as determined by the Agency, necessary to effectively manage or mitigate a suspected or confirmed breach;
- b. not include any sensitive information in the subject or body of any reporting e-mail; and
- c. encrypt sensitive information in attachments to email, media, etc.

Comply with OMB M-17-12, *Preparing for and Responding to a Breach of Personally Identifiable Information* HHS/OpDiv and OS/OASH incident response policies when handling PII breaches.

- 3) Provide full access and cooperate on all activities as determined by the Government to ensure an effective incident response, including providing all requested images, log files, and event information to facilitate rapid resolution of sensitive information incidents. This may involve disconnecting the system processing, storing, or transmitting the sensitive information from the Internet or other networks or applying additional security controls. This may also involve physical access to contractor facilities during a breach/incident investigation.

E. Position Sensitivity Designations

All Contractor (and/or any subcontractor) employees must obtain a background investigation commensurate with their position sensitivity designation that complies with Parts 1400 and 731 of Title 5, Code of Federal Regulations (CFR).

F. Homeland Security Presidential Directive (HSPD)-12

The Contractor (and/or any subcontractor) and its employees shall comply with Homeland Security Presidential Directive (HSPD)-12, *Policy for a Common Identification Standard for Federal Employees and Contractors*; OMB M-05-24; FIPS 201, *Personal Identity Verification (PIV) of Federal Employees and Contractors*; HHS HSPD-12 policy; and *Executive Order 13467, Part 1 §1.2*.

For additional information, see HSPD-12 policy at: <https://www.dhs.gov/homeland-security-presidential-directive-12>

Roster. The Contractor (and/or any subcontractor) shall submit a roster by name, position, e-mail address, phone number and responsibility, of all staff working under this acquisition where the Contractor will develop, have the ability to access, or host and/or maintain a government information system(s). The roster shall be submitted to the COR and/or CO within one week of the effective date of this contract. Any revisions to the roster as a result of staffing changes shall be submitted within *1 week* of the change. The COR will notify the Contractor of the appropriate level of investigation required for each staff member.

If the employee is filling a new position, the Contractor shall provide a position description and the Government will determine the appropriate suitability level.

G. Contract Initiation and Expiration

- 1) **General Security Requirements.** The Contractor (and/or any subcontractor) shall comply with information security and privacy requirements, Enterprise Performance Life Cycle (EPLC) processes, HHS Enterprise Architecture requirements to ensure information is appropriately protected from initiation to expiration of the contract. All information systems development or enhancement tasks supported by the contractor shall follow the HHS EPLC framework and methodology in accordance with the HHS

Contract Closeout Guide (2012).

HHS EA requirements may be located here:
<https://www.hhs.gov/ocio/ea/documents/proplans.html>

- 2) **System Documentation.** Contractors (and/or any subcontractors) must follow and adhere to NIST SP 800-64, *Security Considerations in the System Development Life Cycle*, at a minimum, for system development and provide system documentation at designated intervals (specifically, at the expiration of the contract) within the EPLC that require artifact review and approval.
- 3) **Sanitization of Government Files and Information.** As part of contract closeout and at expiration of the contract, the Contractor (and/or any subcontractor) shall provide all required documentation the COR to certify that, at the government's direction, all electronic and paper records are appropriately disposed of and all devices and media are sanitized in accordance with NIST SP 800-88, *Guidelines for Media Sanitization*.
- 4) **Notification.** The Contractor (and/or any subcontractor) shall notify the CO and/or COR and system ISSO within *one week* before an employee stops working under this contract.
- 5) **Contractor Responsibilities Upon Physical Completion of the Contract.** The contractor (and/or any subcontractors) shall return all government information and IT resources (i.e., government information in non-government-owned systems, media, and backup systems) acquired during the term of this contract to the CO and/or COR. Additionally, the Contractor shall provide a certification that all government information has been properly sanitized and purged from Contractor-owned systems, including backup systems and media used during contract performance, in accordance with HHS and/or *OS/OASH* policies.
- 6) The Contractor (and/or any subcontractor) shall perform and document the actions identified in the *OS/OASH* Contractor Employee Separation Checklist when an employee terminates work under this contract within *14* days of the employee's exit from the contract. All documentation shall be made available to the CO and/or COR upon request.

H. Records Management and Retention

The Contractor (and/or any subcontractor) shall maintain all information in accordance with Executive Order 13556 -- Controlled Unclassified Information, National Archives and Records Administration (NARA) records retention policies and schedules and HHS/OASH policies and shall not dispose of any records unless authorized by HHS/OASH.

In the event that a contractor (and/or any subcontractor) accidentally disposes of or destroys a record without proper authorization, it shall be documented and reported as an incident in accordance with HHS/OASH policies.

A. Privacy Act

It has been determined that this contract is subject to the Privacy Act of 1974, because this contract provides for the design, development, or operation of a system of records on individuals.

The System of Records Notice (SORN) that is applicable to this contract is: *A SORN will be developed.*

The disposition to be made of the Privacy Act records upon completion of contract performance.

B. Security Requirements for GOCO and COCO Resources

- 1) **Federal Policies.** The Contractor (and/or any subcontractor) shall comply with applicable federal laws that include, but are not limited to, the *HHS Information Security and Privacy Policy (IS2P)*, *Federal Information Security Modernization Act (FISMA) of 2014, (44 U.S.C. 101)*; National Institute of Standards and Technology (NIST) Special Publication (SP) 800-53, *Security and Privacy Controls for Federal Information Systems and Organizations*; Office of Management and Budget (OMB) Circular A-130, *Managing Information as a Strategic Resource*; and other applicable federal laws, regulations, NIST guidance, and Departmental policies.
- 2) **Security Assessment and Authorization (SA&A).** A valid authority to operate (ATO) certifies that the Contractor's information system meets the contract's requirements to protect the agency data. If the system under this contract does not have a valid ATO, the Contractor (and/or any subcontractor) shall work with the agency and supply the deliverables required to complete the ATO within the specified timeline(s). The Contractor shall conduct the SA&A requirements in accordance with *HHS IS2P*, NIST SP 800-37, *Guide for Applying the Risk Management Framework to Federal Information Systems: A Security Life Cycle Approach* (latest revision).

For an existing ATO, OpDiv must make a determination if the existing ATO provides appropriate safeguards or if an additional ATO is required for the performance of the contract and state as such.

OS/OASH acceptance of the ATO does not alleviate the Contractor's responsibility to ensure the system security and privacy controls are implemented and operating effectively.

- a. **SA&A Package Deliverables** - The Contractor (and/or any subcontractor) shall provide an SA&A package within *a format/timeline/process as outlined in the project plan* to the CO and/or COR. The following SA&A deliverables are required to complete the SA&A package
 - **System Security Plan (SSP)** –The SSP shall comply with the NIST SP 800-18, *Guide for Developing Security Plans for Federal Information Systems*, the Federal Information Processing Standard (FIPS) 200, *Recommended Security Controls for Federal Information Systems*, and NIST SP 800-53, *Security and Privacy Controls for Federal Information Systems and Organizations* applicable

baseline requirements, and other applicable NIST guidance as well as HHS and *OS/OASH* policies and other guidance. The SSP shall be consistent with and detail the approach to IT security contained in the Contractor's bid or proposal that resulted in the award of this contract. The SSP shall provide an overview of the system environment and security requirements to protect the information system as well as describe all applicable security controls in place or planned for meeting those requirements. It should provide a structured process for planning adequate, cost-effective security protection for a system. The Contractor shall update the SSP at least **annually** thereafter.

- **Security Assessment Plan/Report (SAP/SAR)** –The security assessment shall be conducted by *HHS/OCIO* assessor and be consistent with NIST SP 800-53A, NIST SP 800-30, and HHS and OpDiv policies. The assessor will document the assessment results in the SAR.

Thereafter, the Contractor, in coordination with ***OS/OASH*** shall *assist* in the assessment of the security controls and update the SAR at least **annually**.

- **Independent Assessment** - The Contractor (and/or subcontractor) shall have an independent third-party validate the security and privacy controls in place for the system(s). The independent third party shall review and analyze the Security Authorization package, and report on technical, operational, and management level deficiencies as outlined in NIST SP 800-53. The Contractor shall address all “*high*” deficiencies. All remaining deficiencies must be documented in a system Plan of Actions and Milestones (POA&M).
- **POA&M** – The POA&M shall be documented consistent with the HHS Standard for Plan of Action and Milestones and OpDiv policies. All high-risk weaknesses must be mitigated within *OS/OASH timeframes as agreed and documented within the project management plan* and all medium weaknesses must be mitigated within *OS/OASH timeframes as agreed and documented within the project management plan* from the date the weaknesses are formally identified and documented. *OS/OASH* will determine the risk rating of vulnerabilities.

Identified risks stemming from deficiencies related to the security control baseline implementation, assessment, continuous monitoring, vulnerability scanning, and other security reviews and sources, as documented in the SAR, shall be documented and tracked by the Contractor for mitigation in the POA&M document. Depending on the severity of the risks, ***OS/OASH*** may require designated POA&M weaknesses to be remediated before an ATO is issued. Thereafter, the POA&M shall be updated at least **quarterly**.

- **Contingency Plan and Contingency Plan Test** –The Contingency Plan must be developed in accordance with NIST SP 800-34, *Contingency Planning Guide for Federal Information Systems*, and be consistent with HHS and OpDiv policies. Upon acceptance by the System Owner, the Contractor, in coordination with the

System Owner, shall test the Contingency Plan and prepare a Contingency Plan Test Report that includes the test results, lessons learned and any action items that need to be addressed. Thereafter, the Contractor shall update and test the Contingency Plan at least **annually**.

- **E-Authentication Questionnaire** – The contractor (and/or any subcontractor) shall collaborate with government personnel to ensure that an E-Authentication Threshold Analysis (E-auth TA) is completed to determine if a full E-Authentication Risk Assessment (E-auth RA) is necessary. System documentation developed for a system using E-auth TA/E-auth RA methods shall follow OMB 04-04 and NIST SP 800-63, Rev. 2, *Electronic Authentication Guidelines*.

Based on the level of assurance determined by the E-Auth, the Contractor (and/or subcontractor) must ensure appropriate authentication to the system, including remote authentication, is in-place in accordance with the assurance level determined by the E-Auth (when required) in accordance with HHS policies.

b. Information Security Continuous Monitoring. Upon the government issuance of an Authority to Operate (ATO), the Contractor (and/or subcontractor)-owned/operated systems that input, store, process, output, and/or transmit government information, shall meet or exceed the information security continuous monitoring (ISCM) requirements in accordance with FISMA and NIST SP 800-137, *Information Security Continuous Monitoring (ISCM) for Federal Information Systems and Organizations*, and HHS IS2P. The following are the minimum requirements for ISCM:

- **Annual Assessment/Pen Test** - Assess the system security and privacy controls (or ensure an assessment of the controls is conducted) at least annually to determine the implemented security and privacy controls are operating as intended and producing the desired results (this may involve penetration testing conducted by the agency or independent third-party. In addition, review all relevant SA&A documentation (SSP, POA&M, Contingency Plan, etc.) and provide updates.
- **Asset Management** - Using any available Security Content Automation Protocol (SCAP)-compliant automated tools for active/passive scans, provide an inventory of all information technology (IT) assets for hardware and software, (computers, servers, routers, databases, operating systems, etc.) that are processing HHS-owned information/data. It is anticipated that this inventory information will be required to be produced at least *quarterly by the CSP*. IT asset inventory information shall include IP address, machine name, operating system level, security patch level, and SCAP-compliant format information. The contractor shall maintain a capability to provide an inventory of 100% of its IT assets using SCAP-compliant automated tools.
- **Configuration Management** - Use available SCAP-compliant automated tools, per NIST IR 7511, for authenticated scans to provide visibility into the security configuration compliance status of all IT assets, (computers, servers, routers,

databases, operating systems, application, etc.) that store and process government information. Compliance will be measured using IT assets and standard HHS and government configuration baselines at least *at least quarterly*. The contractor shall maintain a capability to provide security configuration compliance information for 100% of its IT assets using SCAP-compliant automated tools.

- **Vulnerability Management** - Use SCAP-compliant automated tools for authenticated scans to scan information system(s) and detect any security vulnerabilities in all assets (computers, servers, routers, Web applications, databases, operating systems, etc.) that store and process government information. Contractors shall actively manage system vulnerabilities using automated tools and technologies where practicable and in accordance with HHS policy. Automated tools shall be compliant with NIST-specified SCAP standards for vulnerability identification and management. The contractor shall maintain a capability to provide security vulnerability scanning information for 100% of IT assets using SCAP-compliant automated tools and report to the agency at least *quarterly*.
 - **Patching and Vulnerability Remediation** - Install vendor released security patches and remediate critical and high vulnerabilities in systems processing government information in an expedited manner, within vendor and agency specified timeframes.
 - **Secure Coding** - Follow secure coding best practice requirements, as directed by United States Computer Emergency Readiness Team (US-CERT) specified standards and the Open Web Application Security Project (OWASP), that will limit system software vulnerability exploits.
 - **Boundary Protection** - The contractor shall ensure that government information, other than unrestricted information, being transmitted from federal government entities to external entities is routed through a Trusted Internet Connection (TIC).
- 3) **Government Access for Security Assessment.** In addition to the Inspection Clause in the contract, the Contractor (and/or any subcontractor) shall afford the Government access to the Contractor's facilities, installations, operations, documentation, information systems, and personnel used in performance of this contract to the extent required to carry out a program of security assessment (to include vulnerability testing), investigation, and audit to safeguard against threats and hazards to the confidentiality, integrity, and availability of federal data or to the protection of information systems operated on behalf of HHS, including but are not limited to:
- a. At any tier handling or accessing information, consent to and allow the Government, or an independent third party working at the Government's direction, without notice at any time during a weekday during regular business hours contractor local time, to access contractor and subcontractor installations, facilities, infrastructure, data centers, equipment (including but not limited to all servers, computing devices, and

portable media), operations, documentation (whether in electronic, paper, or other forms), databases, and personnel which are used in performance of the contract.

The Government includes but is not limited to the U.S. Department of Justice, U.S. Government Accountability Office, and the HHS Office of the Inspector General (OIG). The purpose of the access is to facilitate performance inspections and reviews, security and compliance audits, and law enforcement investigations. For security audits, the audit may include but not be limited to such items as buffer overflows, open ports, unnecessary services, lack of user input filtering, cross site scripting vulnerabilities, SQL injection vulnerabilities, and any other known vulnerabilities.

- b. At any tier handling or accessing protected information, fully cooperate with all audits, inspections, investigations, forensic analysis, or other reviews or requirements needed to carry out requirements presented in applicable law or policy. Beyond providing access, full cooperation also includes, but is not limited to, disclosure to investigators of information sufficient to identify the nature and extent of any criminal or fraudulent activity and the individuals responsible for that activity. It includes timely and complete production of requested data, metadata, information, and records relevant to any inspection, audit, investigation, or review, and making employees of the contractor available for interview by inspectors, auditors, and investigators upon request. Full cooperation also includes allowing the Government to make reproductions or copies of information and equipment, including, if necessary, collecting a machine or system image capture.
 - c. Segregate Government protected information and metadata on the handling of Government protected information from other information. Commingling of information is prohibited. Inspectors, auditors, and investigators will not be precluded from having access to the sought information if sought information is commingled with other information.
 - d. Cooperate with inspections, audits, investigations, and reviews.
- 4) **End of Life Compliance.** The Contractor (and/or any subcontractor) must use Commercial off the Shelf (COTS) software or other software that is supported by the manufacturer. In addition, the COTS/other software need to be within one major version of the current version; deviation from this requirement will only be allowed via the HHS waiver process (approved by HHS CISO). The contractor shall retire and/or upgrade all software/systems that have reached end-of-life in accordance with HHS *End-of-Life Operating Systems, Software, and Applications Policy*.
- 5) **Desktops, Laptops, and Other Computing Devices Required for Use by the Contractor.** The Contractor (and/or any subcontractor) shall ensure that all IT equipment (e.g., laptops, desktops, servers, routers, mobile devices, peripheral devices, etc.) used to process information on behalf of HHS are deployed and operated in accordance with approved security configurations and meet the following minimum

requirements:

- a. Encrypt equipment and sensitive information stored and/or processed by such equipment in accordance with HHS and FIPS 140-2 encryption standards.
- b. Configure laptops and desktops in accordance with the latest applicable United States Government Configuration Baseline (USGCB) and HHS *Minimum Security Configuration Standards*;
- c. Maintain the latest operating system patch release and anti-virus software definitions.
- d. Validate the configuration settings after hardware and software installation, operation, maintenance, update, and patching and ensure changes in hardware and software do not alter the approved configuration settings; and
- e. Automate configuration settings and configuration management in accordance with HHS security policies, including but not limited to:
 - Configuring its systems to allow for periodic HHS vulnerability and security configuration assessment scanning; and
 - Using Security Content Automation Protocol (SCAP)-validated tools with USGCB Scanner capabilities to scan its systems at least on a *monthly* basis and report the results of these scans to the CO and/or COR, Project Officer, and any other applicable designated POC.

7. OPTIONAL TASKS – Not funded unless is exercised

Optional Task 1 Transition-Out Plan

The contractor shall develop and implement a 120-day transition-out plan. The plan shall include methodologies and procedures for minimizing disruption of service to qualified eligible providers and major milestones at 30, 60, 90, and 120 days (for a 120 day transition). The plan must support phases to allow collaboration with the outgoing contractor. The contractor must also submit a stakeholder management plan outlining, in detail, what steps will be taken to ensure a smooth transition for current employees. The contractor(s) must also work with any future contractor(s) and HHS to facilitate complete operational transition, and this must be addressed in the transition plan.

- a. The plan shall ensure transition of all providers documenting eligible reimbursement claims to the new contractor responsible for the next phase of the contract with minimal disruption. The plan shall be inclusive of the transition of the documentation, operating procedures and other resources, including, devices, equipment, databases and systems. Data captured during the performance of the base and optional periods will be transferred

to the government at contract conclusion; the format to deliver the data shall be decided during the performance period.

7. DELIVERABLES

The contractor shall ensure all products and services delivered under this contract are compliant with HHS Section 508 requirements in accordance with the Health and Human Services Acquisition Regulation (HHSAR). These Section 508 Standards were issued by the [United States Access Board](https://www.access-board.gov/) (<https://www.access-board.gov/>) and published in the Federal Register, on January 18, 2017, as the [final rule](https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule) (<https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule>). The final rule updates the Section 508 Standards along with accessibility guidelines for telecommunication products and equipment covered by section 255 of the Communications Act.

The Section 508 Standards applicable to this contract are:

[Section 508 Standards and Guidelines](https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule/text-of-the-standards-and-guidelines) (<https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule/text-of-the-standards-and-guidelines>)

- Web Content Accessibility Guidelines (WCAG) 2.0
 - Success Criteria, Level A and AA
- Chapter 3: Functional Performance Criteria (FPC)
- **Chapter 4: Hardware (If Applicable)**

- Chapter 5: Software
- Chapter 6: Support Documentation and Services

Regardless of format, all digital content or communications materials produced as a deliverable under this contract must conform to applicable HHS Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. The contractor is responsible for remediating all deliverables that do not comply with the applicable requirements as identified in the HHS Section 508 checklists

*Performance Work Statement
Claims Processing Services for Provider Relief and Protection Fund*

1.	Develop Payment File Format	4 weeks prior to payment	COR
2.	Develop Control File	4 weeks prior to payment	COR
3.	Conduct File Scrubbing	Each Payment Cycle	COR
4.	Develop Payment Files	Each Payment Cycle	COR
5.	Prepare Payment Request	5 business days prior to submit date	COR
6.	FPLP Offsets Withholding	Each Payment Cycle	COR
7.	Check Files to Bank	Each Payment Cycle	COR
8.	Payment History Report	Monthly	COR
9.	Payment Exception Report	3 business days after payment	COR
10.	Notification of Payment Report	3 business days after payment	COR
11.	Customer Service Help Desk Report	Monthly	COR
12.	IRS 1099s	Annually by January 31st	COR
13.	IRS Backup Withholding	As required	COR
14.	Authority to Operate (ATO)	As required	COR
15.	Quality Assurance Surveillance Plan	A draft is due 2 weeks after award with quarterly updates Updates due by the 5 th day of each quarter.	COR

*Performance Work Statement
Claims Processing Services for Provider Relief and Protection Fund*

		QASP Metrics should be delivered to HRSA along with the monthly contract status report.	
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*Performance Work Statement
Claims Processing Services for Provider Relief and Protection Fund*

ATTACHMENT A –SAMPLE QUALITY ASSURANCE SURVEILLANCE PLAN (QASP)				
Task Area	Evaluation Measure	Performance Standard/Acceptable Quality Level (AQL)	Method Used	Frequency
All Tasks	Status reporting	Timely information on project status AQL: Submitted timely 97% of time	Inspection	Monthly
	Claims filing and processing	Claims filing and processing time AQL: Reduce by 40%	Inspection	Monthly
	Clean-claim rate	Clean-claim rate AQL: Increase by 9%	Inspection	Annually
	Documentation deliverable	Secure and confidential patient information AQL: 100% patient information is secured and confidential	Inspection	Monthly
	A/R Days	Correct and resubmit claims online AQL: Reduce by 50%	Inspection	Monthly
	Claims	Status of claims AQL: Processed within 30 days of receipt	Report	Monthly
	Duplicate Claims	Detect duplicate claims AQL: Corrected within 30 days	Report	Monthly
	Compliance Issues	Compliance issues AQL: Reduce by 80%	Report	Annually
	Adjudication rates	Increase adjudication rates AQL:	Inspection	Monthly
	Calls Received	Calls answered within 30 seconds AQL: 90%	Report	Monthly
	Emails or Web Inquiries Received	Responded to emails and web inquiries within 24 hours AQL: 90%	Report	Monthly

*Performance Work Statement
Claims Processing Services for Provider Relief and Protection Fund*

	Voicemails Received	Respond to voicemails within 24 hours AQL: 100%	Report	Monthly
	Abandon Call Rate	Number of received calls abandoned AQL: Less Than 3%	Report	Monthly
	Average Customer Satisfaction (As Measured by Post-Call Survey)	Average Customer Satisfaction AQL: Greater Than 90%	Report	Monthly

NOTE: This a sample. QASP submitted with proposal shall be commensurate to Final Performance Work Statement (PWS).

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