

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C5-11-06  
Baltimore, Maryland 21244-1850



**Office of Strategic Operations and Regulatory Affairs/Freedom of Information Group**

Refer to: Control Number 030520207113 and PIN NKDS

9/14/2020

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

Dear Mr. Evers:

This letter is our second interim response to your Freedom of Information Act (5 U.S.C. § 552) request of 3/5/2020 which you sent to the Centers for Medicare & Medicaid Services (CMS). Within your correspondence you requested all email communications (including emails, complete email chains, email attachments, calendar invitations, and calendar invitation attachments) between (a) the Centers for Medicare and Medicaid Services (CMS) officials listed in Column A of the request, and (b) the Executive Office of the President (EOP) officials listed in Column B of the request.

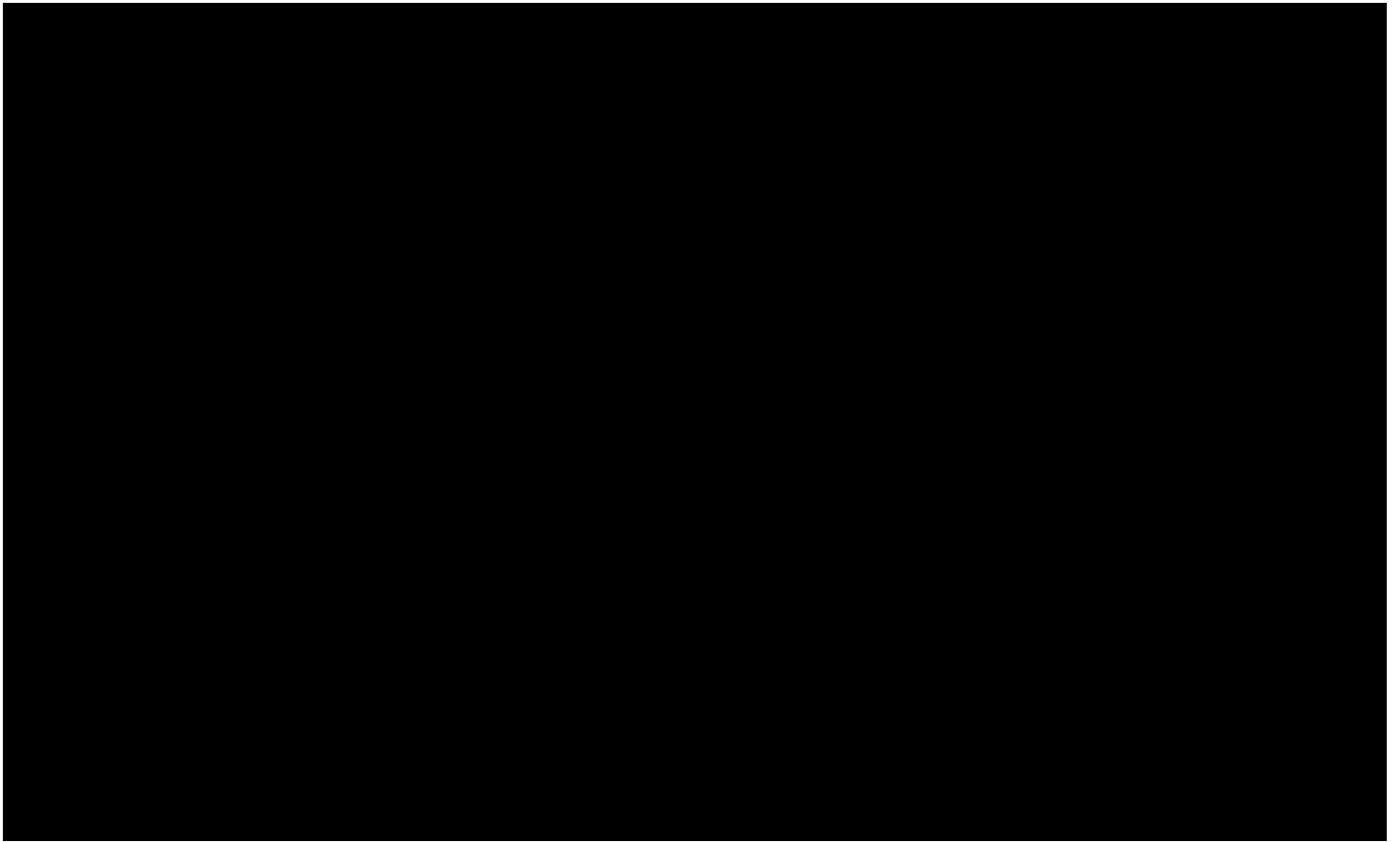
Our agency initiated a search for records falling within the scope of your request, and located 500 pages of responsive documents. During our review of the records, we determined that there were equities from other federal agencies. Accordingly, on August 17, 2020, we forwarded copies of the records to the U.S. Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and the Executive Office of the President (EOP) for review. Once the other federal agencies have completed their review CMS will produce the records.

Sincerely yours,

A handwritten signature in cursive script that reads "Jeff Wallace".

Jeffery Wallace

Director, Division of FOIA Analysis - B  
Freedom of Information Group



**From:** [Suzanne Leous](#)  
**To:** [HHS Secretary \(HHS/IOS\)](#)  
**Cc:** [Giroir, Brett \(HHS/OASH\)](#); [States, Leith \(HHS/OASH\)](#); [Verma, Seema \(CMS/OA\)](#); [Kouzoukas, Demetrios \(CMS/OA\)](#); [Redfield, Robert R. \(CDC/OD\)](#); [birxdl@state.gov](#); [Giroir, Brett \(FDA\)](#); [Silvis, Lauren \(FDA/OC\)](#); [Goldie, Christina \(FDA/OC\)](#); [joseph.j.grogan@who.eop.gov](#); [Leslie Brady](#)  
**Subject:** ASH Letter to Administration on COVID-19 Related Issues  
**Date:** Tuesday, March 31, 2020 6:19:15 PM  
**Attachments:** [ASH Letter to Admin re COVID-19 033120 .pdf](#)

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Please find attached letter from Stephanie J. Lee, MD, MPH, President of the American Society of Hematology (ASH), regarding hematology-related issues related to COVID-19.

In summary, we ask your assistance with the following matters:

1. Expand Medicare telehealth benefits to reimburse for audio-only telehealth visits for office and outpatient evaluation and management service codes.
2. Use the Defense Production Act to substantially increase the supply of personal protective equipment (PPE) and ventilators.
3. Quickly implement the push for blood donations.
4. Address regulatory barriers related to the delivery of pharmaceuticals across state lines.
5. Continue to promote the need for physical distancing.

Thank you for your consideration and attention to these matters. Please let me know if you have any questions or require further clarification.

Best regards,  
Suzanne Leous

Suzanne M. Leous, MPA  
Chief Policy Officer  
American Society of Hematology  
2021 L Street, NW, Suite 900  
Washington, DC 20036  
202- (b)(6)  
202- (b)(6) (direct)  
(b)(6) [@hematology.org](mailto:(b)(6)@hematology.org)

**From:** [Evans, William T](#)  
**To:** (b)(6) @nsc.eop.gov; [Adams, Jerome \(HHS/OASH\)](#); [HHS Secretary \(HHS/IOS\)](#)  
**Cc:** [mblair@fmc.gov](#); [secretary.carson@hud.gov](#); [uscis.director@uscis.dhs.gov](#); (b)(6) @ostp.eop.gov;  
[Fauci, Anthony \(NIH/NIAID\) \[E\]](#); (b)(6) @omb.eop.gov; (b)(6) @omb.eop.gov;  
(b)(6) @who.eop.gov; (b)(6) who.eop.gov; [steven.mnuchin@treasury.gov](#);  
(b)(6) @who.eop.gov; (b)(6) @nsc.eop.gov; [Redfield, Robert R. \(CDC/OD\)](#);  
[joel.szabat@dot.gov](#); [Verma, Seema \(CMS/OA\)](#); [robert.wilkie@va.gov](#); [DeSimone, Kevin](#)  
**Subject:** Hackensack Meridian Health Pandemic Readiness and Countermeasures Program  
**Date:** Tuesday, May 5, 2020 2:35:45 PM  
**Attachments:** [HMH COVID-19 Countermeasures Cover Ltr 5.1.20 WH Coronavirus Task Force.pdf](#)  
[HMH COVID-19 Readiness Initiative 5.1.20.pdf](#)

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Deborah Brix, M.D., US Special Representative  
Jerome Adams, M.D., M.P.H., Surgeon General  
Alex Azar, HHS Secretary  
White House Coronavirus Virus Task Force

Dear Chairs of the White House Coronavirus Task Force:

In response to the unprecedented SARS-CoV-2 virus (COVID-19) health crisis, Hackensack Meridian Health (HMH) has developed a cutting-edge COVID-19 Pandemic Readiness Initiative and Countermeasures program to meet the next phase of the pandemic and enable us to share what we have learned to inform other health care systems/regions across the country in partnership with federal and state agencies.

Leveraging our world-class facilities, our unique expertise in infectious diseases, and innovative partnerships with pharmaceutical and industry partners, HMH is aiming to vastly increase our rapid-response testing capacity, advance promising therapeutic treatments and clinical trials, and establish a long-term, specialized infectious disease identification and response capability.

With one of the largest cohorts of COVID patients in the country, HMH has developed a clinically-integrated research infrastructure that includes a groundbreaking COVID-19 research registry; universal consent protocols for patients to participate in research studies; a large biorepository of COVID-19 tissue/blood samples, and a uniform electronic medical records system across our 17 hospital system (the largest and most comprehensive in New Jersey) to rapidly implement this ambitious plan.

We are pleased to provide you with the attached comprehensive document designed to increase regional health security through integrated clinical and research initiatives that align with and bolster federal and state pandemic-response priorities that we believe will serve as a national model not only for COVID-19 but for future viral outbreaks.

We ask that you contact Kevin DeSimone, HMH Vice President of External Affairs, at

(b)(6) [@hackensackmeridian.org](#) at (201) or Bill Evans, HMH Executive Director,  
(b)(6) [@hackensackmeridian.org](#) at (212) (b)(6) to discuss how we can work with your  
agency to support this comprehensive plan.

Kevin DeSimone  
Vice President for External Affairs

Bill Evans  
Executive Director

William Evans  
Executive Director  
Hackensack University Medical Center Foundation  
*A member of Hackensack Meridian Health*

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160 Essex Street, Suite 101, Lodi, NJ 07644  
T: 551.996.3706 | F: 551.996.3468 | C: 212- (b)(6)  
(b)(6) [@HackensackMeridian.org](https://www.hackensackmeridianhealth.org/@HackensackMeridian.org)

*As a not-for-profit organization, Hackensack University Medical Center benefits from the generous philanthropic support of our community. To donate, please visit us on-line at*  
<https://protect2.fireeye.com/url?k=33b1d2ed-6fe4dbfe-33b1e3d2-0cc47adb5650-dc0bc8cfd82daeac&u=http://www.hackensackumc.org/Donate/>



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**From:** [Keith R. Dunleavy, M.D.](#)  
**To:** [Birx Deborah \(CDC/OD\)](#); [Azar Alex \(OS/IOS\)](#); [Adams Jerome \(HHS/OASH\)](#); [Verma Seema \(CMS/OA\)](#); [Fauci Anthony \(NIH/NIAID\) \[E\]](#); [\(b\)\(6\) @who.eop.gov](#); [Hahn Stephen \(FDA\)](#); [Redfield Robert R. \(CDC/OD\)](#)  
**Cc:** [McGowan Robert \(Kyle\) \(CDC/OD/OCS\)](#); [Pollard Ashton \(OS/IOS\)](#); [Mango Paul \(HHS/IOS\)](#); [Harrison Brian \(HHS/IOS\)](#); [Brookes Brady \(CMS/OA\)](#); [Kouzoukas Demetrios \(CMS/OA\)](#); [Lenihan Keagan \(FDA/OC\)](#); [Beck Gary \(OS/IEA\)](#); [Schuchat Anne MD \(CDC/OD\)](#); [Matt Brow](#)  
**Subject:** National COVID-19 Clinical Case Data Lake  
**Date:** Monday, March 30, 2020 5:17:03 PM  
**Attachments:** [INOV COVID-19 Clinical Case Data Lake Letter to WH \(3.30.20\) v1.0.0 \(PDF....pdf\)](#)  
[INOV National COVID 19 Data Lake \(3.30.20\) v1.1.1 \(PDF\).pdf](#)

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Dear Vice President Pence, Secretary Azar, Ambassador Dr. Birx, Surgeon General Dr. Adams, Administrator Verma, Director Dr. Fauci, Director Grogan, Commissioner Dr. Hahn, Director Dr. Redfield, and Members of the White House Coronavirus Task Force,

We are eager to bring our capabilities to bear for the benefit of the American people and the fight against the COVID-19 crisis.

Inovalon's platform supports the vast majority of the U.S. healthcare ecosystem for matters such as clinical quality outcomes data reporting and analysis. The connectivity, data assets, and analytics which we have developed receives and holds the clinical data of more than 314 million U.S. citizens, 520,000 clinical facilities, and 980,000 physicians. Additionally, Inovalon is a Qualified Entity under HHS' QECP initiative. We have the ability to rapidly provide a national COVID-19 Clinical Case Data Lake able to provide extensive real-time data and analyses to provide desperately needed insight into disease progression, forecasting, and resource utilization status from the individual patient-level to the hospital-level, regional-level, state-level and national-level.

Please find attached a summary letter and presentation conveying how we could provide the detailed historical, current, and ongoing clinical data for all COVID-19 patients within the U.S.

We would be able to have these capabilities up and running within 10 days of authorization, and would be honored to provide all capabilities and services at cost.

We would welcome the opportunity to have live discussion with you and your staff to dive further into this letter and its proposal.

We stand at the ready to support you and the American people.

With respect,

-Keith Dunleavy

***Keith Dunleavy, M.D.***  
**CEO & Chairman**

**Office: (301) 809-4000 ext. 1241**

**Cell: (b)(6)**

**(b)(6) @[inovalon.com](#)**

***Inovalon ....healthcare empowered®***

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**Keith R. Dunleavy, M.D. | Chief Executive Officer**  
**Inovalon**

4321 Collington Road | Bowie, MD 20716

P. (301) 809-4000E. (b)(6) [inovalon.com](#)



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**From:** [Stephen Tang](#)  
**To:** [Giroir, Brett \(HHS/OASH\)](#); [Azar, Alex \(OS/IOS\)](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Adams, Jerome \(HHS/OASH\)](#); [Verma, Seema \(CMS/OA\)](#); [Redfield, Robert R. \(CDC/OD\)](#); [Hahn, Stephen \(FDA\)](#); [birxDL@state.gov](#); (b)(6) @who.eop.gov; (b)(6) @who.eop.gov; (b)(6) @who.eop.gov;  
(b)(6) @who.eop.gov (b)(6) who.eop.gov  
**Subject:** OraSure Announces Development of COVID-19 Antigen In-Home Self-Test  
**Date:** Monday, April 6, 2020 9:55:30 AM  
**Attachments:** [200406 OraSure Receives BARDA Contract for Rapid Oral Fluid Pan-SARS-Coronavirus In-home Self-test APPROVED.pdf](#)

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Dear esteemed members of the White House Coronavirus Task Force,

OraSure made a significant announcement, this morning, to help solve the global COVID-19 testing challenges. We are grateful to BARDA for this initial funding.

The press release is attached and also available at this link: <https://www.globenewswire.com/news-release/2020/04/06/2011951/0/en/OraSure-Technologies-Receives-BARDA-Contract-for-Rapid-Oral-Fluid-Pan-SARS-Coronavirus-In-home-Self-test.html>

I would be pleased to discuss with you ways that we could accelerate product development and manufacturing scale-up to help as many Americans obtain this test, as soon as possible. The BARDA contract is only the first step towards fully deploying our test.

I am at your service, at any time at (215) (b)(6) (mobile) or (b)(6) [@orasure.com](#).

Best regards,

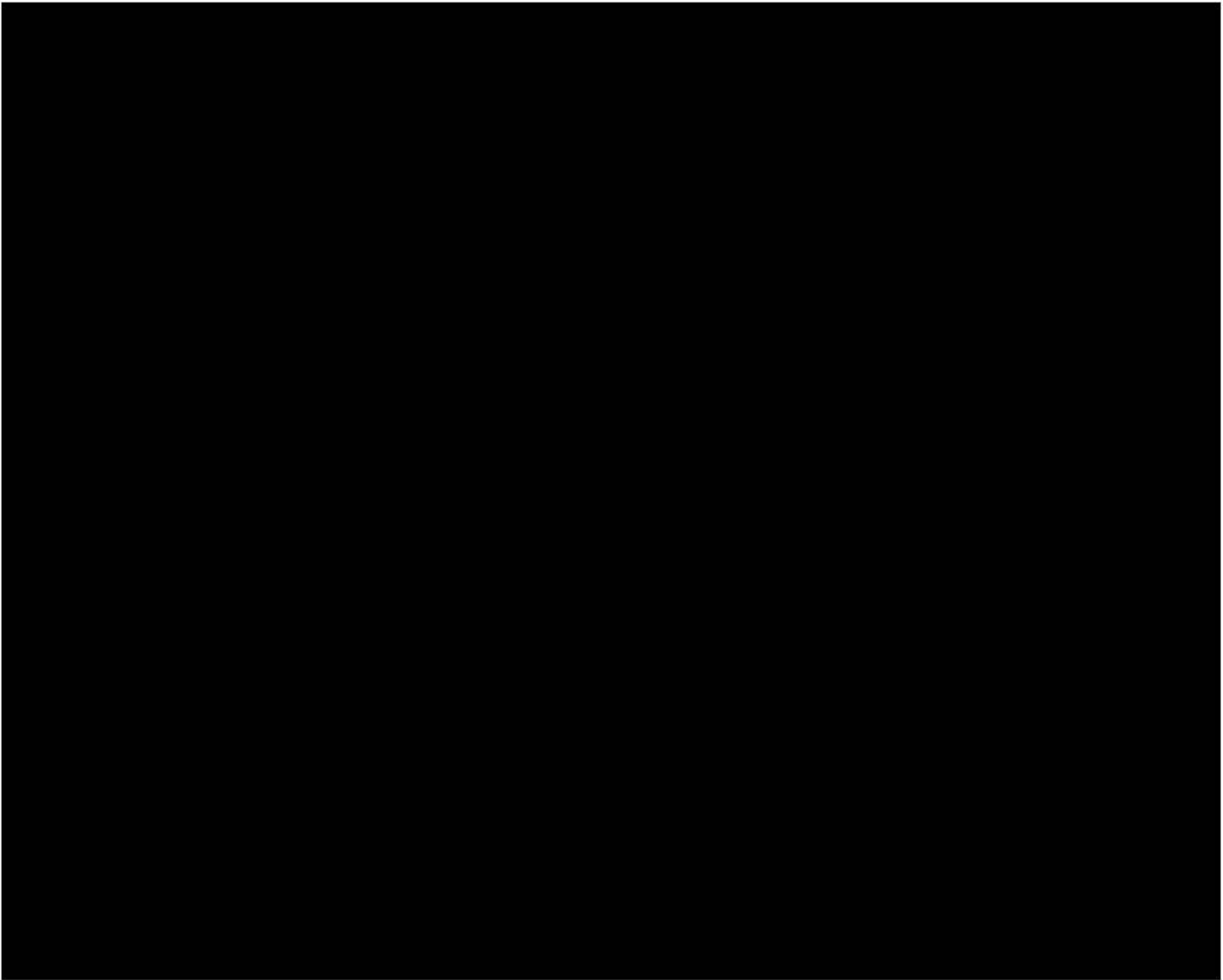
Steve

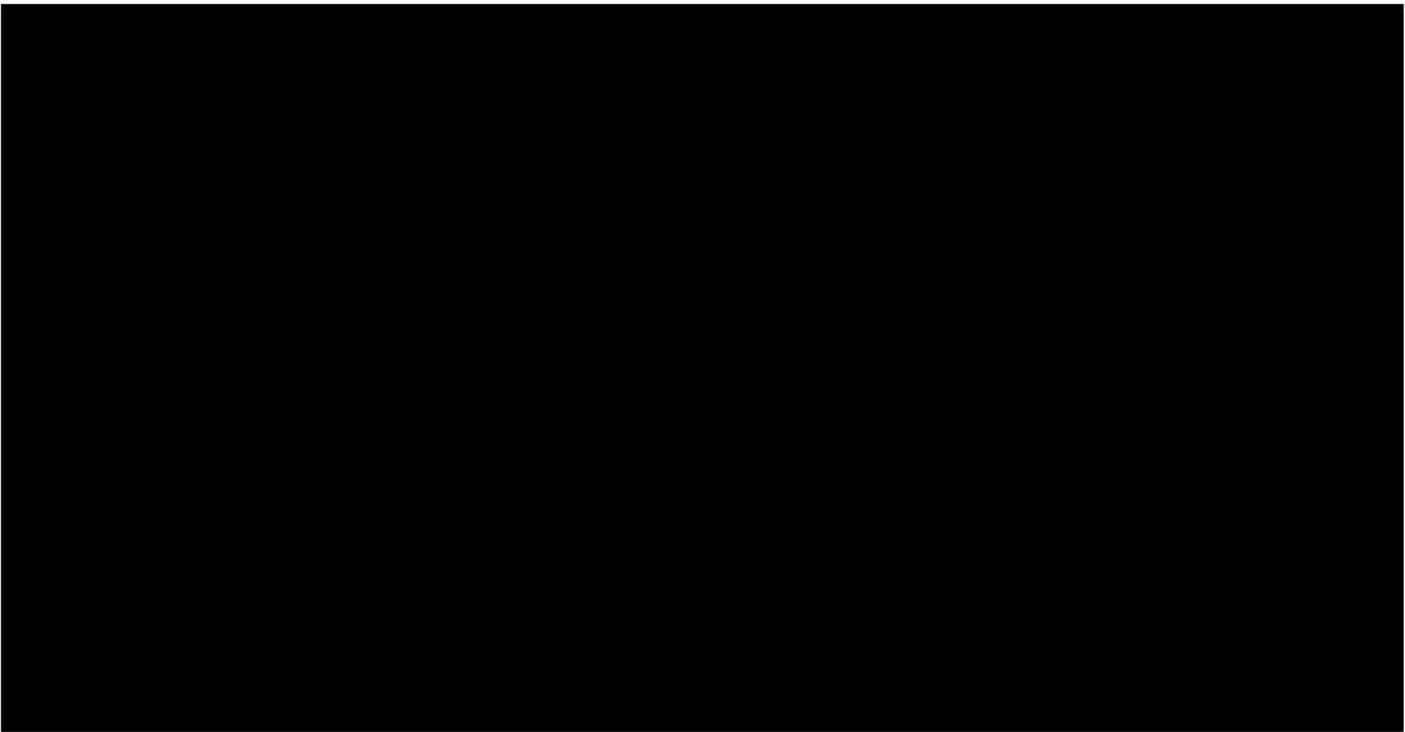
**Stephen S. Tang, Ph.D., MBA** | President & CEO

**OraSure Technologies, Inc.**

220 E. First Street, Bethlehem, PA 18015

<https://protect2.fireeye.com/url?k=51a8e605-0dfcff79-51a8d73a-0cc47adc5fa2-bbc60dd23929f25a&u=http://www.orasure.com/> <https://protect2.fireeye.com/url?k=429d217b-1ec93807-429d1044-0cc47adc5fa2-91f5b704e70db278&u=http://www.dnagenotek.com/> <https://protect2.fireeye.com/url?k=5793a38a-0bc7baf6-579392b5-0cc47adc5fa2-76f2c47831475bc9&u=http://www.corebiome.com/> <https://protect2.fireeye.com/url?k=21053c89-7d5125f5-21050db6-0cc47adc5fa2-1155336dede03f9d&u=http://www.novosanis.com/> <https://protect2.fireeye.com/url?k=13c8755f-4f9c6c23-13c84460-0cc47adc5fa2-7ed9379c2b6de2b7&u=http://www.diversigen.com/>





**From:** (b)(6)  
**To:** [Azar, Alex \(OS/IOS\)](#); [Verma, Seema \(CMS/OA\)](#); (b)(6) [omb.eop.gov](mailto:omb.eop.gov)  
**Cc:** [Hahn, Stephen \(FDA\)](#); (b)(6) [@who.eop.gov](mailto:@who.eop.gov); (b)(6) [@omb.eop.gov](mailto:@omb.eop.gov); [ASTCT - Maloney, Alycia](#)  
**Subject:** ASTCT and ASH Letter on CAR-T Reimbursement Policy  
**Date:** Friday, February 21, 2020 2:22:19 PM  
**Attachments:** [HHS-CMS-OMB CAR-T Letter FINAL.pdf](#)

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Dear Secretary Azar, Administrator Verma, and Director Mulvaney:

On behalf of the American Society for Transplantation and Cellular Therapy and the American Society of Hematology, I am pleased to share the attached letter outlining the Societies ideas about how to appropriately reimburse for chimeric antigen receptor T-cell therapy in the inpatient setting in FY 2021. We have shared these concepts with your colleagues at HHS and CMS and thought it would be helpful to share them with all of you in writing. Please do not hesitate to contact us with any questions. We look forward to our continued collaboration on this issue.

Best,

(b)(6)

CRD Associates  
600 Maryland Avenue, SW, Suite 835W  
Washington, DC 20024  
P: 202 (b)(6)  
F: 202-484-1244  
E: (b)(6) [@dc-crd.com](mailto:@dc-crd.com)  
<https://protect2.fireeye.com/url?k=700fd99d-2c5ad04d-700fe8a2-0cc47a6a52de-8d860761117a5e51&u=https://www.dc-crd.com/>

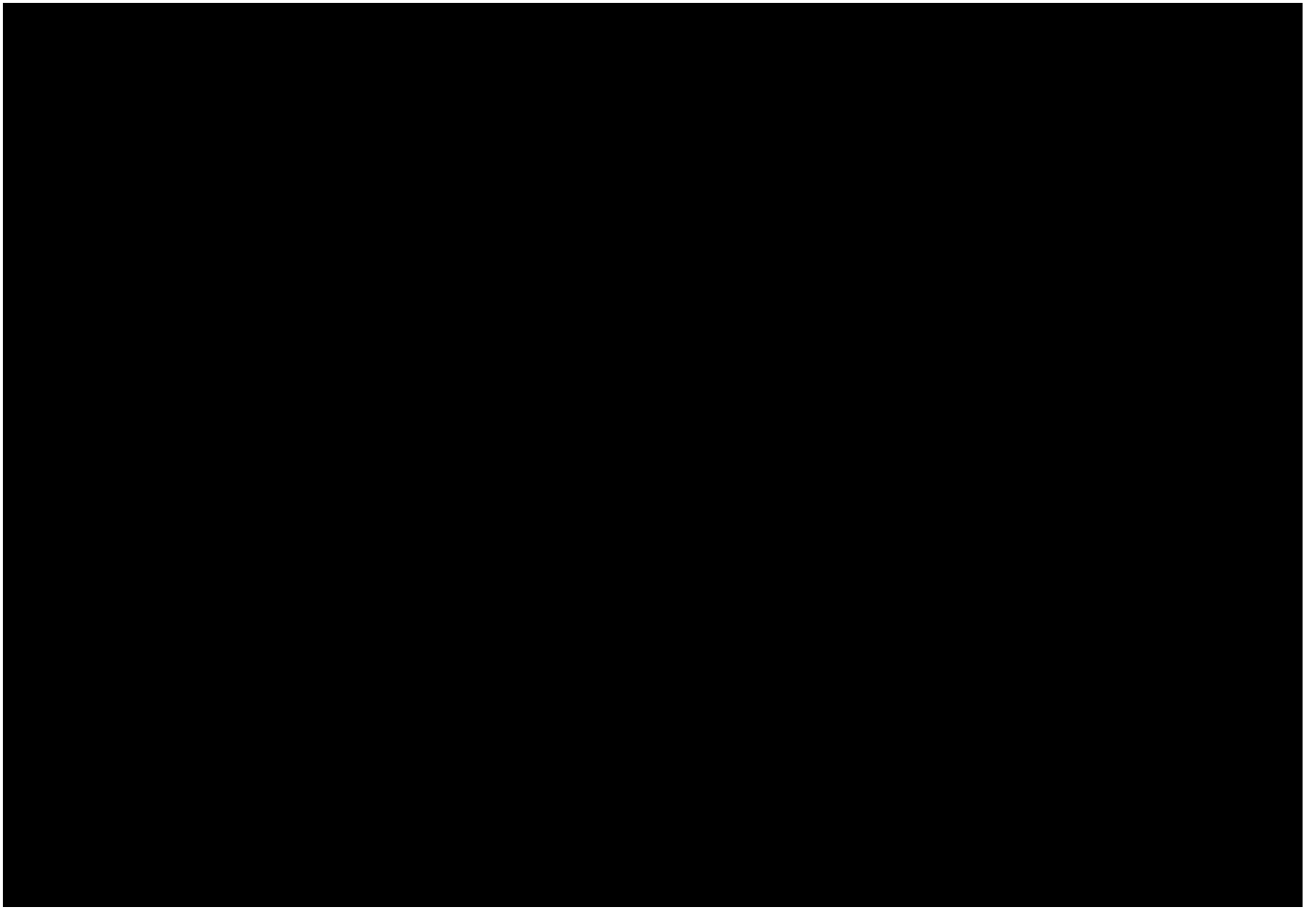












**From:** [Hahn, Stephen](#)  
**To:** [Debi Birx](#); [Giroir, Brett \(HHS/OASH\)](#); [Verma, Seema \(CMS/OA\)](#); [Adams, Jerome \(HHS/OASH\)](#); [Fauci, Anthony \(NIH/NIAID\)](#) [E]; [Joe Grogan](#); [Redfield, Robert R. \(CDC/OD\)](#)  
**Cc:** [Shah, Anand \(FDA/OC\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Lenihan, Keagan \(FDA/OC\)](#)  
**Subject:** Call with serology test CEOs  
**Date:** Monday, April 6, 2020 1:02:32 PM

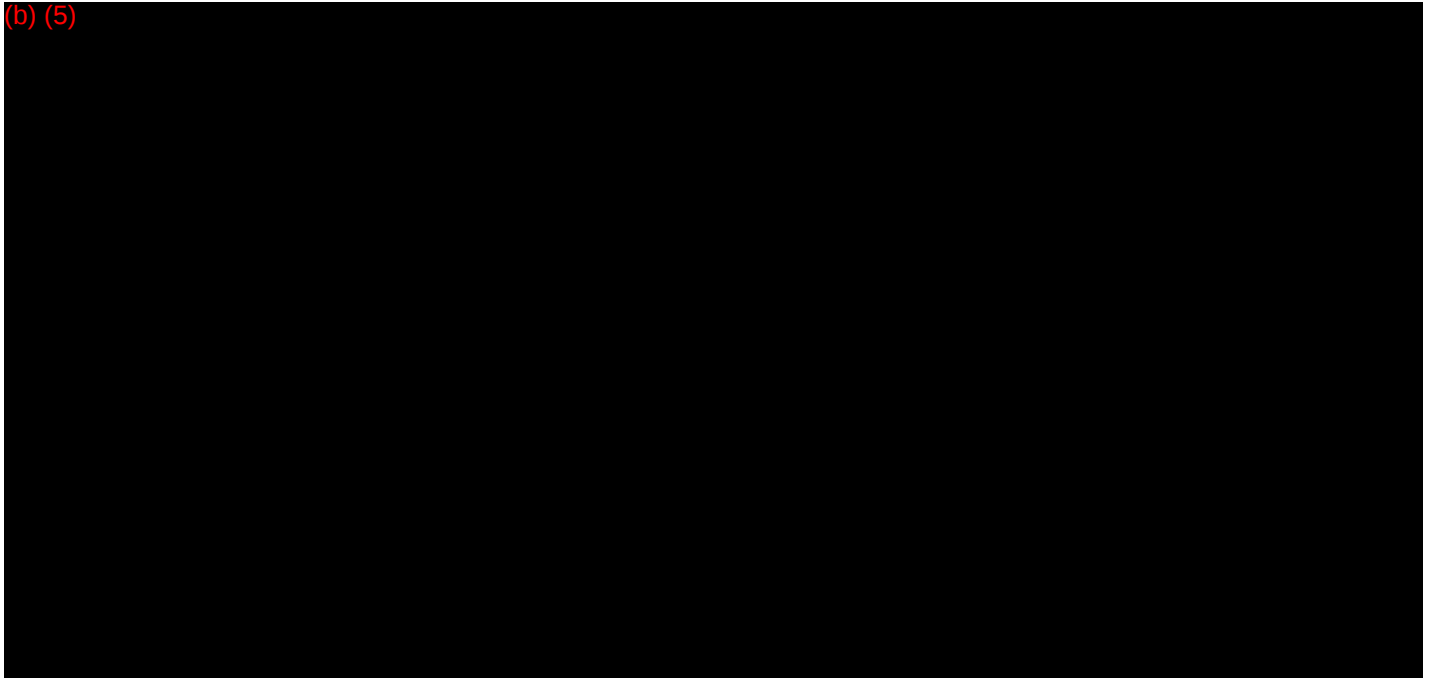
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Colleagues,

Great call today with the CEOs.

A couple of issues were flagged that I wanted to bring to your attention.

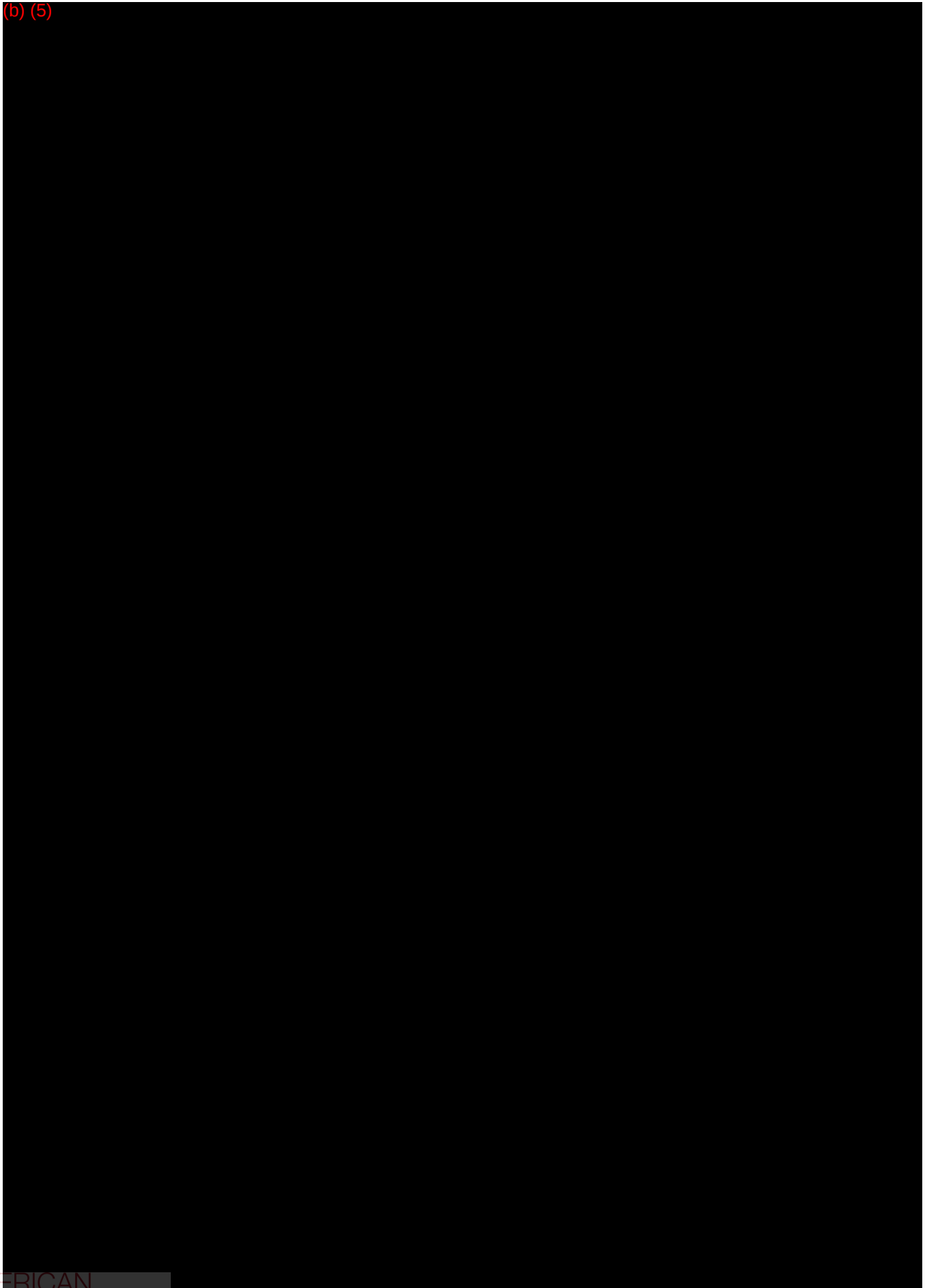
(b) (5)



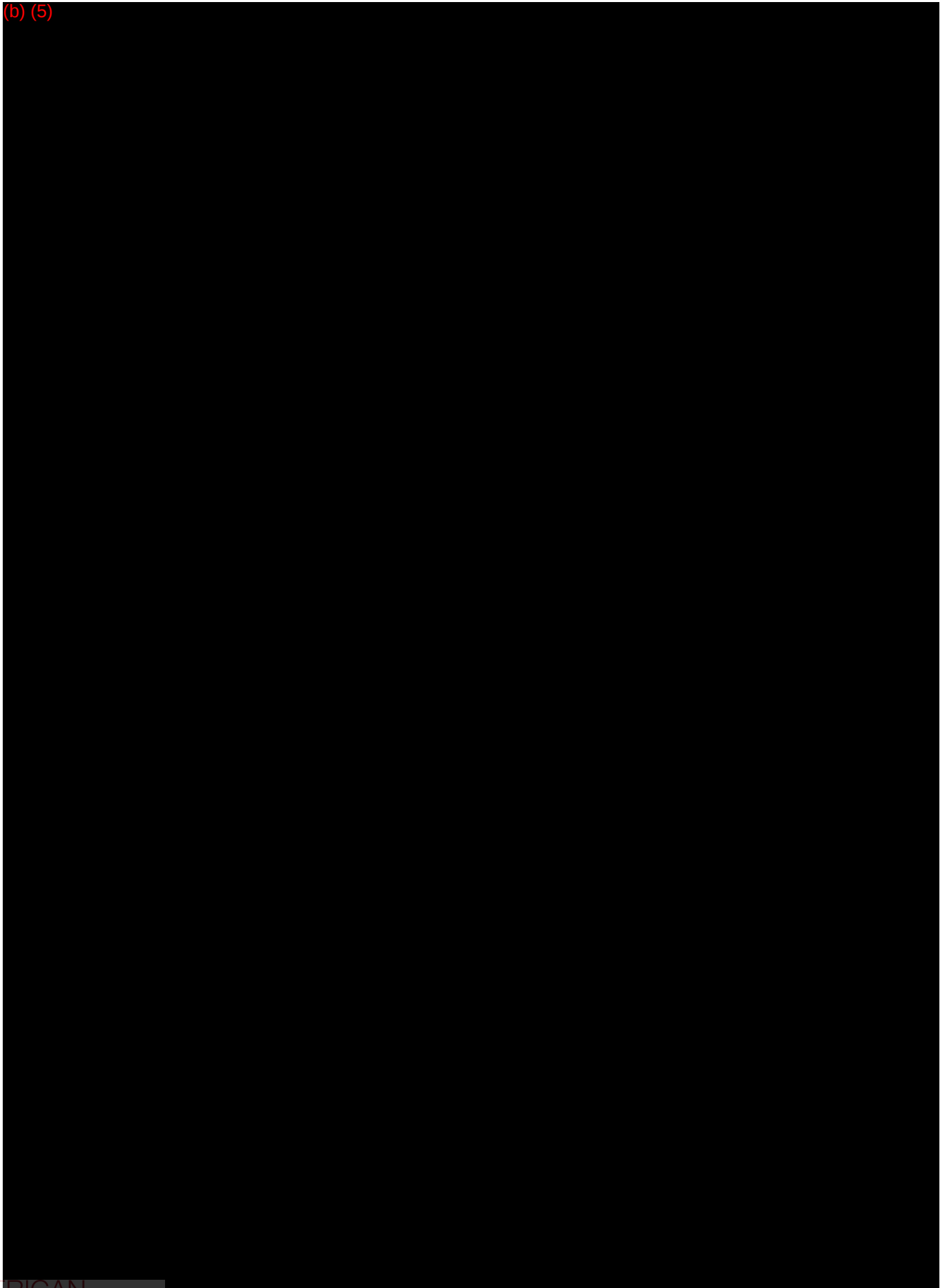
Any help you could provide, particularly with the first 3 items would be appreciated. I can be the point of contact with the AvaMedDX group.

Best  
Steve

(b) (5)



(b) (5)



(b) (5)

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**From:** [Hahn, Stephen](#)  
**To:** [Adams, Jerome \(HHS/OASH\)](#); [Debi Birx](#); [Giroir, Brett \(HHS/OASH\)](#); [Verma, Seema \(CMS/OA\)](#); [Fauci, Anthony \(NIH/NIAID\)](#) [E]; [Joe Grogan](#); [Redfield, Robert R. \(CDC/OD\)](#)  
**Cc:** [Shah, Anand \(FDA/OC\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Lenihan, Keagan \(FDA/OC\)](#)  
**Subject:** RE: Call with serology test CEOs  
**Date:** Monday, April 6, 2020 1:35:31 PM

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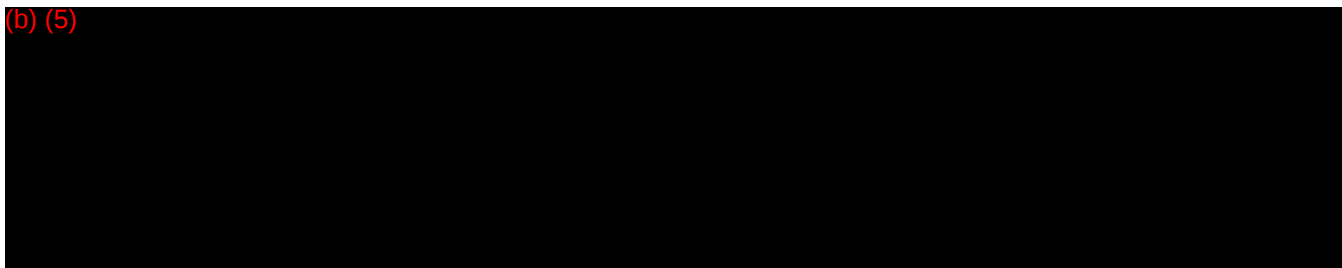


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**From:** Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>  
**Date:** April 6, 2020 at 1:08:18 PM EDT  
**To:** Hahn, Stephen <SH1@fda.hhs.gov>, Debi Birx (b)(6) >, Giroir, Brett (OS) <Brett.Giroir@hhs.gov>, Verma, Seema (CMS) <Seema.Verma@cms.hhs.gov>, Fauci, Anthony S (NIH) <afauci@niaid.nih.gov>, Joe Grogan (b)(6) , Redfield, Robert R (CDC) <olx1@cdc.gov>  
**Cc:** Shah, Anand <Anand.Shah@fda.hhs.gov>, Shuren, Jeff <Jeff.Shuren@fda.hhs.gov>, Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>  
**Subject:** RE: Call with serology test CEOs

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(b) (5)



*Jerome*

VADM Jerome Adams, MD, MPH  
20<sup>th</sup> U.S. Surgeon General

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**From:** Hahn, Stephen <SH1@fda.hhs.gov>  
**Sent:** Monday, April 6, 2020 1:02 PM  
**To:** Debi Birx (b)(6) ; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Joe Grogan (b)(6) ; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>  
**Cc:** Shah, Anand (FDA/OC) <Anand.Shah@fda.hhs.gov>; Shuren, Jeff (FDA/CDRH) <Jeff.Shuren@fda.hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>  
**Subject:** Call with serology test CEOs

Colleagues,

Great call today with the CEOs.

A couple of issues were flagged that I wanted to bring to your attention.

(b) (5)



Any help you could provide, particularly with the first 3 items would be appreciated. I can be the point of contact with the AvaMedDX group.

Best

Steve

**From:** [Giroir, Brett \(HHS/OASH\)](#)  
**To:** [Adams, Jerome \(HHS/OASH\)](#); [Hahn, Stephen](#); [Debi Birx](#); [Verma, Seema \(CMS/OA\)](#); [Fauci, Anthony \(NIH/NIAID\)](#) [E]; [Joe Grogan](#); [Redfield, Robert R. \(CDC/OD\)](#)  
**Cc:** [Shah, Anand \(FDA/OC\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Lenihan, Keagan \(FDA/OC\)](#)  
**Subject:** RE: Call with serology test CEOs  
**Date:** Monday, April 6, 2020 1:33:04 PM

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(b)  
(5)

**Brett P. Giroir, MD**

ADM, US Public Health Service  
Assistant Secretary for Health (ASH)  
200 Independence Avenue, SW  
Washington, DC 20201  
Office Phone: 202-690-7694

---

**From:** Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>  
**Sent:** Monday, April 6, 2020 1:08 PM  
**To:** Hahn, Stephen <SH1@fda.hhs.gov>; Debi Birx (b)(6); Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Joe Grogan (b)(6) Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>  
**Cc:** Shah, Anand (FDA/OC) <Anand.Shah@fda.hhs.gov>; Shuren, Jeff (FDA/CDRH) <Jeff.Shuren@fda.hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>  
**Subject:** RE: Call with serology test CEOs

(b) (5)

*Jerome*

VADM Jerome Adams, MD, MPH  
20<sup>th</sup> U.S. Surgeon General

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**From:** Hahn, Stephen <SH1@fda.hhs.gov>  
**Sent:** Monday, April 6, 2020 1:02 PM  
**To:** Debi Birx <(b)(6)>; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Joe Grogan

(b)(6)

Redfield, Robert R. (CDC/OD) <[olx1@cdc.gov](mailto:olx1@cdc.gov)>

**Cc:** Shah, Anand (FDA/OC) <[Anand.Shah@fda.hhs.gov](mailto:Anand.Shah@fda.hhs.gov)>; Shuren, Jeff (FDA/CDRH) <[Jeff.Shuren@fda.hhs.gov](mailto:Jeff.Shuren@fda.hhs.gov)>; Lenihan, Keagan (FDA/OC) <[Keagan.Lenihan@fda.hhs.gov](mailto:Keagan.Lenihan@fda.hhs.gov)>

**Subject:** Call with serology test CEOs

Colleagues,

Great call today with the CEOs.

A couple of issues were flagged that I wanted to bring to your attention.

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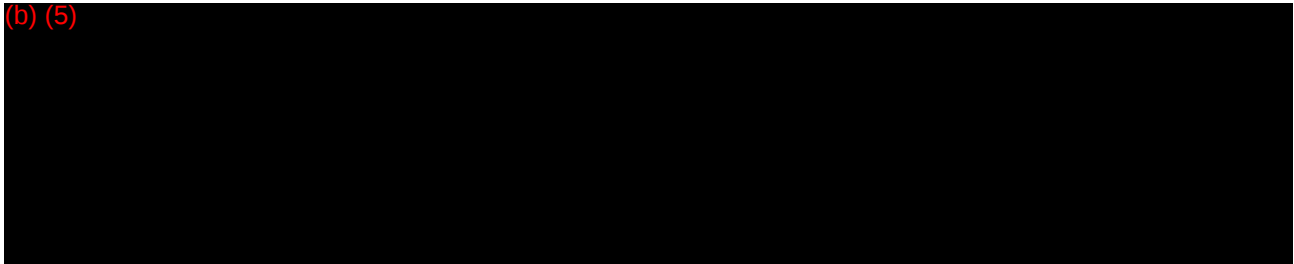
Any help you could provide, particularly with the first 3 items would be appreciated. I can be the point of contact with the AvaMedDX group.

Best

Steve

**From:** [Adams, Jerome \(HHS/OASH\)](#)  
**To:** [Hahn, Stephen](#); [Debi Birx](#); [Giroir, Brett \(HHS/OASH\)](#); [Verma, Seema \(CMS/OA\)](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Joe Grogan](#); [Redfield, Robert R. \(CDC/OD\)](#)  
**Cc:** [Shah, Anand \(FDA/OC\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Lenihan, Keagan \(FDA/OC\)](#)  
**Subject:** RE: Call with serology test CEOs  
**Date:** Monday, April 6, 2020 1:07:33 PM

(b) (5)



*Jerome*

VADM Jerome Adams, MD, MPH  
20<sup>th</sup> U.S. Surgeon General

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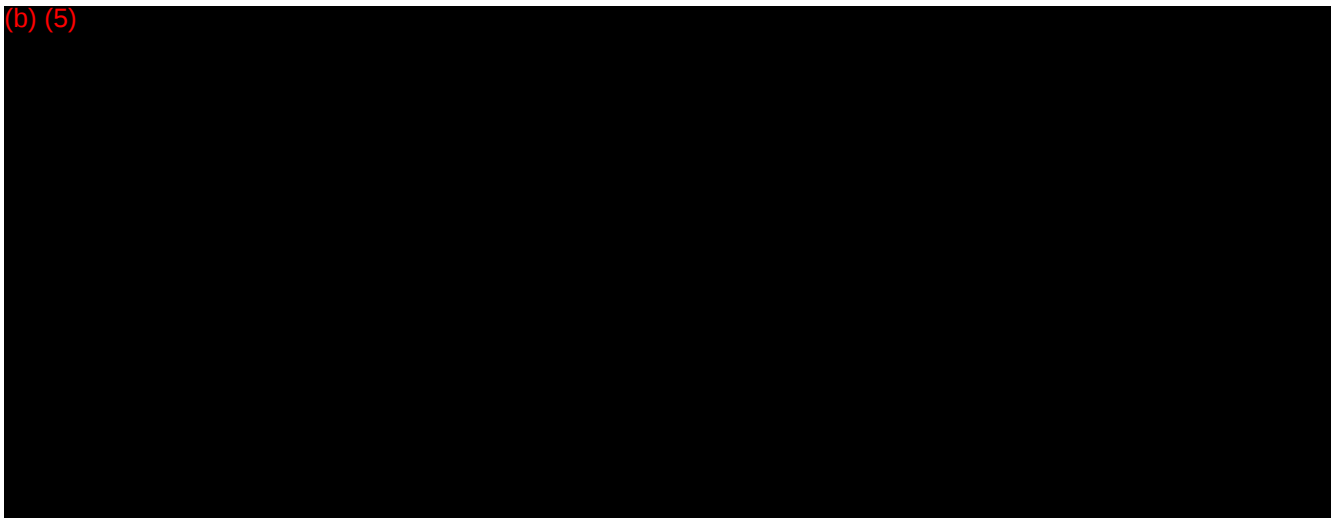
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**Sent:** Monday, April 6, 2020 1:02 PM  
**To:** Debi Birx (b)(6) ; Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Joe Grogan (b)(6) ; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>  
**Cc:** Shah, Anand (FDA/OC) <Anand.Shah@fda.hhs.gov>; Shuren, Jeff (FDA/CDRH) <Jeff.Shuren@fda.hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>  
**Subject:** Call with serology test CEOs

Colleagues,

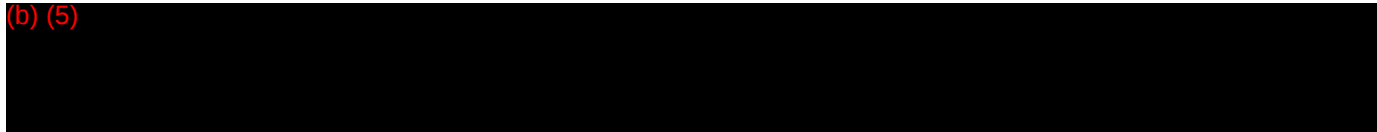
Great call today with the CEOs.

A couple of issues were flagged that I wanted to bring to your attention.

(b) (5)



(b) (5)



Any help you could provide, particularly with the first 3 items would be appreciated. I can be the point of contact with the AvaMedDX group.

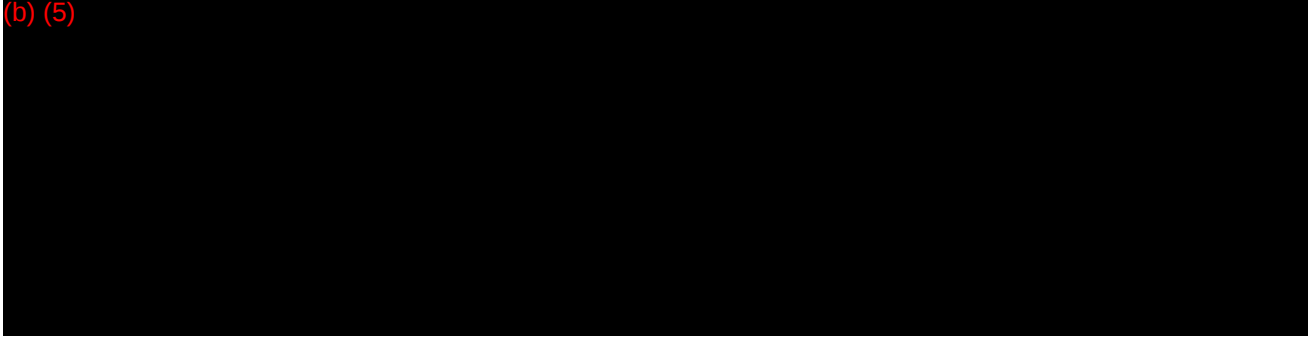
Best  
Steve

**From:** [Giroir, Brett \(HHS/OASH\)](#)  
**To:** [Hahn, Stephen](#); [Debi Birx](#); [Verma, Seema \(CMS/OA\)](#); [Adams, Jerome \(HHS/OASH\)](#); [Fauci, Anthony \(NIH/NIAID\)](#) [E]; [Joe Grogan](#); [Redfield, Robert R. \(CDC/OD\)](#)  
**Cc:** [Shah, Anand \(FDA/OC\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Lenihan, Keagan \(FDA/OC\)](#); [Smith, Brad \(CMS/OA\)](#)  
**Subject:** RE: Call with serology test CEOs  
**Date:** Monday, April 6, 2020 1:05:06 PM

---

+ Brad

(b) (5)



**Brett P. Giroir, MD**

ADM, US Public Health Service  
Assistant Secretary for Health (ASH)  
200 Independence Avenue, SW  
Washington, DC 20201  
Office Phone: 202-690-7694

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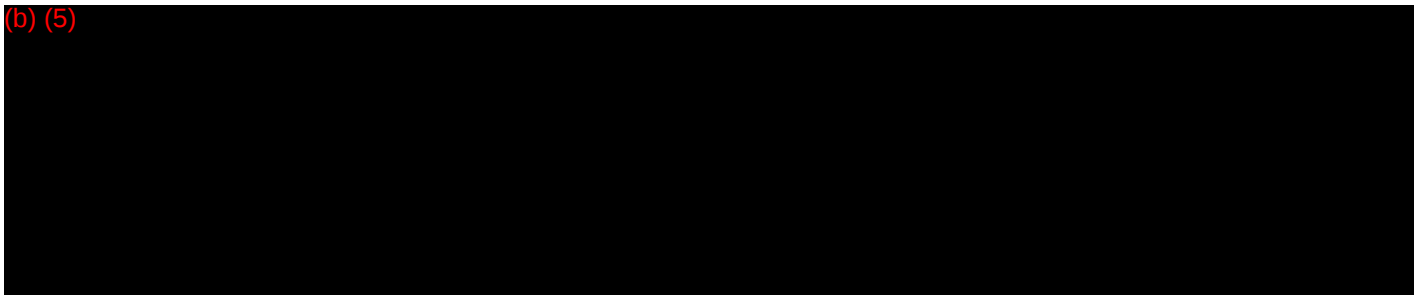
**From:** Hahn, Stephen <SH1@fda.hhs.gov>  
**Sent:** Monday, April 6, 2020 1:02 PM  
**To:** Debi Birx <(b)(6)> Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>;  
Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Adams, Jerome (HHS/OASH)  
<Jerome.Adams@hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Joe Grogan  
<(b)(6)> ; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>  
**Cc:** Shah, Anand (FDA/OC) <Anand.Shah@fda.hhs.gov>; Shuren, Jeff (FDA/CDRH)  
<Jeff.Shuren@fda.hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>  
**Subject:** Call with serology test CEOs

Colleagues,

Great call today with the CEOs.

A couple of issues were flagged that I wanted to bring to your attention.

(b) (5)



(b) (5)



Any help you could provide, particularly with the first 3 items would be appreciated. I can be the point of contact with the AvaMedDX group.

Best  
Steve

**From:** [Giroir, Brett \(HHS/OASH\)](#)  
**To:** [Hahn, Stephen](#); [Adams, Jerome \(HHS/OASH\)](#); [Debi Birx](#); [Verma, Seema \(CMS/OA\)](#); [Fauci, Anthony \(NIH/NIAID\)](#) [E]; [Joe Grogan](#); [Redfield, Robert R. \(CDC/OD\)](#)  
**Cc:** [Shah, Anand \(FDA/OC\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Lenihan, Keagan \(FDA/OC\)](#)  
**Subject:** RE: Call with serology test CEOs  
**Date:** Monday, April 6, 2020 1:36:03 PM

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(b) (5)

**Brett P. Giroir, MD**

ADM, US Public Health Service  
Assistant Secretary for Health (ASH)  
200 Independence Avenue, SW  
Washington, DC 20201  
Office Phone: 202-690-7694

---

**From:** Hahn, Stephen <SH1@fda.hhs.gov>  
**Sent:** Monday, April 6, 2020 1:35 PM  
**To:** Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Debi Birx  
(b)(6) Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Verma, Seema  
(CMS/OA) <Seema.Verma@cms.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>;  
Joe Grogan (b)(6) Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>  
**Cc:** Shah, Anand (FDA/OC) <Anand.Shah@fda.hhs.gov>; Shuren, Jeff (FDA/CDRH)  
<Jeff.Shuren@fda.hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>  
**Subject:** RE: Call with serology test CEOs

(b) (5)

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**From:** Adams, Jerome (HHS/OASH) <[Jerome.Adams@hhs.gov](#)>  
**Date:** April 6, 2020 at 1:08:18 PM EDT  
**To:** Hahn, Stephen <[SH1@fda.hhs.gov](#)>; Debi Birx (b)(6), Giroir,  
Brett (OS) <[Brett.Giroir@hhs.gov](#)>; Verma, Seema (CMS) <[Seema.Verma@cms.hhs.gov](#)>;  
Fauci, Anthony S (NIH) <[afauci@niaid.nih.gov](#)>; Joe Grogan  
(b)(6) Redfield, Robert R (CDC) <[olx1@cdc.gov](#)>  
**Cc:** Shah, Anand <[Anand.Shah@fda.hhs.gov](#)>; Shuren, Jeff <[Jeff.Shuren@fda.hhs.gov](#)>;  
Lenihan, Keagan <[Keagan.Lenihan@fda.hhs.gov](#)>  
**Subject:** RE: Call with serology test CEOs

(b) (5)

(b) (5)



*Jerome*

VADM Jerome Adams, MD, MPH

20<sup>th</sup> U.S. Surgeon General

---

**From:** Hahn, Stephen <[SH1@fda.hhs.gov](mailto:SH1@fda.hhs.gov)>

**Sent:** Monday, April 6, 2020 1:02 PM

**To:** Debi Birx <[Deborah.L.Birx@nsc.eop.gov](mailto:Deborah.L.Birx@nsc.eop.gov)>; Giroir, Brett (HHS/OASH) <[Brett.Giroir@hhs.gov](mailto:Brett.Giroir@hhs.gov)>;  
Verma, Seema (CMS/OA) <[Seema.Verma@cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov)>; Adams, Jerome (HHS/OASH)  
<[Jerome.Adams@hhs.gov](mailto:Jerome.Adams@hhs.gov)>; Fauci, Anthony (NIH/NIAID) [E] <[afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)>; Joe Grogan  
b 6 <[@who.eop.gov](mailto:@who.eop.gov)>; Redfield, Robert R. (CDC/OD) <[olx1@cdc.gov](mailto:olx1@cdc.gov)>

**Cc:** Shah, Anand (FDA/OC) <[Anand.Shah@fda.hhs.gov](mailto:Anand.Shah@fda.hhs.gov)>; Shuren, Jeff (FDA/CDRH)  
<[Jeff.Shuren@fda.hhs.gov](mailto:Jeff.Shuren@fda.hhs.gov)>; Lenihan, Keagan (FDA/OC) <[Keagan.Lenihan@fda.hhs.gov](mailto:Keagan.Lenihan@fda.hhs.gov)>

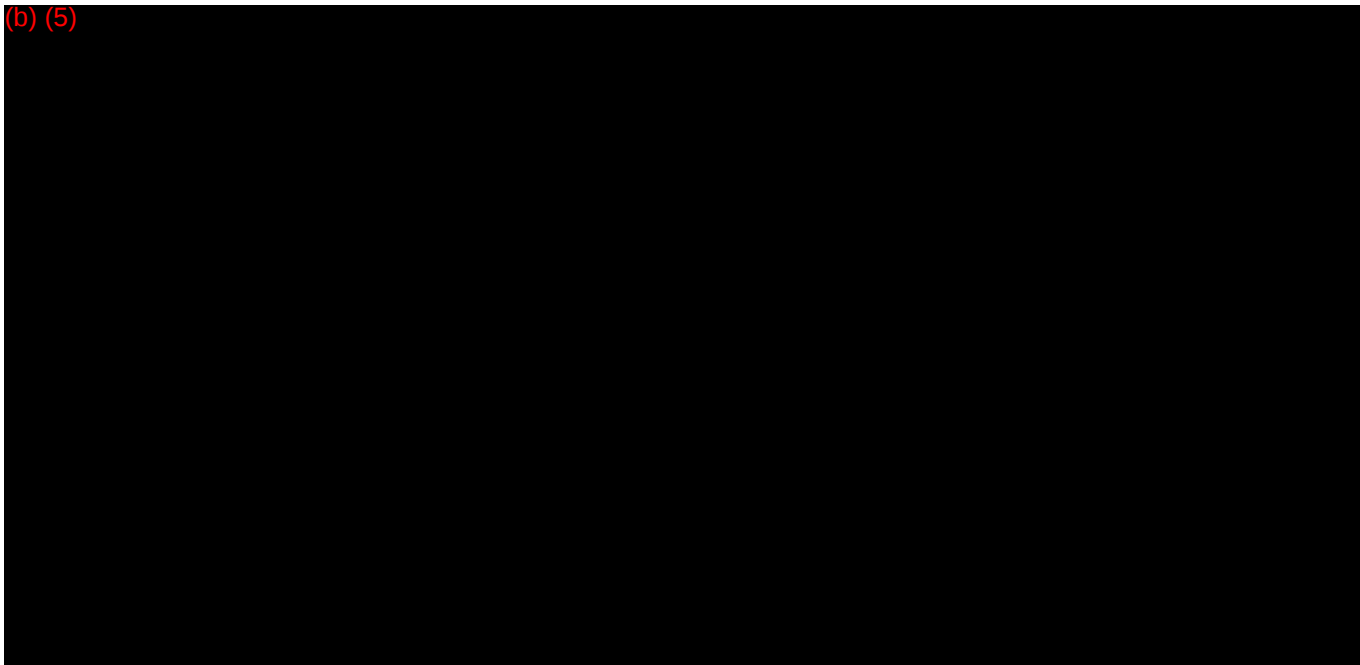
**Subject:** Call with serology test CEOs

Colleagues,

Great call today with the CEOs.

A couple of issues were flagged that I wanted to bring to your attention.

(b) (5)



Any help you could provide, particularly with the first 3 items would be appreciated. I can be the point of contact with the AvaMedDX group.

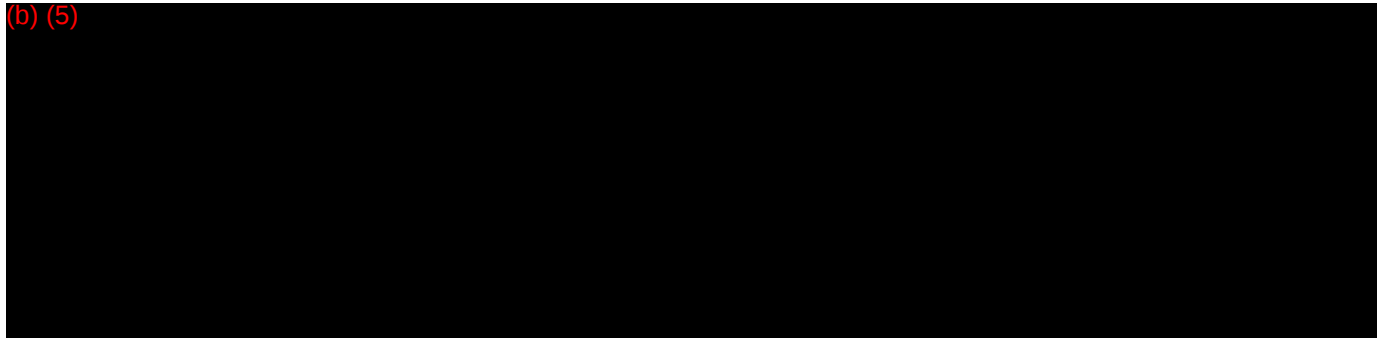
Best

Steve

**From:** [Birx, Deborah L. EOP/NSC](#)  
**To:** [Giroir, Brett \(HHS/OASH\)](#); [Adams, Jerome \(HHS/OASH\)](#); [Hahn, Stephen](#); [Verma, Seema \(CMS/OA\)](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Grogan, Joseph J. EOP/WHO](#); [Redfield, Robert R. \(CDC/OD\)](#)  
**Cc:** [Shah, Anand \(FDA/OC\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Lenihan, Keagan \(FDA/OC\)](#)  
**Subject:** Re: Call with serology test CEOs  
**Date:** Monday, April 6, 2020 1:49:53 PM

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(b) (5)

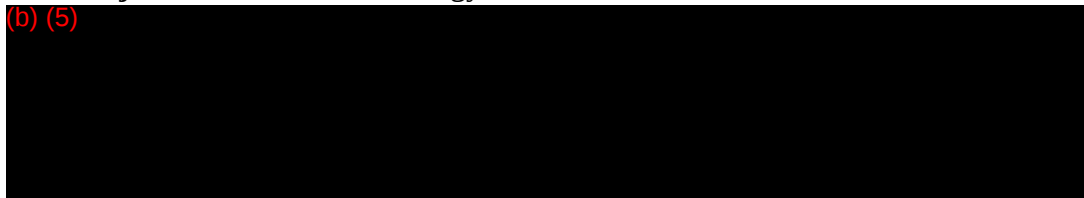


Deb

---

**From:** "Giroir, Brett (HHS/OASH)" <Brett.Giroir@hhs.gov>  
**Date:** Monday, April 6, 2020 at 1:34 PM  
**To:** "Adams, Jerome (HHS/OASH)" <Jerome.Adams@hhs.gov>, "Hahn, Stephen" <SH1@fda.hhs.gov>, "Birx, Deborah L. EOP/NSC" (b)(6)  
"Verma, Seema (CMS/OA)" <Seema.Verma@cms.hhs.gov>, "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>, "Grogan, Joseph J. EOP/WHO" (b)(6)  
"Redfield, Robert R. (CDC/OD)" <olx1@cdc.gov>  
**Cc:** "Shah, Anand (FDA/OC)" <Anand.Shah@fda.hhs.gov>, "Shuren, Jeff (FDA/CDRH)" <Jeff.Shuren@fda.hhs.gov>, "Lenihan, Keagan (FDA/OC)" <Keagan.Lenihan@fda.hhs.gov>  
**Subject:** RE: Call with serology test CEOs

(b) (5)



**Brett P. Giroir, MD**

ADM, US Public Health Service  
Assistant Secretary for Health (ASH)  
200 Independence Avenue, SW  
Washington, DC 20201  
Office Phone: 202-690-7694

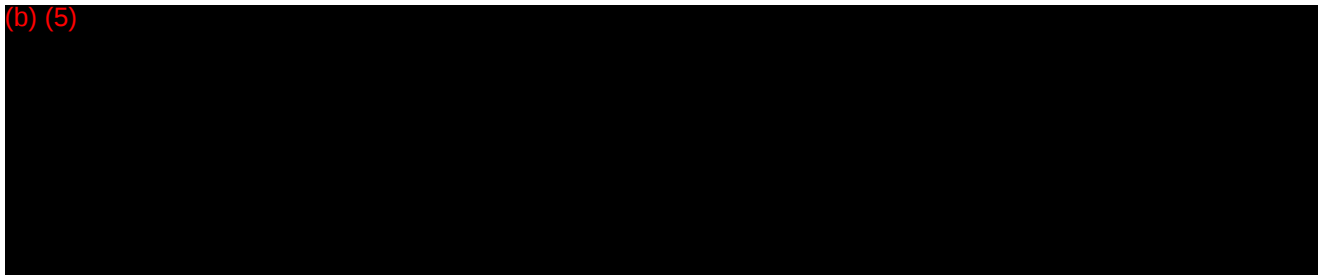
---

**From:** Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>  
**Sent:** Monday, April 6, 2020 1:08 PM  
**To:** Hahn, Stephen <SH1@fda.hhs.gov>; Debi Birx <(b)(6)> Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Verma, Seema (CMS/OA) <Seema.Verma@cms.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Joe Grogan <(b)(6)> Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>  
**Cc:** Shah, Anand (FDA/OC) <Anand.Shah@fda.hhs.gov>; Shuren, Jeff (FDA/CDRH)

<Jeff.Shuren@fda.hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>

**Subject:** RE: Call with serology test CEOs

(b) (5)



*Jerome*

VADM Jerome Adams, MD, MPH

20<sup>th</sup> U.S. Surgeon General

---

**From:** Hahn, Stephen <[SH1@fda.hhs.gov](mailto:SH1@fda.hhs.gov)>

**Sent:** Monday, April 6, 2020 1:02 PM

**To:** Debi Birx (b)(6) ; Giroir, Brett (HHS/OASH) <[Brett.Giroir@hhs.gov](mailto:Brett.Giroir@hhs.gov)>;  
Verma, Seema (CMS/OA) <[Seema.Verma@cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov)>; Adams, Jerome (HHS/OASH)  
<[Jerome.Adams@hhs.gov](mailto:Jerome.Adams@hhs.gov)>; Fauci, Anthony (NIH/NIAID) [E] <[afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)>; Joe Grogan  
(b)(6) Redfield, Robert R. (CDC/OD) <[olx1@cdc.gov](mailto:olx1@cdc.gov)>

**Cc:** Shah, Anand (FDA/OC) <[Anand.Shah@fda.hhs.gov](mailto:Anand.Shah@fda.hhs.gov)>; Shuren, Jeff (FDA/CDRH)  
<[Jeff.Shuren@fda.hhs.gov](mailto:Jeff.Shuren@fda.hhs.gov)>; Lenihan, Keagan (FDA/OC) <[Keagan.Lenihan@fda.hhs.gov](mailto:Keagan.Lenihan@fda.hhs.gov)>

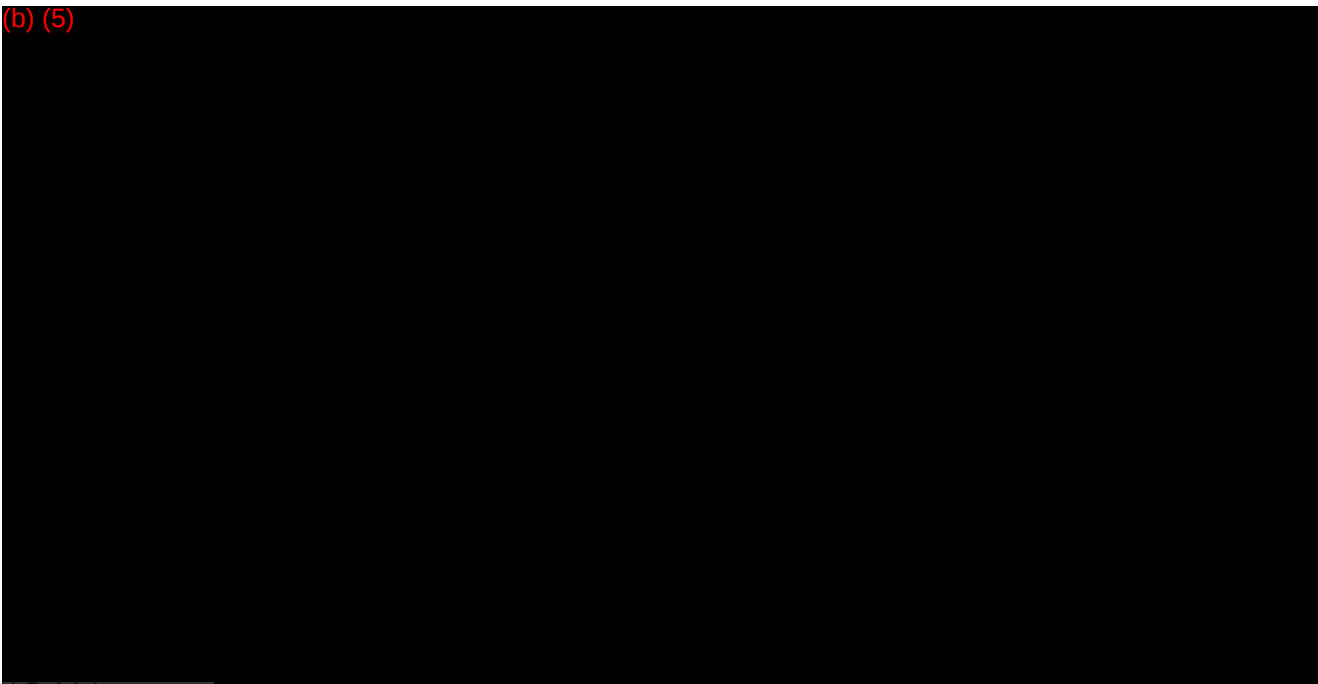
**Subject:** Call with serology test CEOs

Colleagues,

Great call today with the CEOs.

A couple of issues were flagged that I wanted to bring to your attention.

(b) (5)



Any help you could provide, particularly with the first 3 items would be appreciated. I can be the point of contact with the AvaMedDX group.

Best  
Steve









































































**From:** [Conley, Sean P. CDR USN WHMO/WHMU](#)  
**To:** [Verma, Seema \(CMS/OA\)](#)  
**Cc:** [Grogan, Joseph J. EOP/WHO](#)  
**Subject:** RE: Thank intro  
**Date:** Wednesday, April 29, 2020 9:20:53 AM

---

Administrator Verma,  
I'd be happy to call and discuss, is there a best number for you?

(b) (5)

V/r  
Sean Conley

Sean P Conley, DO, FACEP  
CDR, MC, FS, USN  
Physician to the President

Work: (202) 757-2481  
Cell: (b)(6)  
Email: Sean.Conley@whmo mil

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

From: Grogan, Joseph J. EOP/WHO [REDACTED]@who.eop.gov>  
Sent: Wednesday, April 29, 2020 8:59 AM  
To: Conley, Sean P. CDR USN WHMO/WHMU <Sean.Conley@whmo mil>; Seema Verma  
<Seema.Verma@cms.hhs.gov>  
Subject: Thank intro

(b) (5)

Sent from my iPhone

**From:** [Grogan, Joseph J. EOP/WHO](#)  
**To:** [Conley, Sean P. CDR USN WHMO/WHMU](#); [Verma, Seema \(CMS/OA\)](#)  
**Subject:** Thank intro  
**Date:** Wednesday, April 29, 2020 8:59:20 AM

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(b) (5)

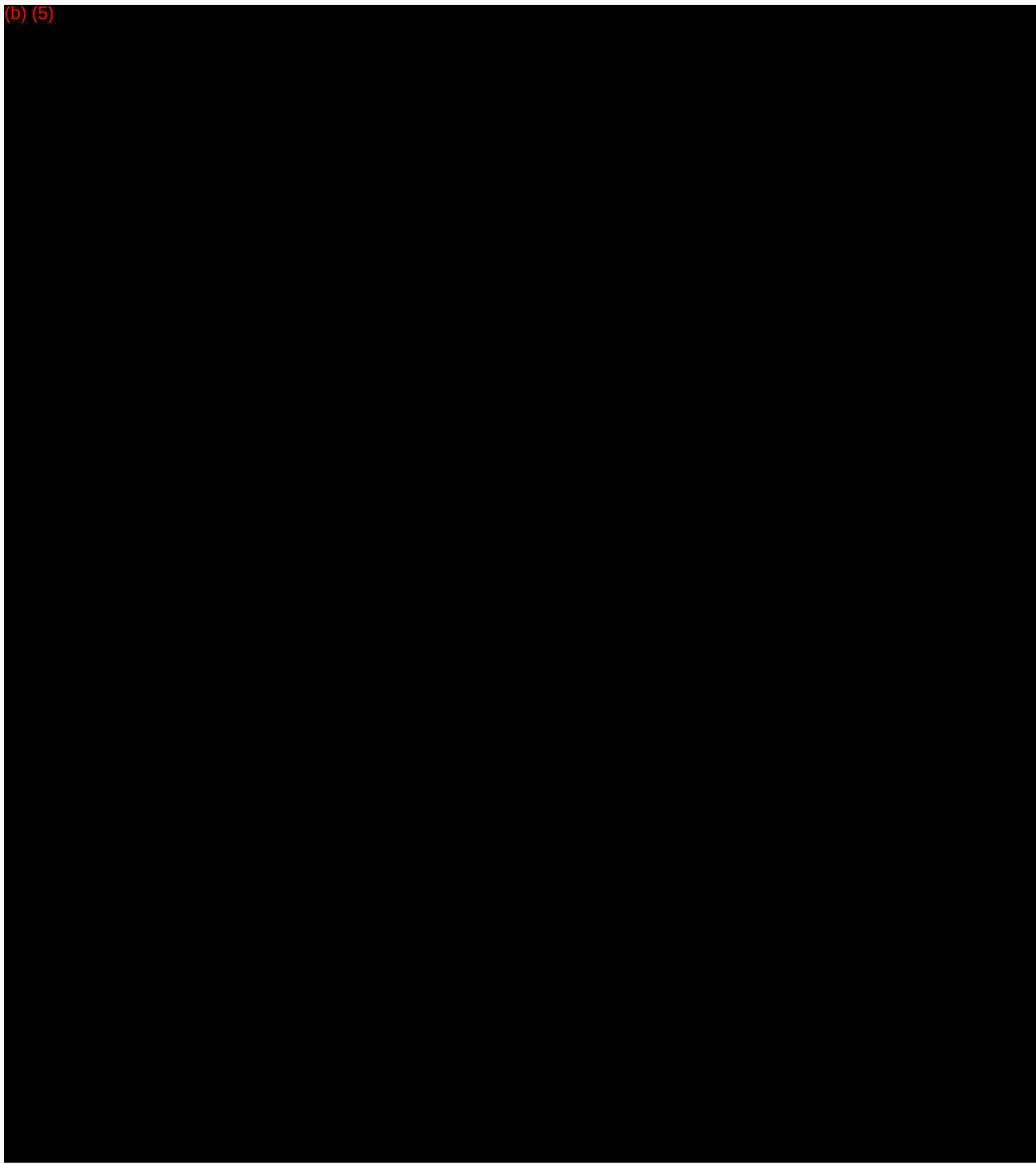


Sent from my iPhone

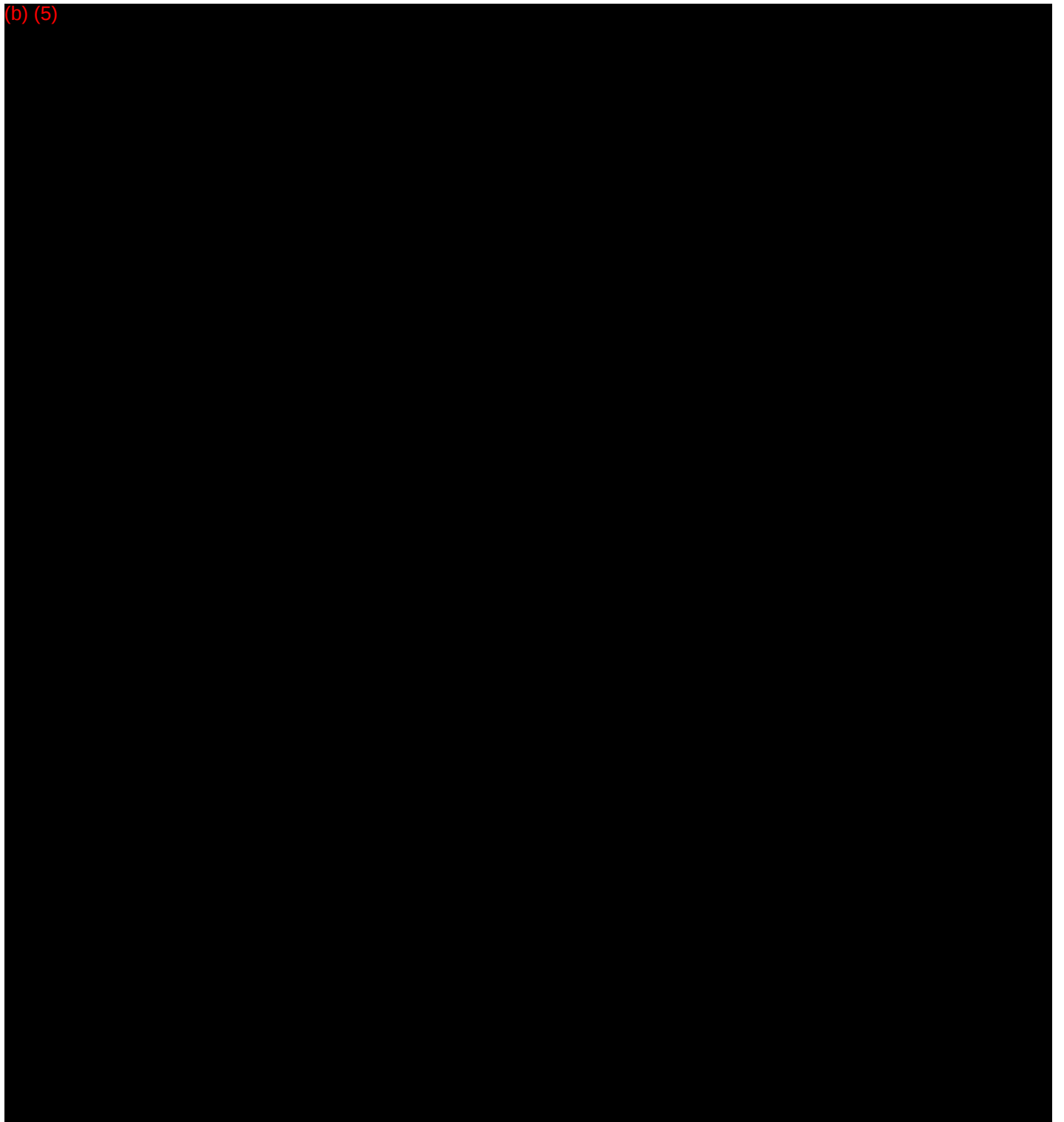




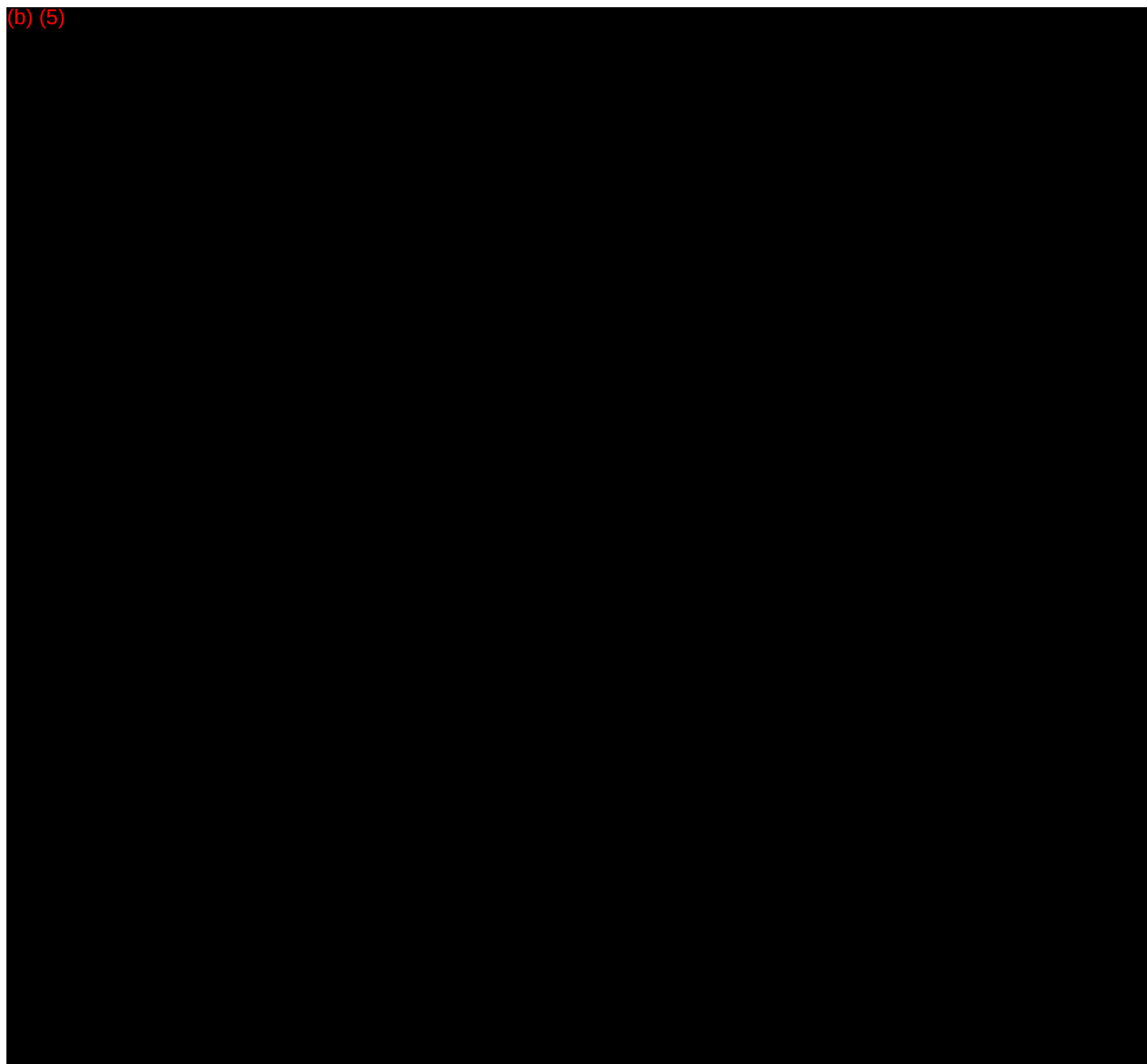
(b) (5)



(b) (5)



(b) (5)



**From:** [Feinberg, Rebecca P. EOP/NSC](#)  
**To:** [Charles, Julia \(CDC/OD/OCS\)](#); [Redd, Stephen C. EOP/NSC](#); [Zaidi, Irum F.](#); [Vitek, Charles \(CDC/DDPHSIS/CGH/DGHT\)](#); [McGuffee, Tyler Ann A. EOP/OVP](#); [Redfield, Robert R. \(CDC/OD\)](#); [SH1 \(fda.hhs.gov\)](#); [jcharles@cdc.gov](#); [Adams, Jerome \(HHS/OASH\)](#); CMS b 6 [Schuchat, Anne MD \(CDC/OD\)](#); [Jernigan, Daniel B. \(CDC/DDID/NCIRD/ID\)](#); [Grogan, Joseph J. EOP/WHO](#); [Conway, Kellyanne E. EOP/WHO](#); [Walke, Henry \(CDC/DDID/NCEZID/DPEI\)](#); [Payne, Rebecca L. \(CDC/DDID/NCHHSTP/DASH\)](#); [Greene, Carolyn M. \(CDC/DDID/NCIRD/ID\)](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Giroir, Brett \(HHS/OASH\)](#); [McQuiston, Jennifer H. \(CDC/DDID/NCEZID/DHCPP\)](#); [Meaney Delman, Dana M. \(CDC/DDNID/NCBDDD/DBDID\)](#); [Butler, Jay C. \(CDC/DDID/OD\)](#); [Mead, Paul \(CDC/DDID/NCEZID/DVBD\)](#); [Fitter, David L. \(CDC/DDPHSIS/CGH/GID\)](#)  
**Cc:** [Hoo, Elizabeth \(CDC/OD/OCS\)](#); [Warner, Agnes \(CDC/OD/OCS\)](#); [Gershman, Lynn E. \(CDC/DDPHSIS/OD\)](#)  
**Subject:** 9:15AM, Today  
**Date:** Tuesday, April 28, 2020 9:17:52 AM

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All –

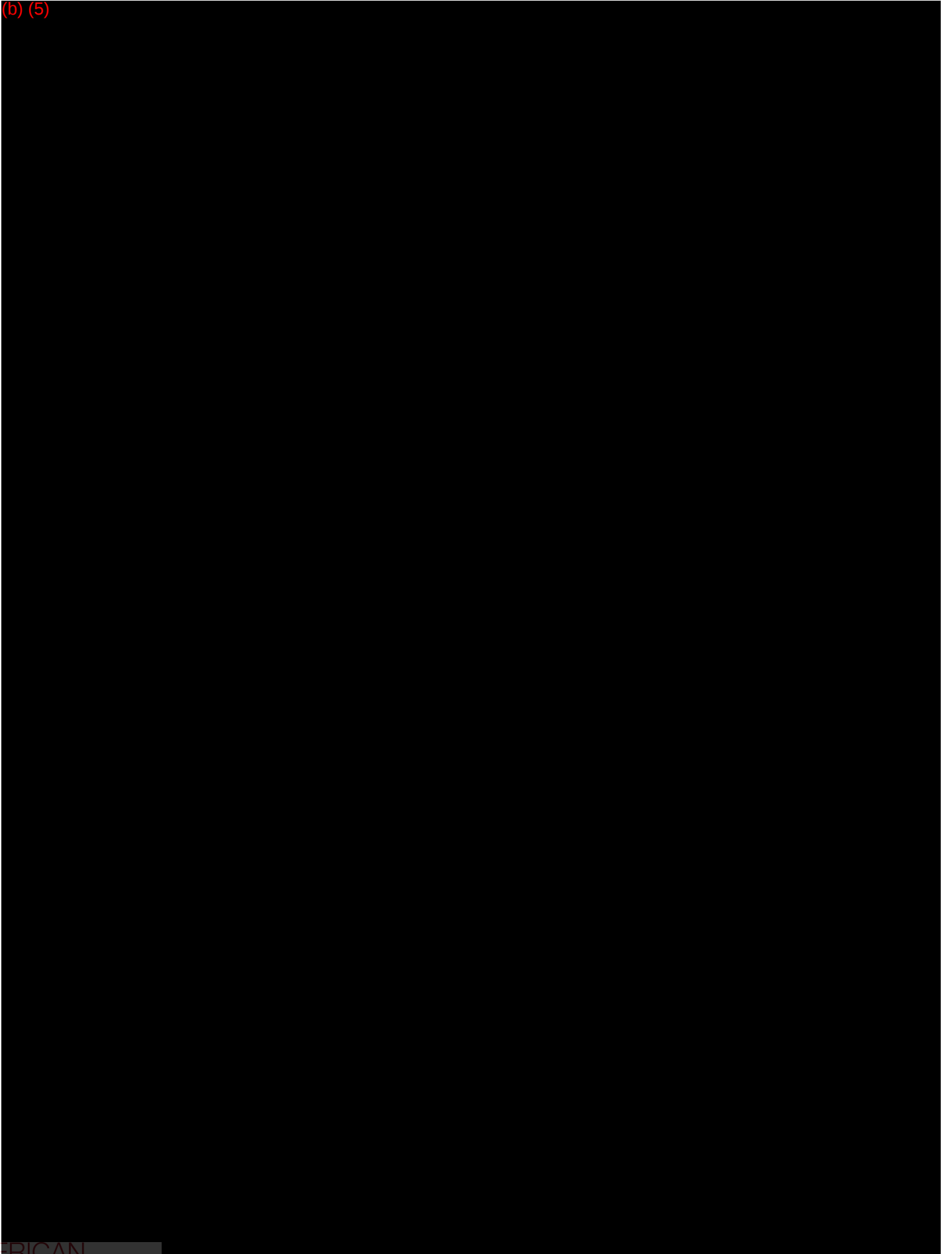
There are some technical difficulties with the conference line. I am troubleshooting now with the White House Switchboard and will let you know when things are all clear.

Thanks,  
Rebecca

(b) (5)



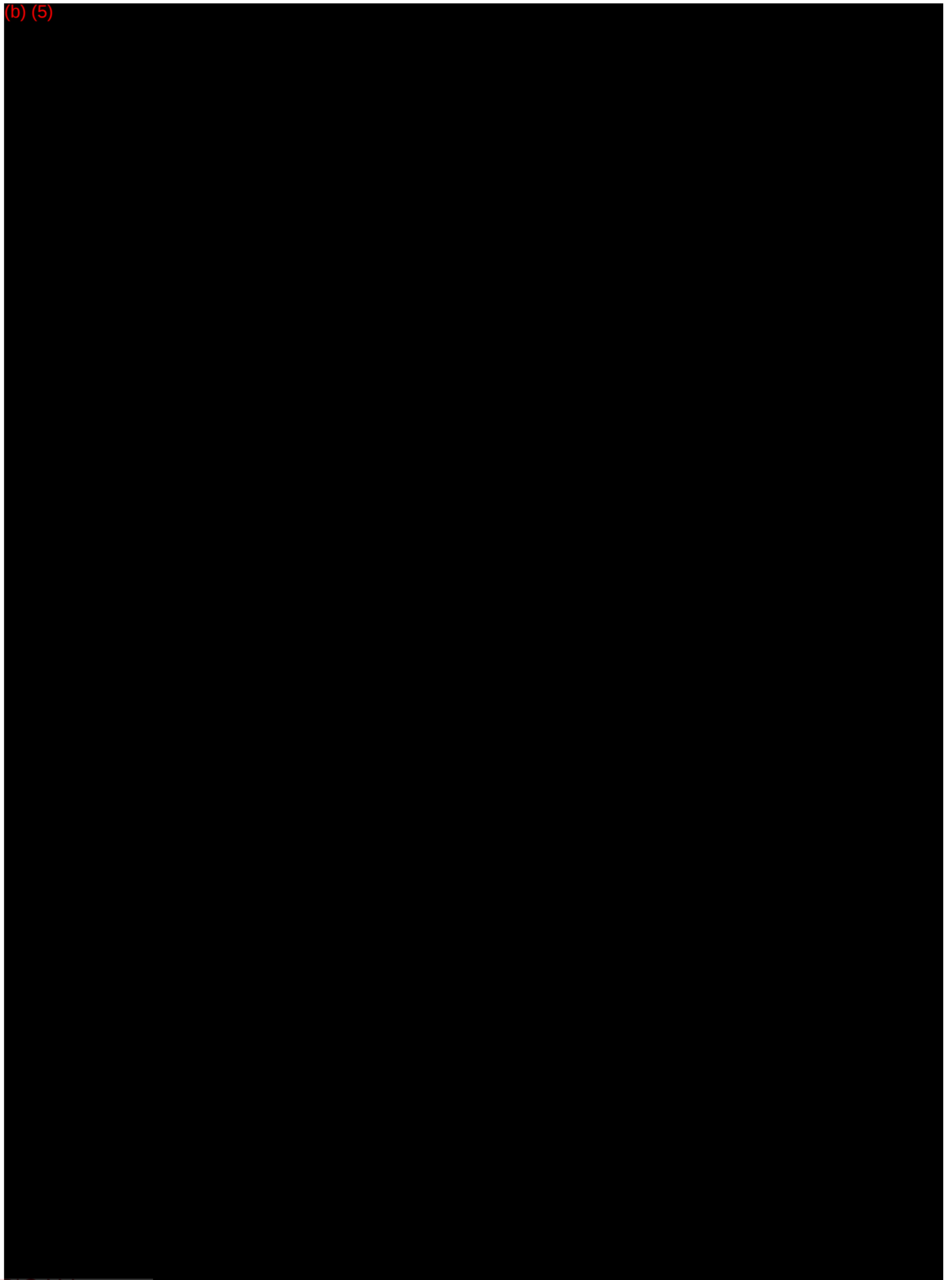
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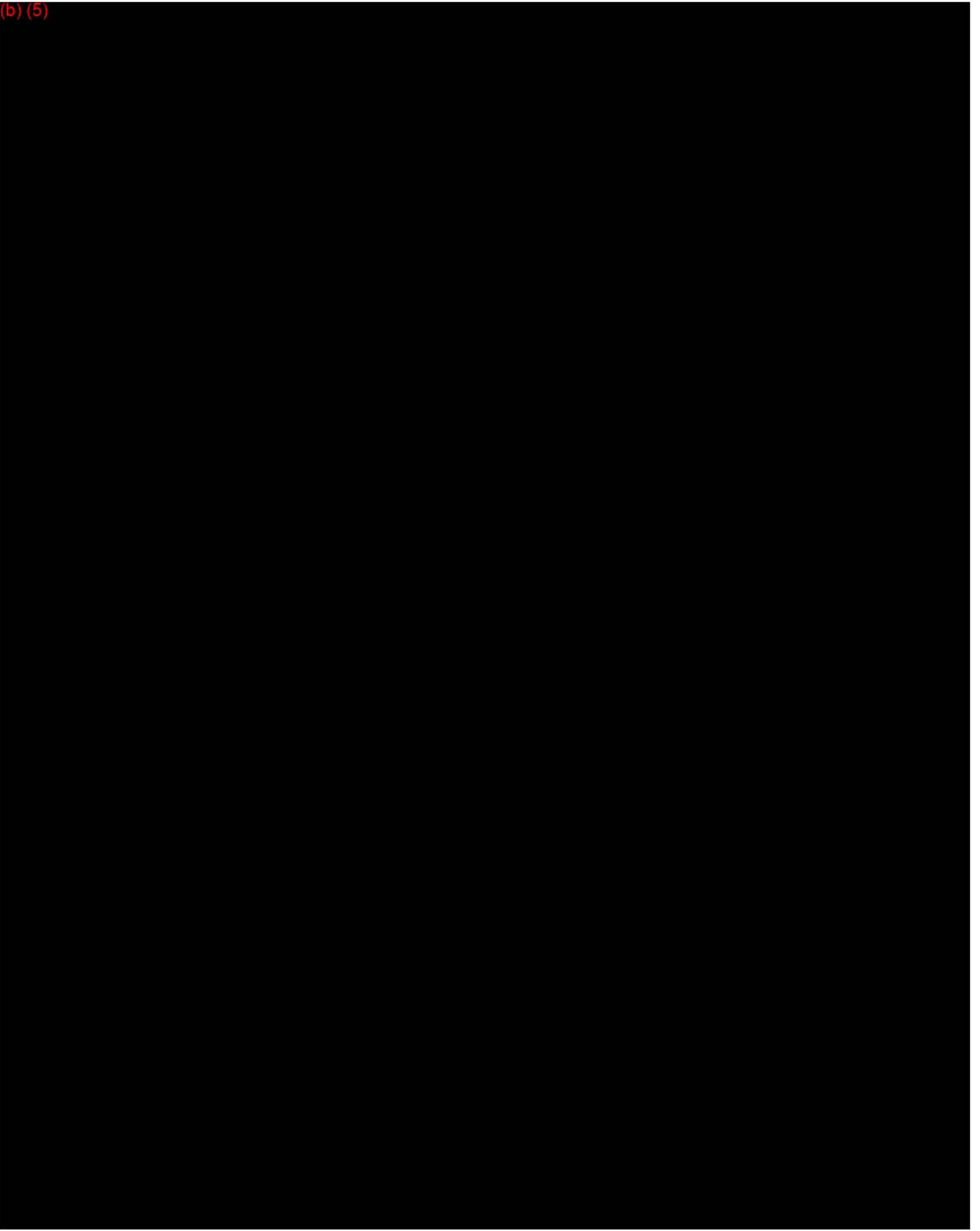
(b) (5)

(b) (5)

(b) (5)



(b) (5)

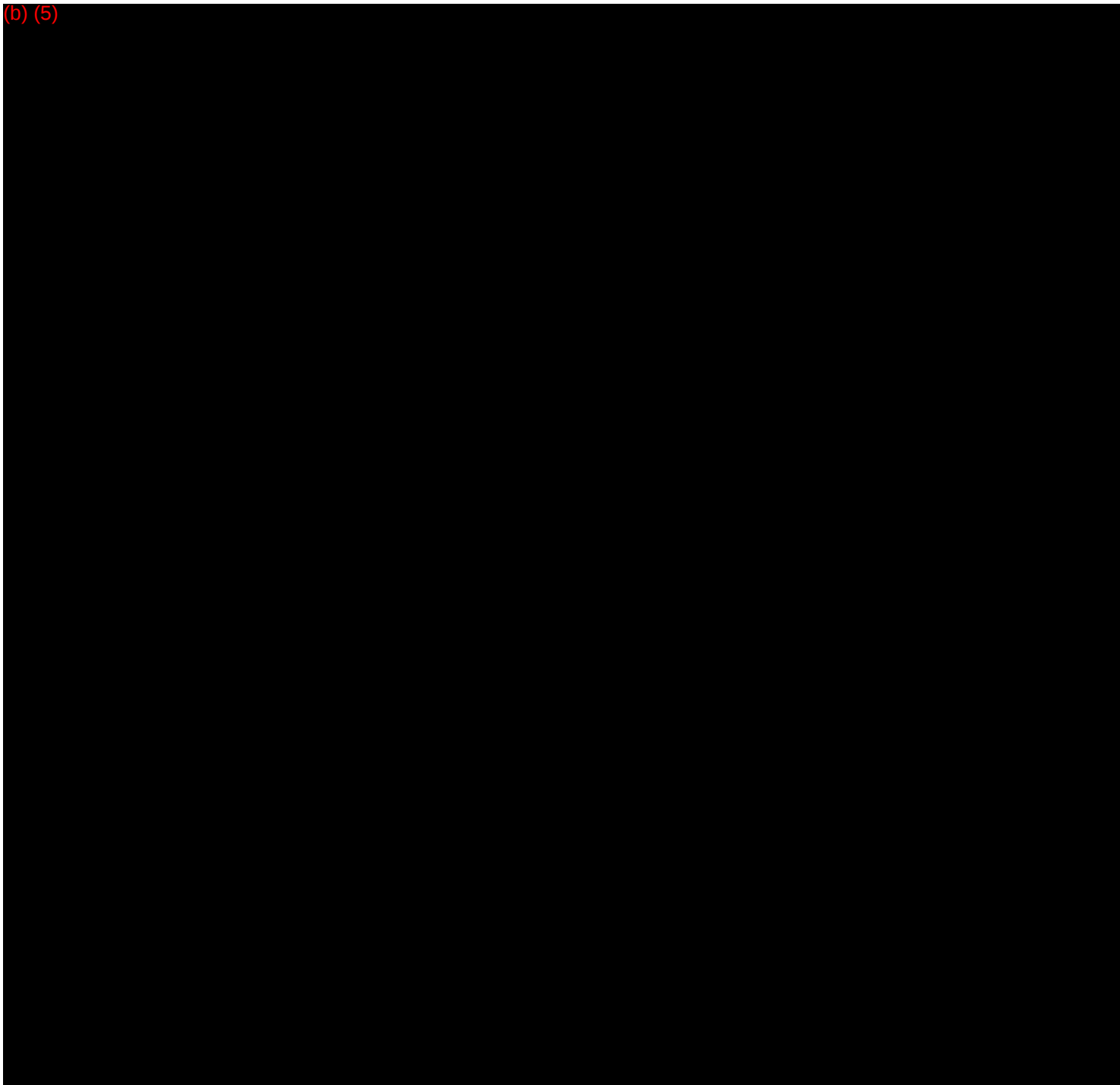


(b) (5)



(b) (5)

(b) (5)

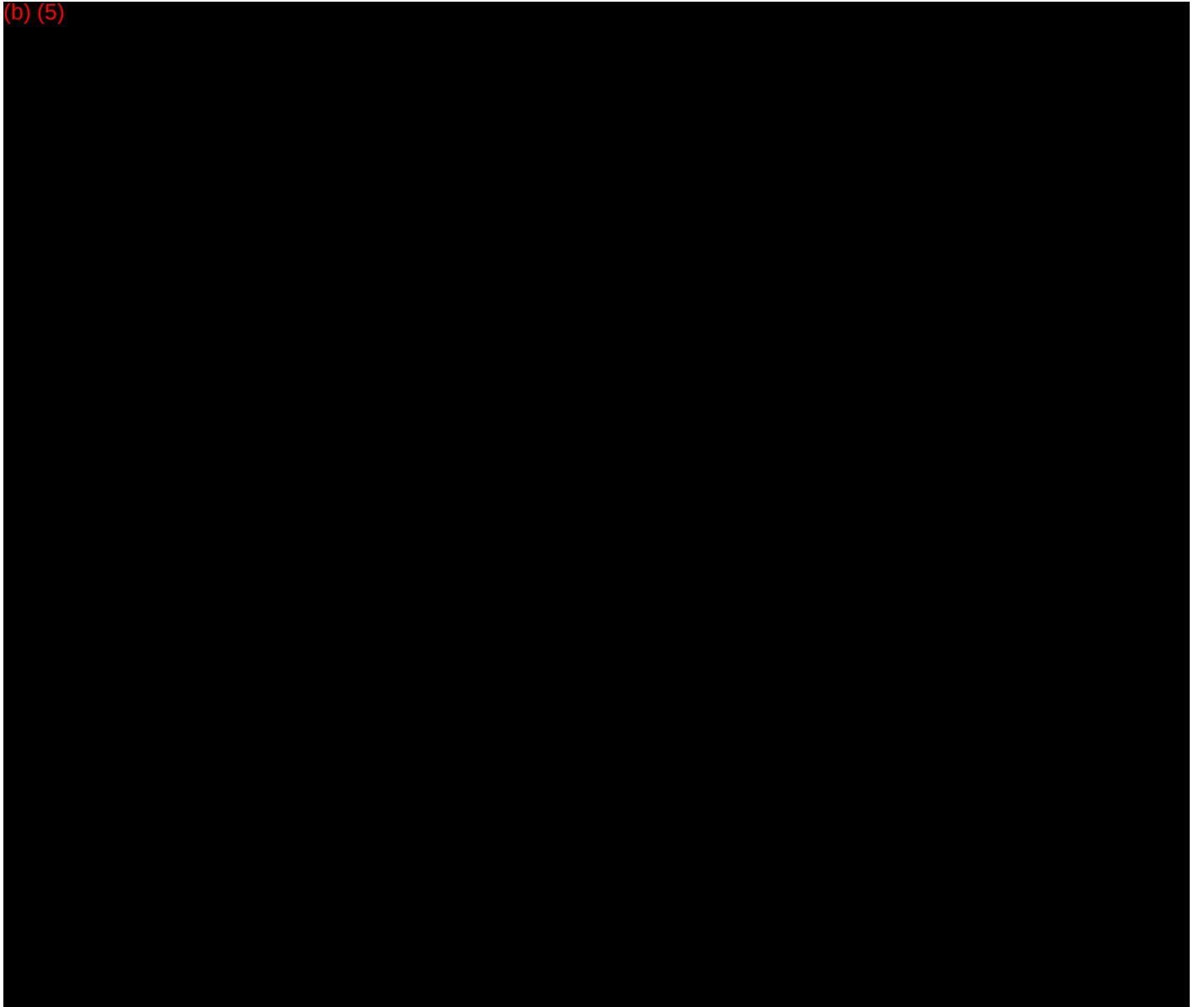


(b) (5)

(b) (5)

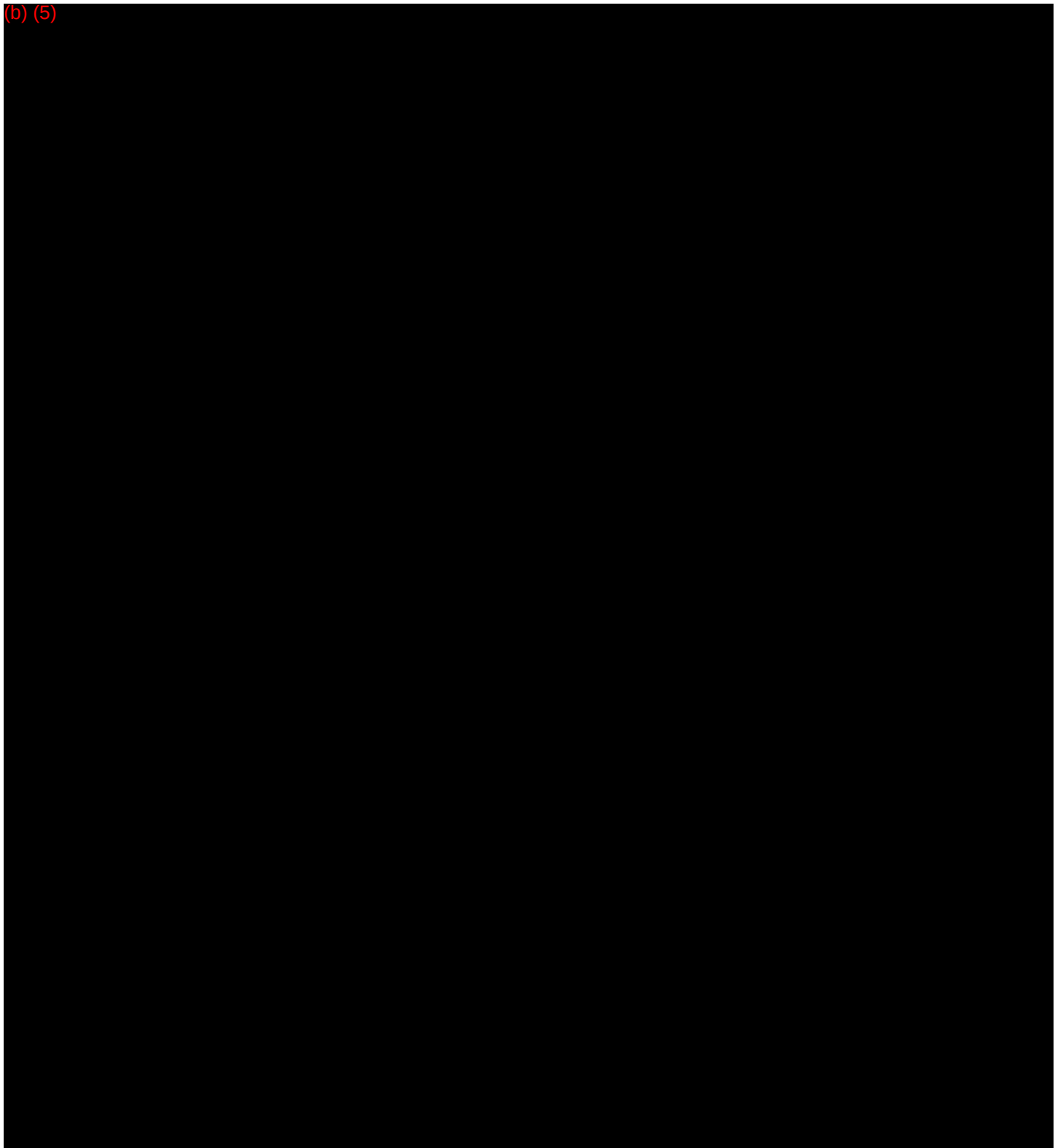


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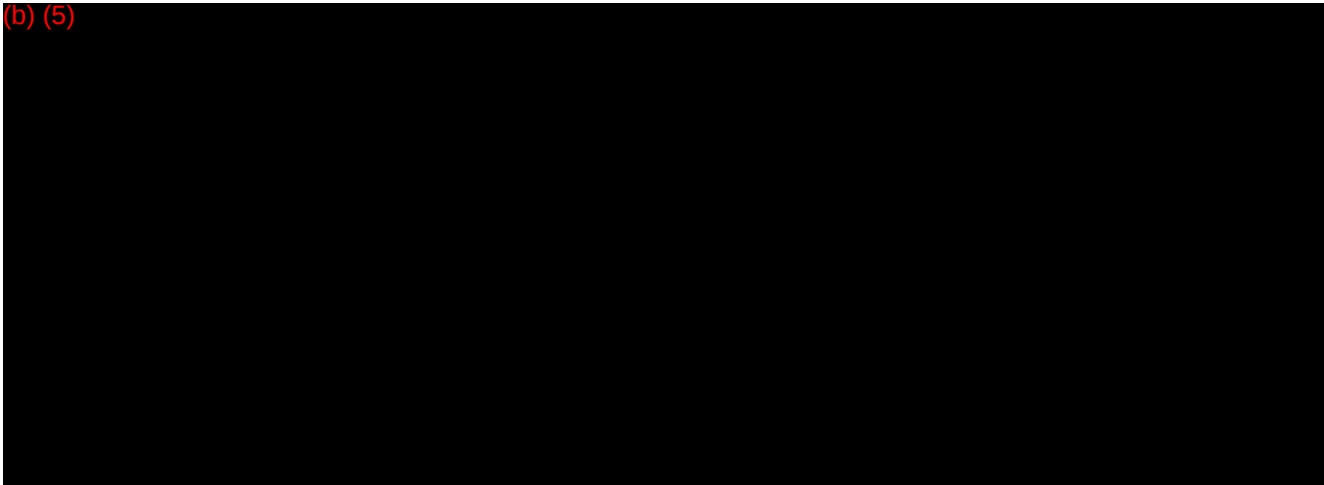


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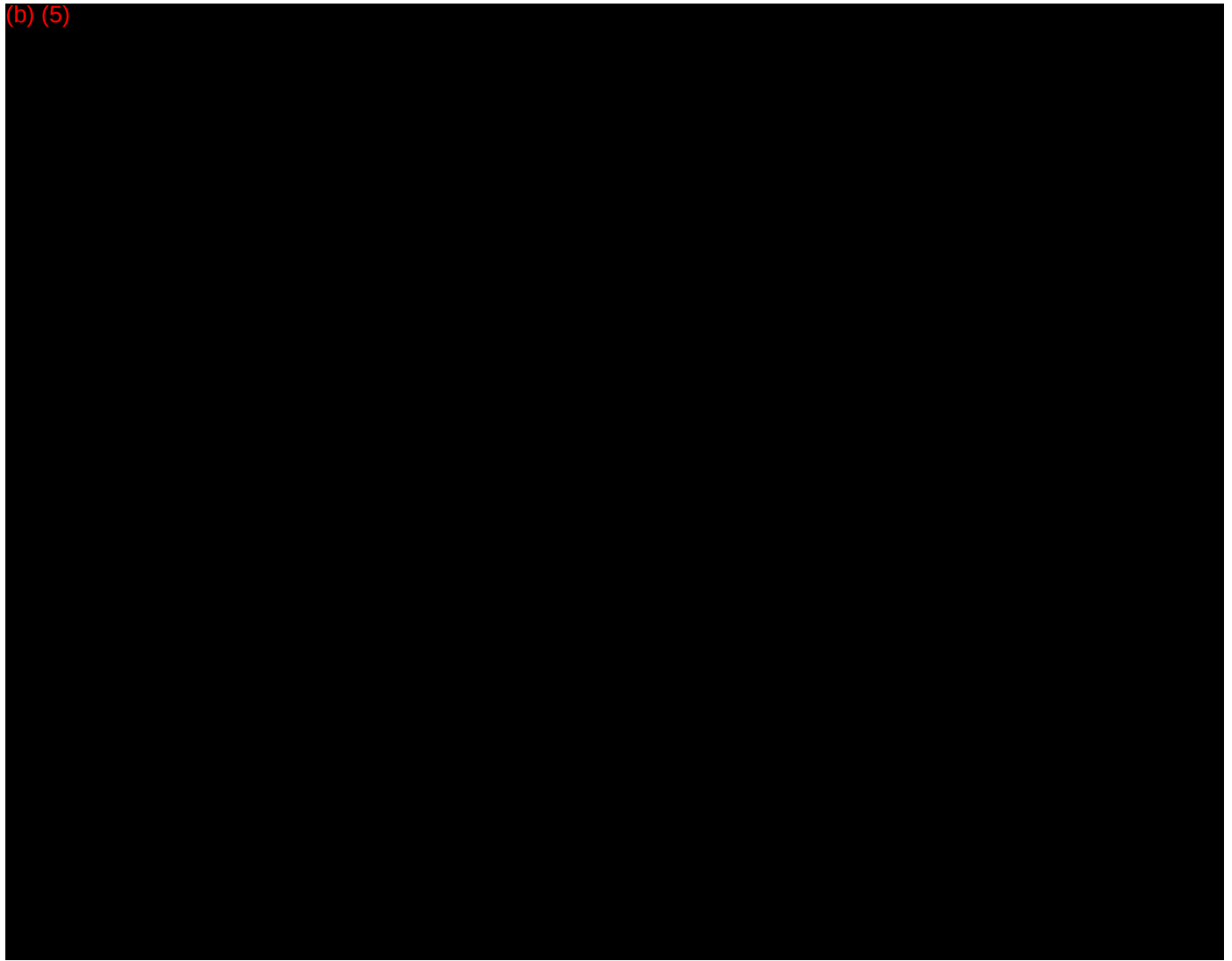
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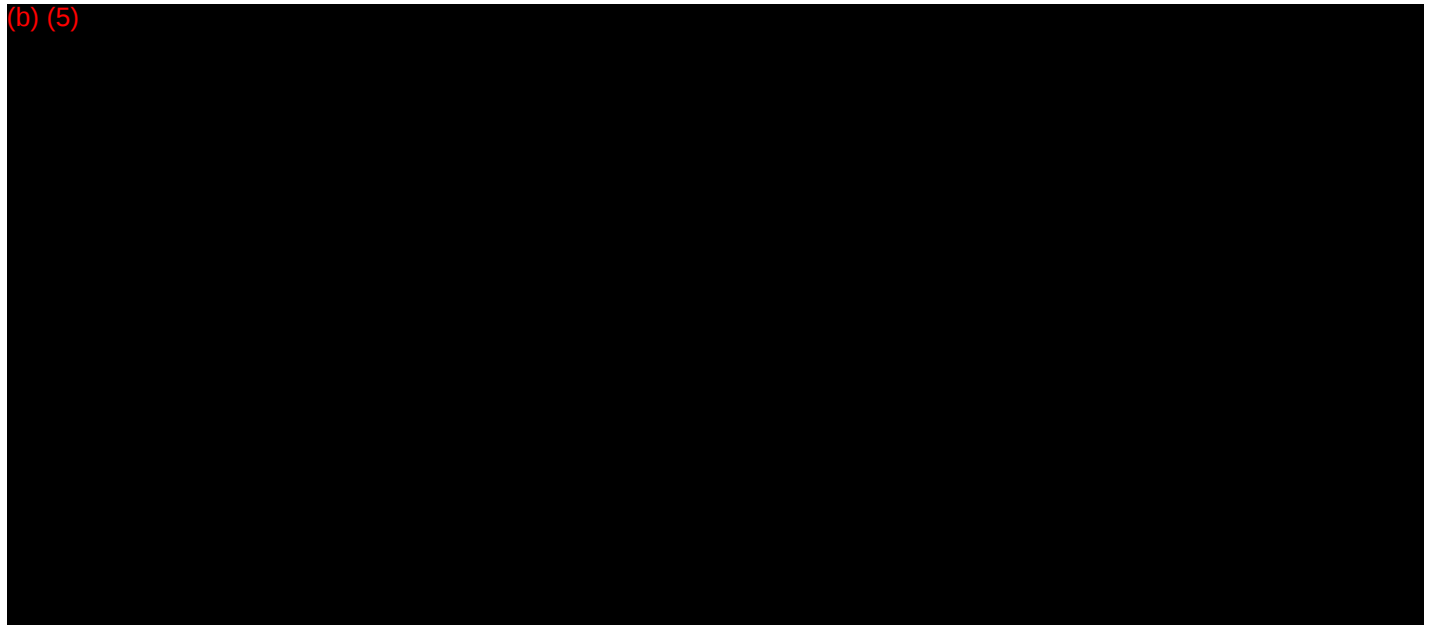
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(b) (5)

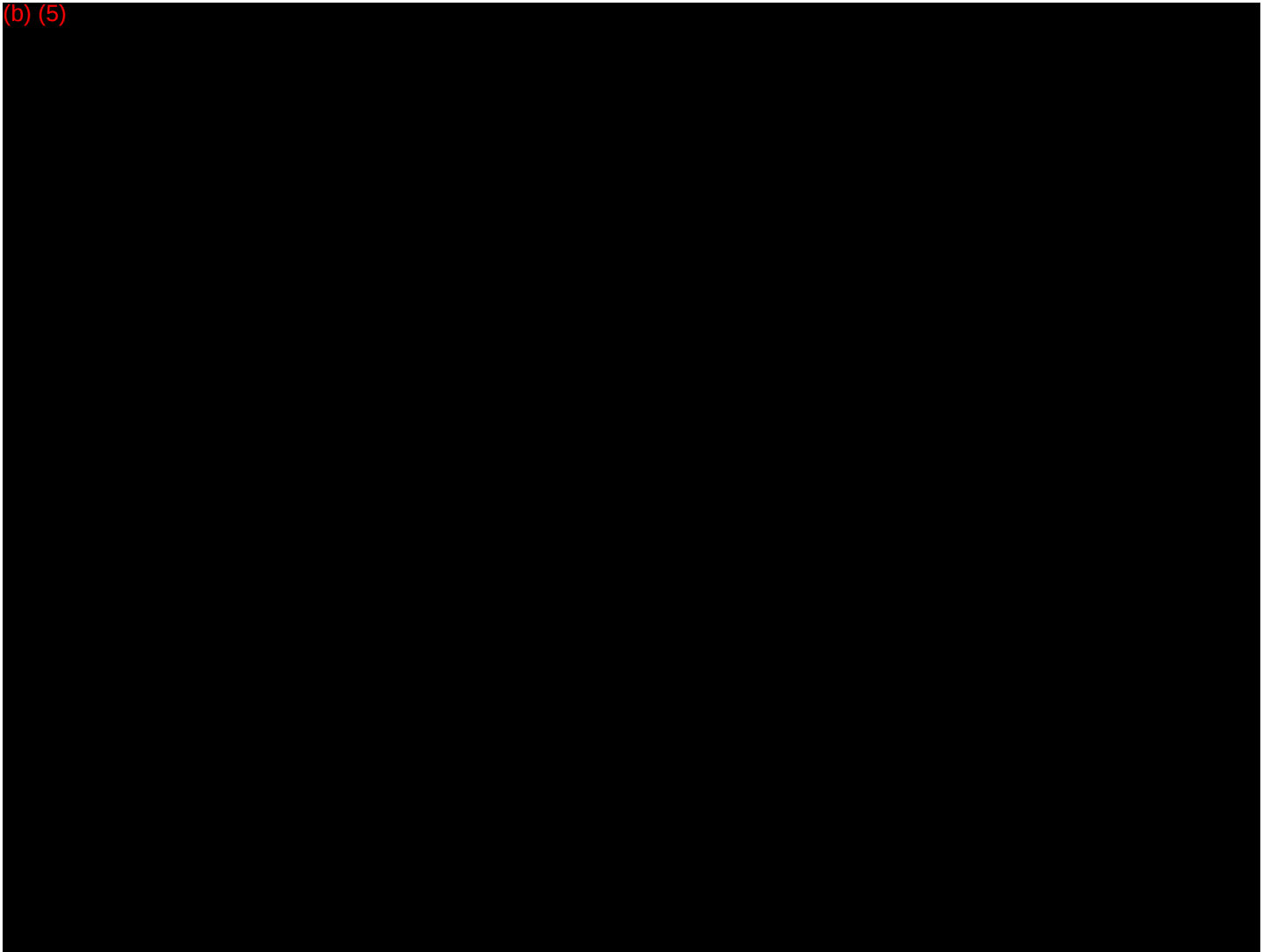


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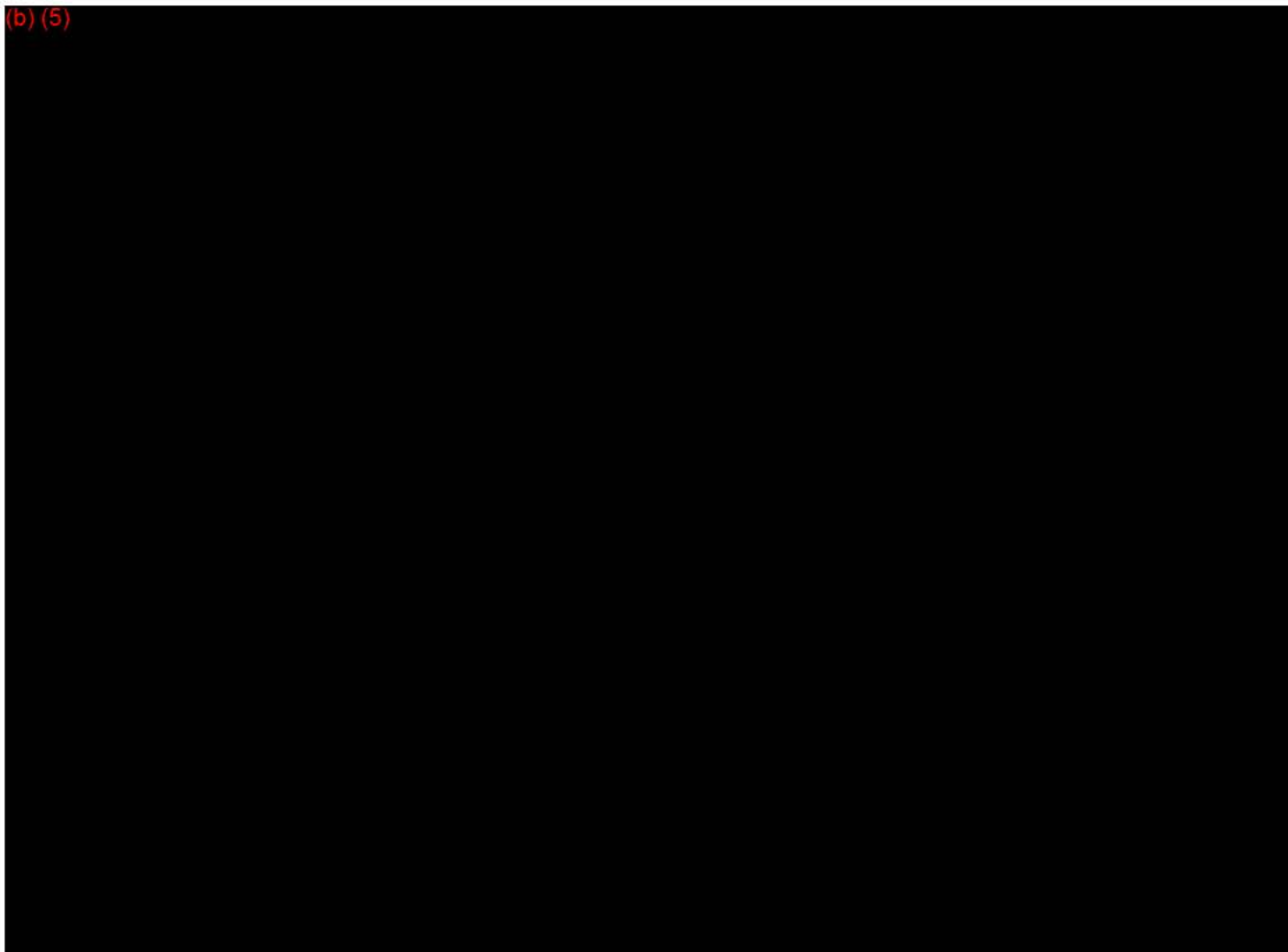


(b) (5)

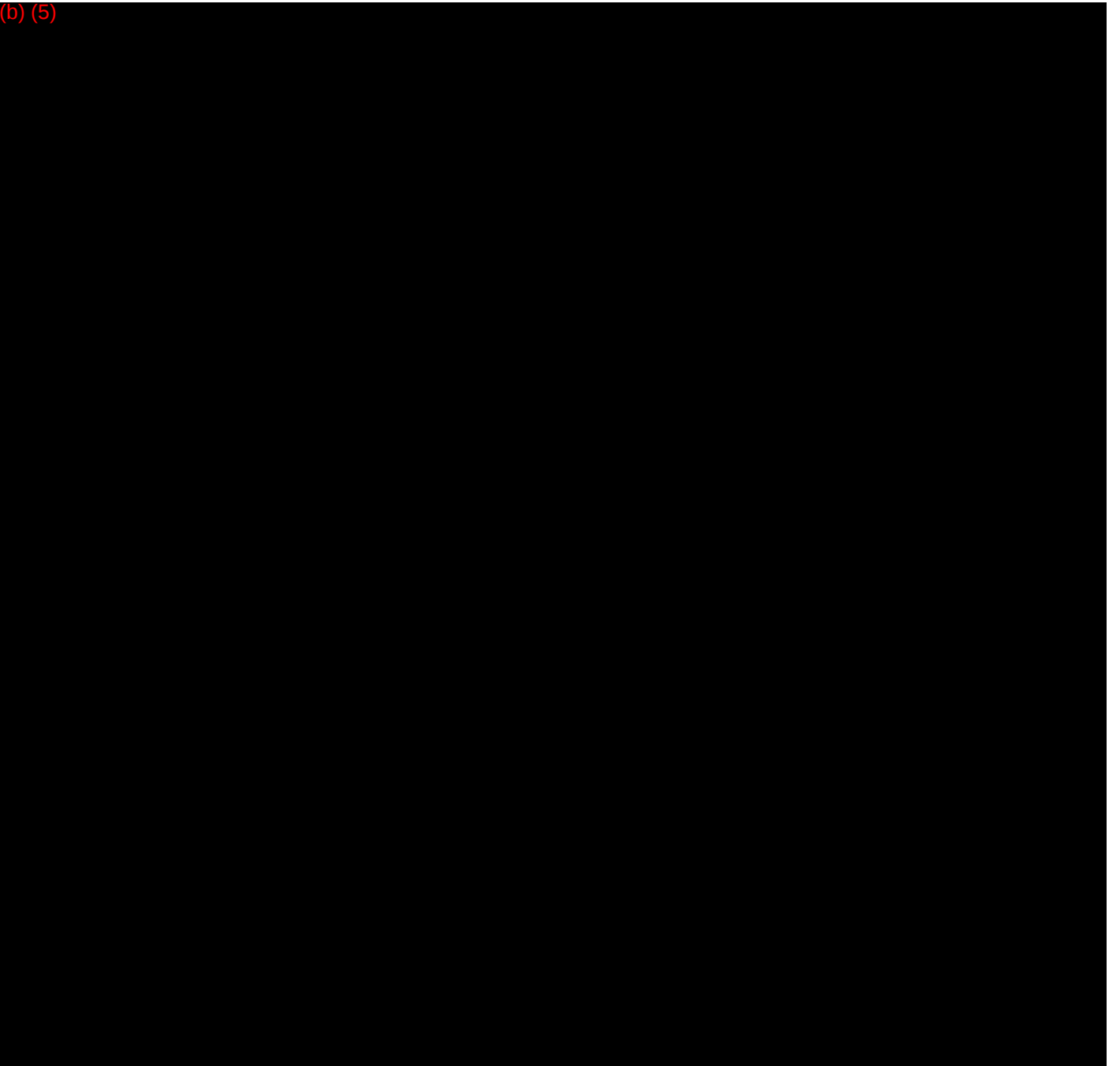
(b) (5)



(b) (5)



(b) (5)



(b) (5)



**From:** [McLane-Beyrle, Angela D. CTR WHMO/WHCA](#)  
**To:** [Brandt, Kimberly \(CMS/OA\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Jernigan, Daniel B. \(CDC/DDID/NCIRD/ID\)](#); [Redfield, Robert R. \(CDC/OD\)](#); [Bresee, Joseph \(CDC/DDID/NCIRD/ID\)](#); [Moody-Williams, Jean D. \(CMS/CCSQ\)](#); [Payne, Rebecca L. \(CDC/DDID/NCHHSTP/DASH\)](#); [SH1@fda.hhs.gov](#); [Meier, Patricia A. \(CMS/CQISCO\)](#); [Grogan, Joseph J. EOP/WHO](#); [McGuffee, Tyler Ann A. EOP/OVP](#); CMS b 6 [Wright, David R. \(CMS/CCSQ\)](#); [White House Executive Conference Center](#); [Hittle, Matthew \(CMS/OA\)](#); [Shulman, Evan T. \(CMS/CCSQ\)](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Ling, Shari \(CMS/CCSQ\)](#); [Birn, Deborah L. EOP/NSC](#); [Alexander, Jonathan J. CIV WHMO/WHCA](#); [McLane-Beyrle, Angela D. CTR WHMO/WHCA](#); [fema-voc@fema.dhg.gov](#) [david.entner@fema.dhs.gov](#); [Aerts, Robert S. CTR WHMO/WHCA](#)  
**Subject:** Confirmed - Video Conference with Dr. Birx  
**Date:** Monday, April 13, 2020 9:14:21 AM

---

Plus WHCA VTC, FEMA VTC, Mr. Alexander.

Mr. Entner,

Can you please send us information needed to create a VTC bridge for multiple participants?  
Thank you.

**Confirmed - Video Conference with Dr. Birx**

Scheduled: Monday, Apr 13, 2020 from 1:45 PM to 3:00 PM

Location: EEOB 350; video information forthcoming

Invitees: [Kimberly.Brandt1@cms.hhs.gov](#), [Jeff.shuren@fda.hhs.gov](#), [Jernigan, Daniel B. \(CDC/DDID/NCIRD/ID\)](#), [olx1@cdc.gov](#), [jsb6 \(jsb6@cdc.gov\)](#), [jean.moodywilliams@cms.hhs.gov](#), [Payne, Rebecca L. \(CDC/DDID/NCHHSTP/DASH\)](#), [Hahn, Stephen](#), [Patricia.meier@cms.hhs.gov](#), [Grogan, Joseph J. EOP/WHO](#), [McGuffee, Tyler Ann A. EOP/OVP](#), CMS b 6 [David.Wright@cms.hhs.gov](#), [White House Executive Conference Center](#), [Matthew.Hittle@cms.hhs.gov](#), [Evan.Shulman@cms.hhs.gov](#), [AFAUCI@niaid.nih.gov](#), [Shari.Ling@cms.hhs.gov](#), [Birn, Deborah L. EOP/NSC](#)

*Regards and best,*

*Angela D. McLane Beyrle*

*WHCA/VIC/EP*

*White House Executive Conference Center, EEOB*

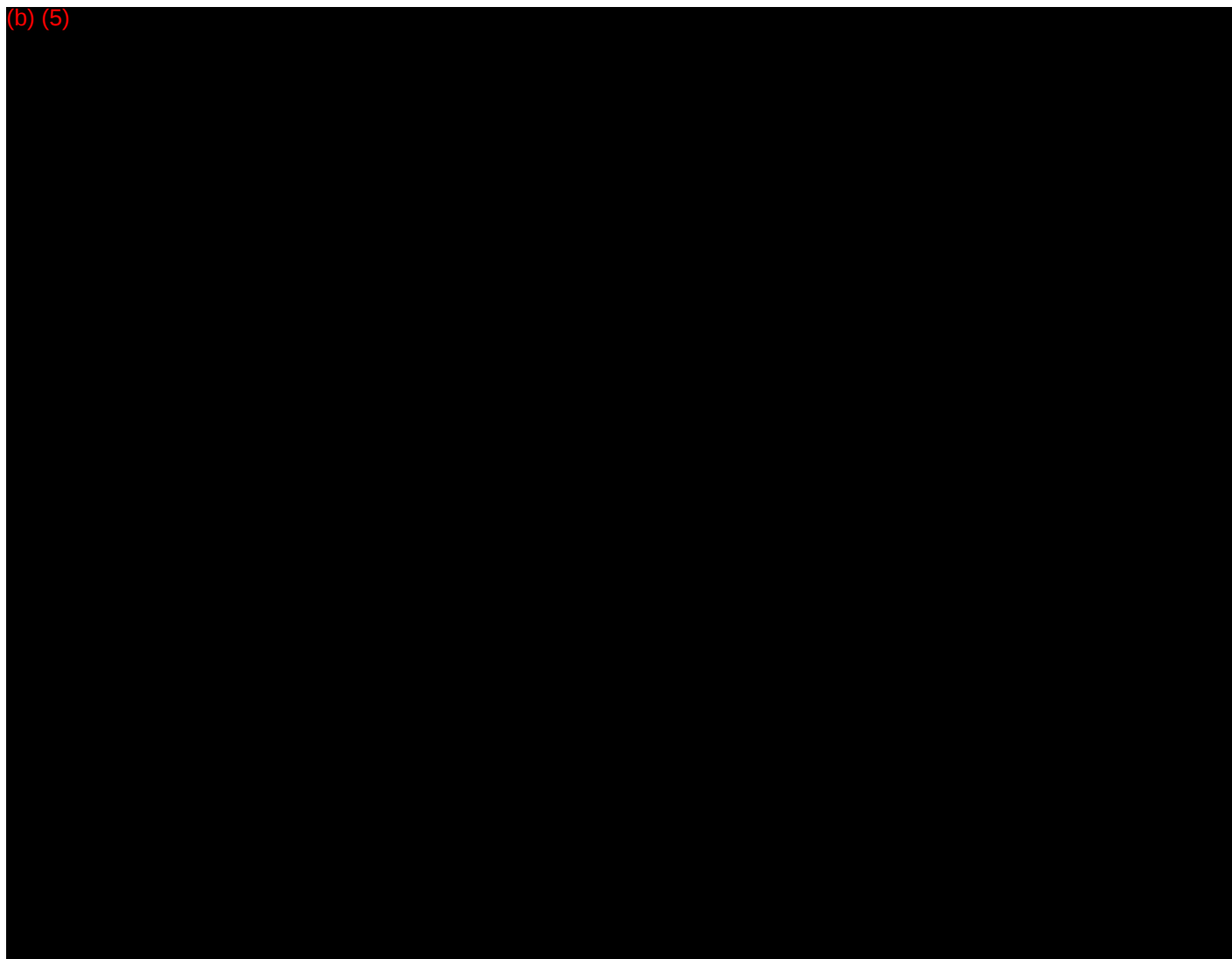
*O: [202-757-1357](tel:202-757-1357)*

*C: (b)(6)*

*[WHExecutiveConferenceCenter@whmo.mil](mailto:WHExecutiveConferenceCenter@whmo.mil)*

*[angela.d.mclane-beyrle@whmo.mil](mailto:angela.d.mclane-beyrle@whmo.mil)*

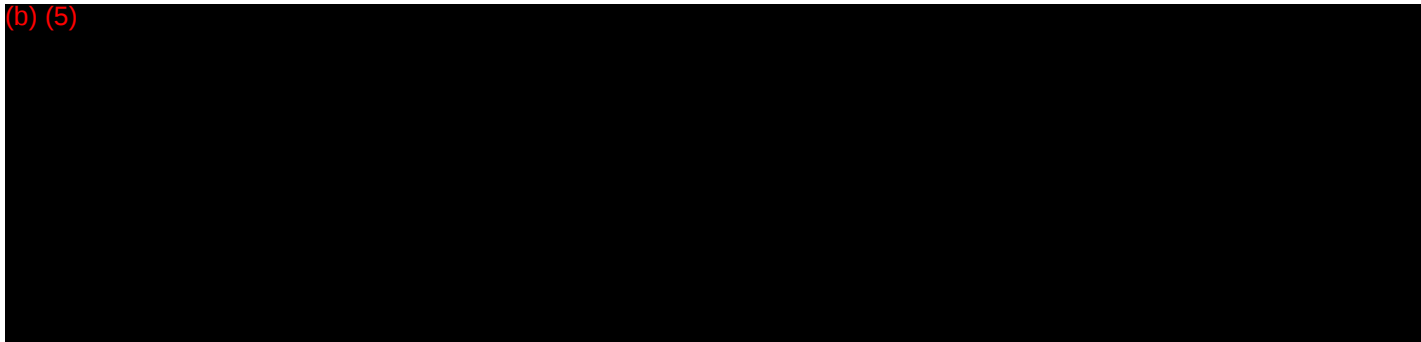
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**From:** [AS1CFW](#)  
**To:** [Birx, Deborah L. EOP/NSC](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Redfield, Robert R. \(CDC/OD\)](#); [Adams, Jerome \(HHS/OASH\)](#); [sh1@fda.hhs.gov](mailto:sh1@fda.hhs.gov); CMS b 6  
**Cc:** [AMA2 \(OS/IOS\)](#); [Troye, Olivia \(nsc.eop.gov\)](#); [Short, Marc T. EOP/OVP](#); [Miller, Stephen EOP/WHO](#); [Gaynor, Pete \(fema.dhs.gov\)](#); [Kushner, Jared C. EOP/WHO](#); [Nevins, Kristan K. EOP/WHO](#); [Rader, John N. EOP/NSC](#); [Miller, Stephen EOP/WHO](#); [Gaynor, Pete \(fema.dhs.gov\)](#); [Giroir, Brett \(HHS/OASH\)](#); [Kushner, Jared C. EOP/WHO](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Nevins, Kristan K. EOP/WHO](#); [Rader, John N. EOP/NSC](#); [Grogan, Joseph J. EOP/WHO](#)  
**Subject:** COVID R&D from DHS  
**Date:** Wednesday, April 15, 2020 12:11:16 PM  
**Attachments:** [DHS R&D SARS COV2.pdf](#)

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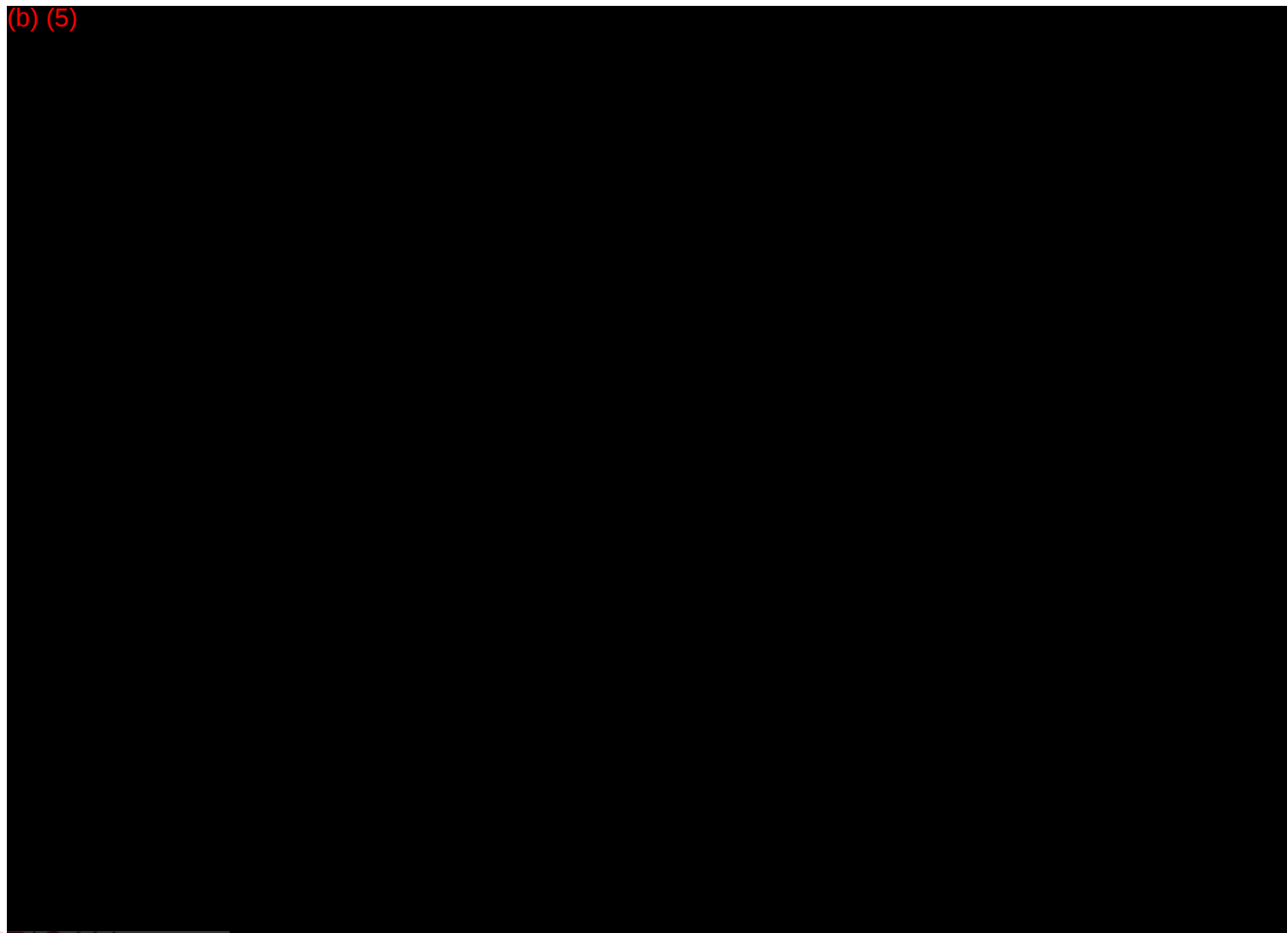
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S&T's Acting Undersecretary is Bill Bryan, who can be reached at (b) (6);  
[william.bryan@hq.dhs.gov](mailto:william.bryan@hq.dhs.gov)

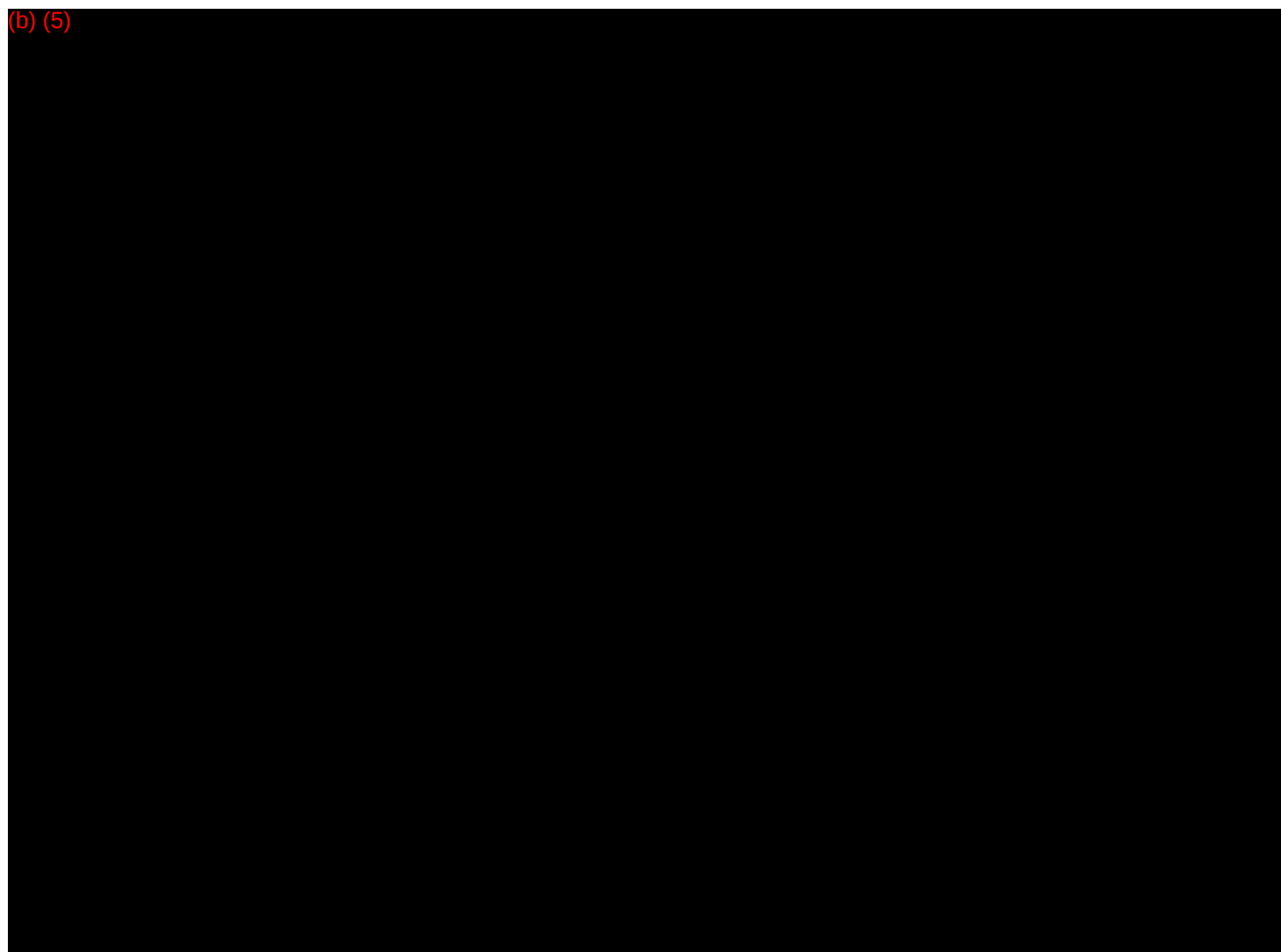
Key findings from Bill's team includes:

(b) (5)

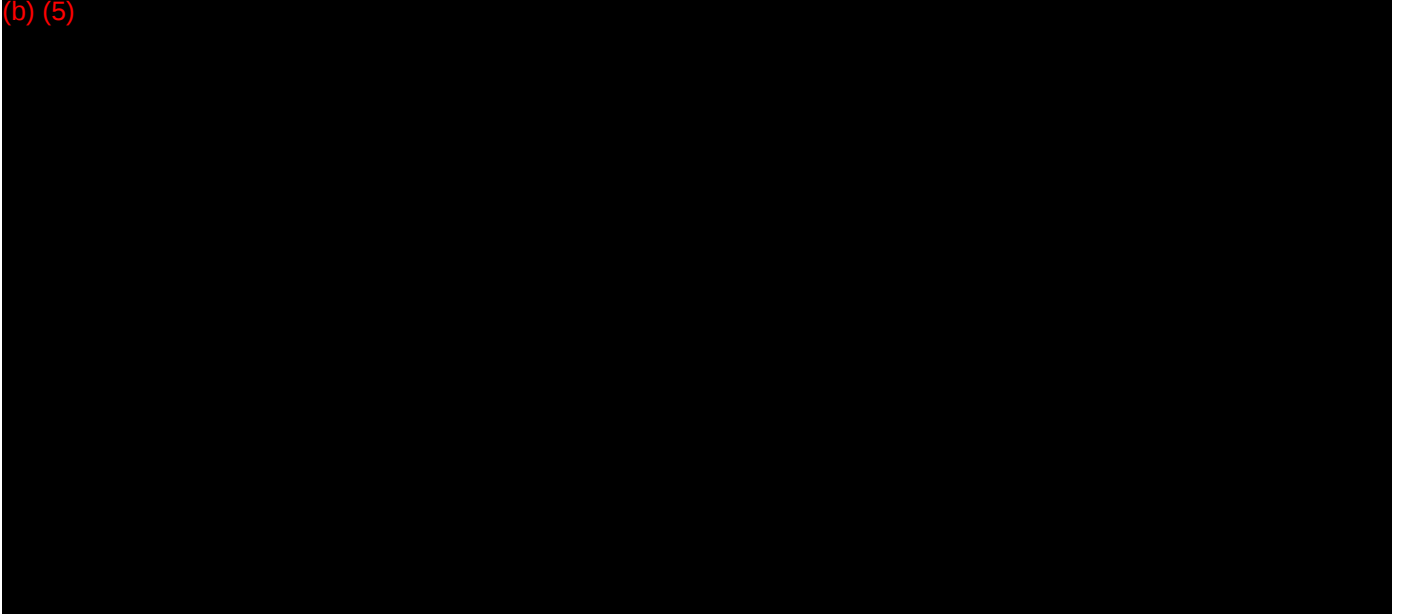


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**From:** [Grogan, Joseph J. EOP/WHO](#)  
**To:** [CMS b 6](#) [Brookes, Brady \(CMS/OA\)](#)  
**Cc:** [Bonner, Maria K. EOP/WHO](#); [Campana, Alexandra D. EOP/WHO](#)  
**Subject:** (b) (5)  
**Date:** Monday, March 30, 2020 4:14:20 AM

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(b) (5)

Sent from my iPhone

**From:** [Grogan, Joseph J. EOP/WHO](#)  
**To:** [Brookes, Brady \(CMS/OA\)](#); CMS b 6  
**Subject:** (b) (5)  
**Date:** Tuesday, April 28, 2020 8:32:50 AM

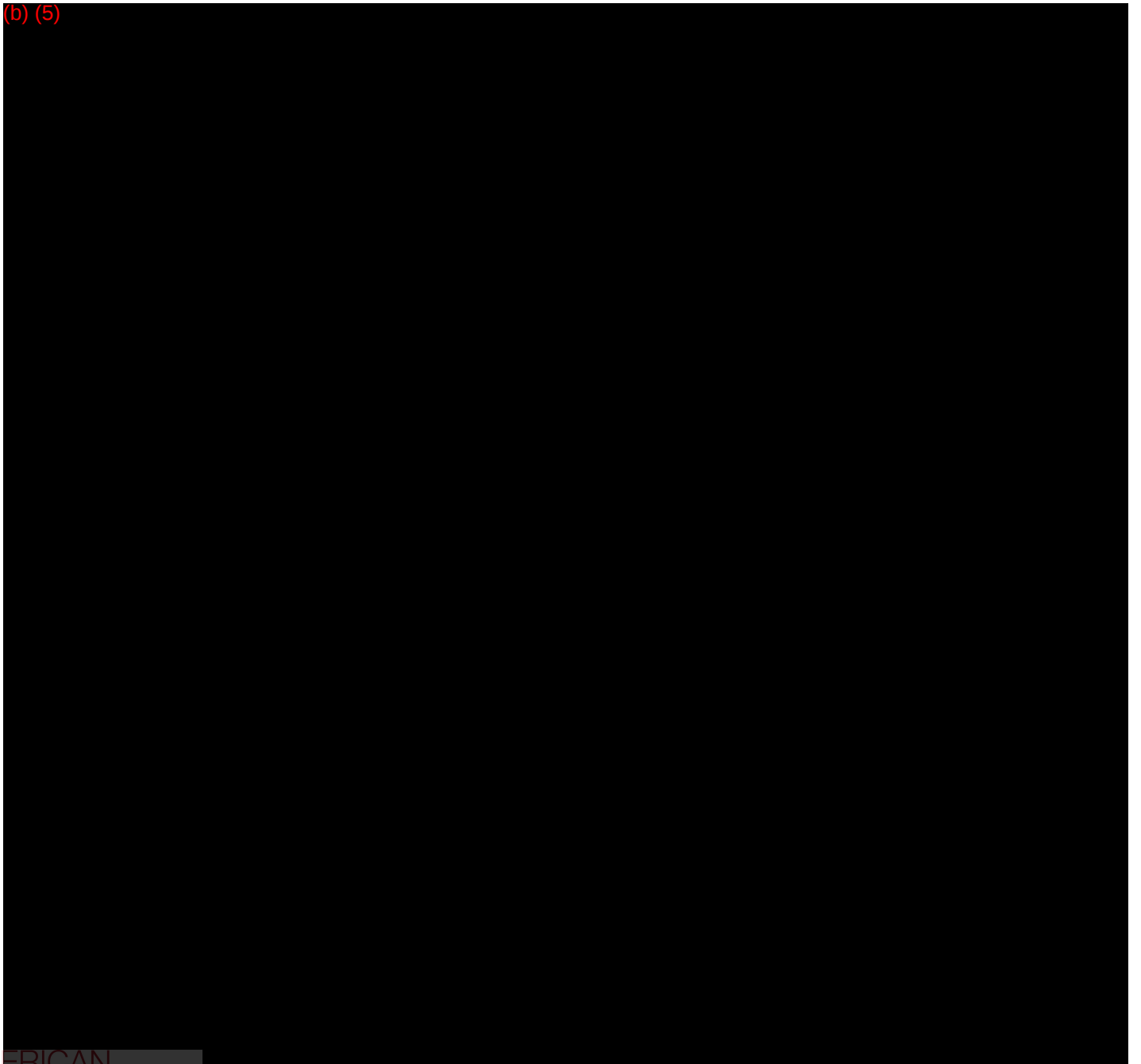
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**From:** [McGuffee, Tyler Ann A. EOP/OVP](#)  
**To:** [Redd, Stephen C. EOP/NSC](#); [Redfield, Robert R. \(CDC/OD\)](#); [SH1 \(fda.hhs.gov\)](#); ["jcharles@cdc.gov"](#); [Adams, Jerome \(HHS/OASH\)](#); [CMS b 6](#) [Schuchat, Anne MD \(CDC/OD\)](#); [Jernigan, Daniel B. \(CDC/DDID/NCIRD/ID\)](#); [Grogan, Joseph J. EOP/WHO](#); [Conway, Kellyanne E. EOP/WHO](#); [Walke, Henry \(CDC/DDID/NCEZID/DPEI\)](#); [Payne, Rebecca L. \(CDC/DDID/NCHHSTP/DASH\)](#); [Greene, Carolyn M. \(CDC/DDID/NCIRD/ID\)](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Giroir, Brett \(HHS/OASH\)](#); [McQuiston, Jennifer H. \(CDC/DDID/NCEZID/DHCPP\)](#); [Meaney Delman, Dana M. \(CDC/DDNID/NCBDDD/DBDID\)](#); [Butler, Jay C. \(CDC/DDID/OD\)](#); [Mead, Paul \(CDC/DDID/NCEZID/DVBD\)](#); [Fitter, David L. \(CDC/DDPHIS/CGH/GID\)](#); [Irum F Zaidi](#); [Gleason, Amy M. EOP/OMB](#); [Gastfriend, Daniel Z. EOP/OMB](#)  
**Cc:** [Charles, Julia \(CDC/OD/OCS\)](#); [Birx, Deborah L. EOP/NSC](#); [Bante, Katie \(OS/OASH\)](#)  
**Subject:** Document attached // RE: NEW TIME CDC Activities Update  
**Date:** Tuesday, April 28, 2020 9:15:08 AM  
**Attachments:** [CDC Activities Update.FINAL.pptx](#)

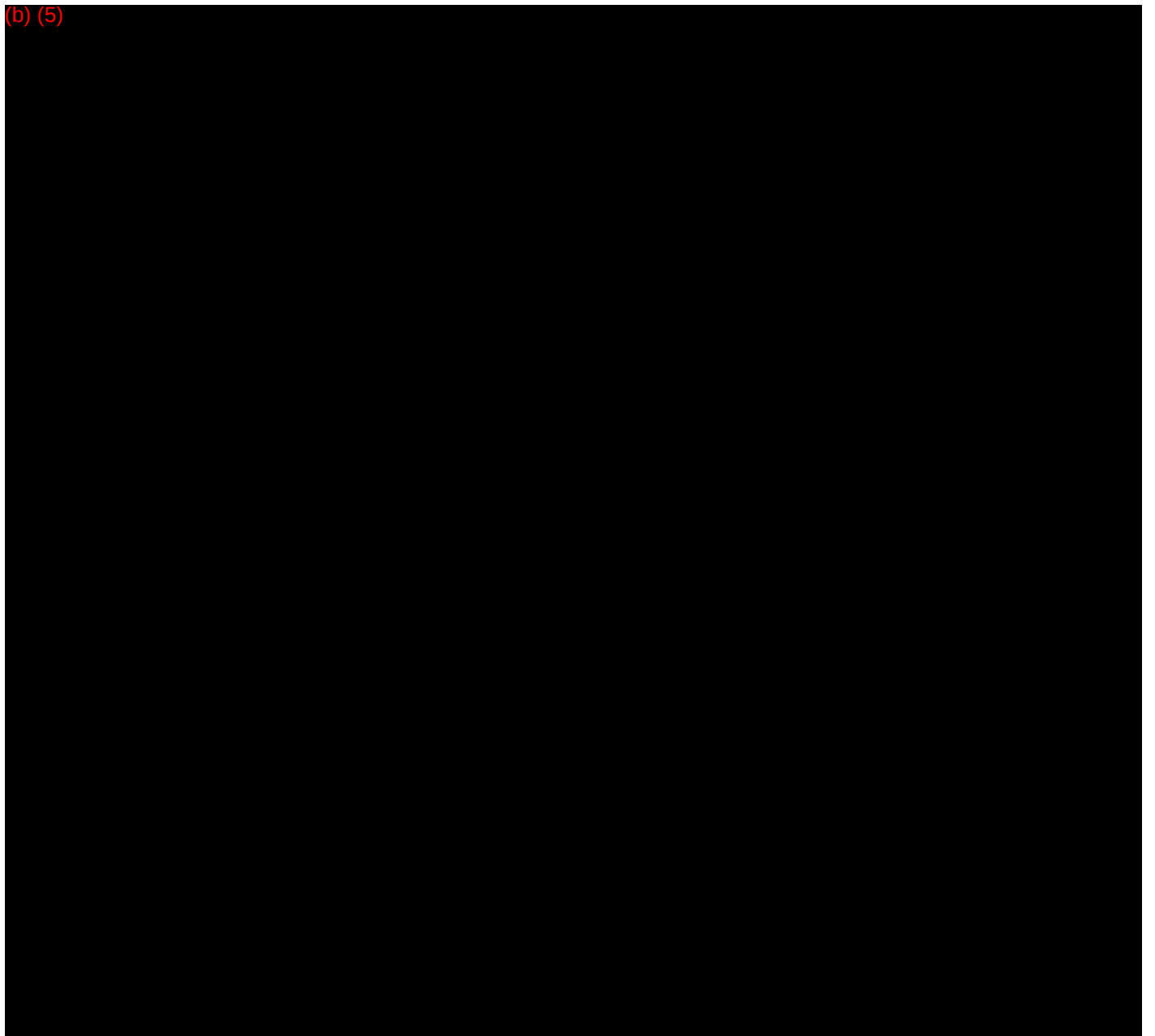
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Sending the attached on behalf of CDC

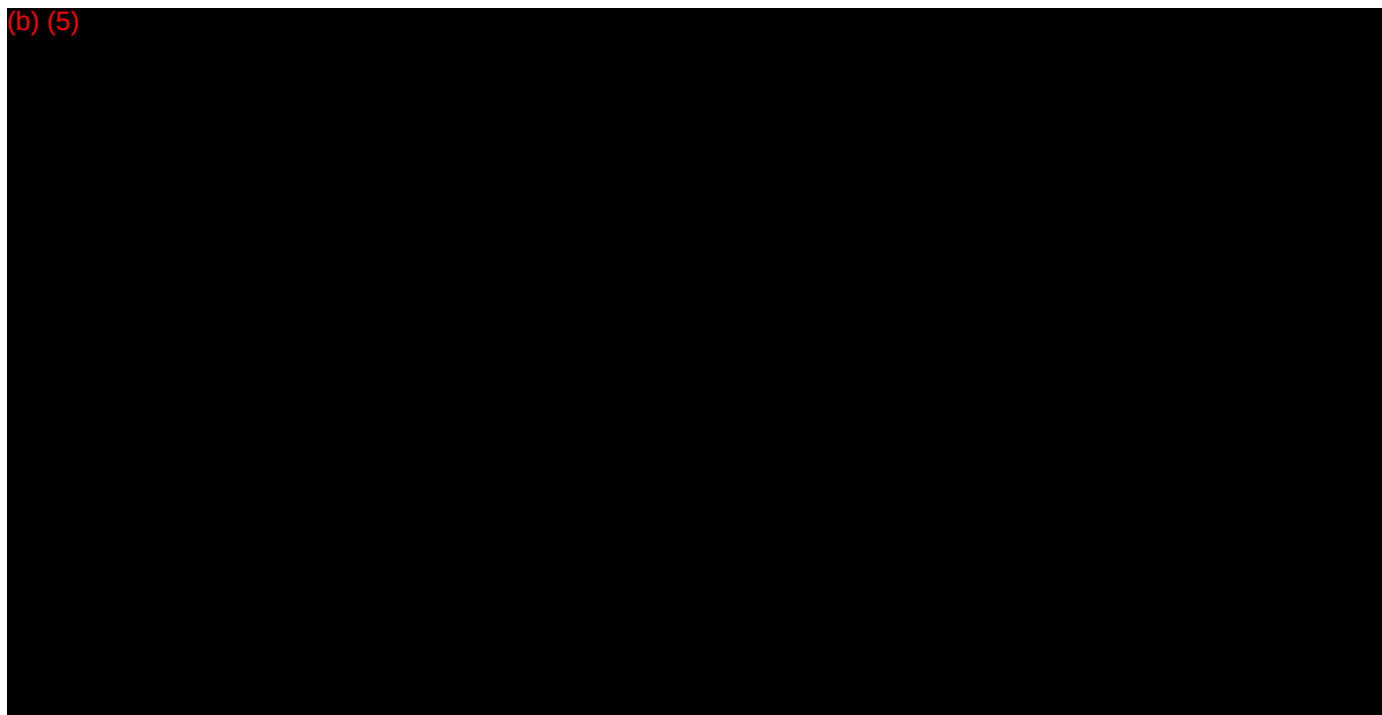
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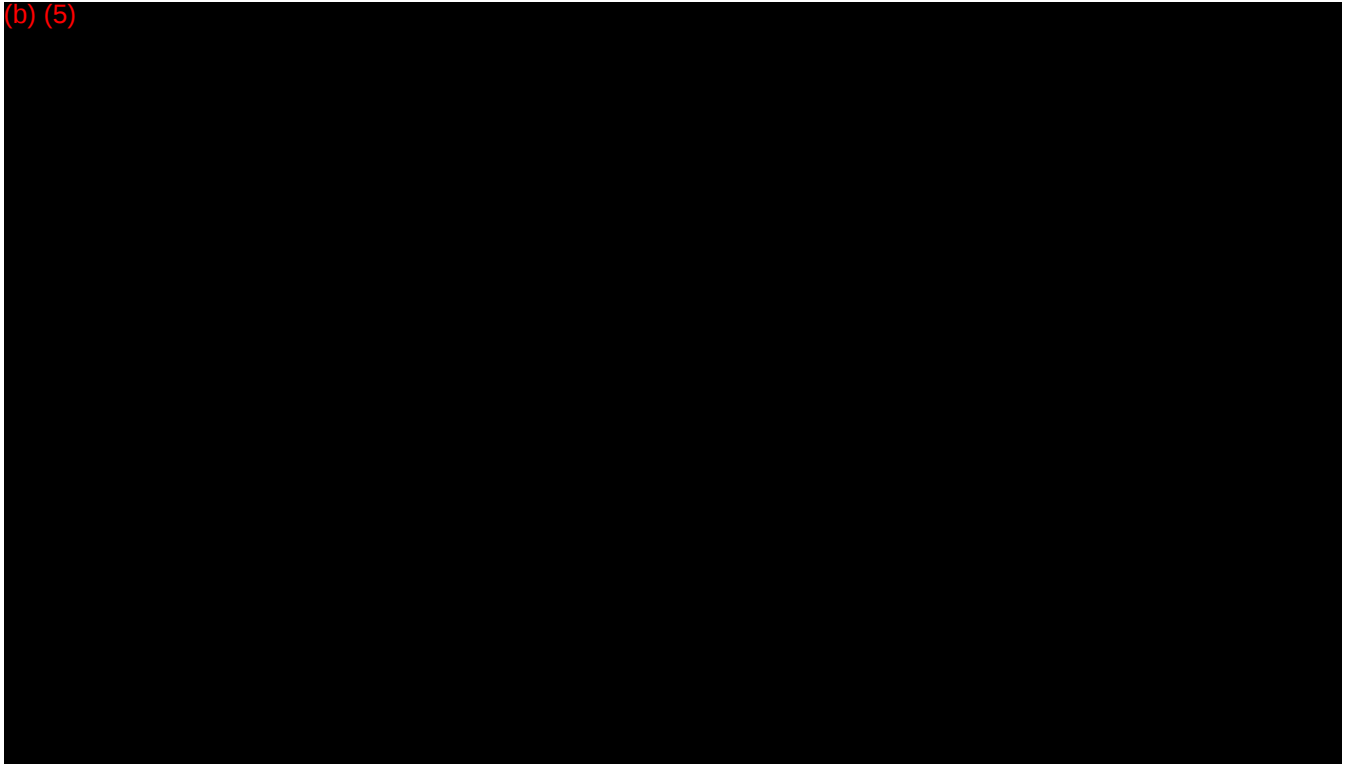
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**From:** (b)(6)  
**To:** (b)(6)  
**Cc:** [Kadlec, Robert \(OS/ASPR/IO\);](#) (b)(6) [Heilig, Rebecca \(OS/IOS\);](#) [Fulmer, Brendan \(HHS/IOS\);](#) [CMS b 6 Burchell, Leigh; jpkeese](#) (b)(6)  
**Subject:** Emergency Health IT Solution in Converted Health Settings  
**Date:** Saturday, March 21, 2020 3:25:11 PM  
**Attachments:** [image002.png](#)

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Greetings Joe,

Thank you for having an open door to Allscripts, even in this time of crisis, and to all in the private sector who are putting forward innovative solutions. I'm reaching out now because Allscripts has an immediately deployable solution that can help provide order and critical information during this public health national emergency. We want to help, and we can do so quickly.

We understand that contingency plans are being made by the White House Coronavirus Task Force to convert hotels into clinical spaces for quarantined or ill patients. Our clients, including Northwell Health in NY, confirm similar local conversations taking place. Further, we are already working with the Ministry of Health in Israel on this effort, as Allscripts is the health IT backbone connecting all of the country's hospitals. Accordingly, our team of clinicians has evaluated what the medical, reporting and analytics requirements for patients and their providers would be in a unique converted hotel setting such as is being considered.

I am offering to dedicate Allscripts resources to deploy a complete EHR solution to hotels or college dorm *in only two weeks* through a Microsoft Azure-hosted environment. Allscripts' Sunrise EHR is a best-of-breed EHR solution already deployed in many hospitals across the country. Because the model I am proposing offers the speed and flexibility of the Azure infrastructure, we can quickly onboard physicians and other care givers to a purpose-built and simplified version of Sunrise Electronic Health Record with a functional list designed for this specific clinical use case. It would also allow new sites to be added very rapidly, as needed, and Allscripts can also identify post-acute providers that are accepting or currently caring for COVID patients when someone is ready to leave the temporary hospital space. This functionality and connectivity exists today.

Coordination of care through interoperable data exchange is a critical consideration in this situation. We must make sure clinical information flows back out to the patient's community care team, as well as into the nearby hospital if a patient is transferred at any point. Knowing the Military Health System and Veterans Affairs Administration are still in transition to their new EHR and that interoperability of health data with community care providers has yet to be addressed within VistA, we believe Sunrise on Azure is the best available option for the nation because it is already fully interoperable.

I note, as well, that deploying a consistent EHR in those converted hotel rooms or college dorms would give you a single source of data for all patients who have to be cared for there. Critically, it would also provide public health officials with automatic daily reports on relevant patient statistics, including testing volume and results, comparison of outcomes by treatment modality and comorbidity, and more.

We know that all ideas are being considered as we collectively search for answers, and I am 100% committed to this offer and to generally doing whatever we can to help. I have listed some details below for your consideration, and I welcome a call at any time, day or night, to discuss. We truly

could have a fully functioning EHR up in those environments in only two weeks.

### **Solution Summary**

#### EHR Information:

- Sunrise Community Care, including:
  - Registration application
  - Clinical application
  - General clinical documentation
  - General order item catalogue
  - Pharmacy with automated approval of medication orders and basic medication barcode scanning
  - Manual entry for Point of Care laboratory results
  - Printed lab/diagnostic imaging requisitions (could be converted to electronic with small development effort)
  - Inbound interface to record laboratory results in the record

#### Infrastructure:

- Microsoft Azure
- Citrix

#### Devices

- Recommend standardized devices, such as Google Chromebook (can also be used for medication barcode scanning)
- Printers connected via USB connection

#### Education/Support:

- Training / education for users would be provided remotely via a series of WebEx sessions and supplemented with short YouTube videos on other available workflows that could be accessed on a just-in-time basis.
- If there is an opportunity for Super Users, additional remote training could be provided.
- For Support, there would be a Help Desk for live support and the possibility of sending messages/IMs to a support team

We can also assess the addition of a supply management application that would help track supplies, such as COVID-19 test kits and PPE resources.

Thank you.

My mobile is (b)(6)

I'm available all weekend, anytime.

(b)(6)



222 Merchandise Mart | 20<sup>th</sup> Floor | Chicago, IL | 60654

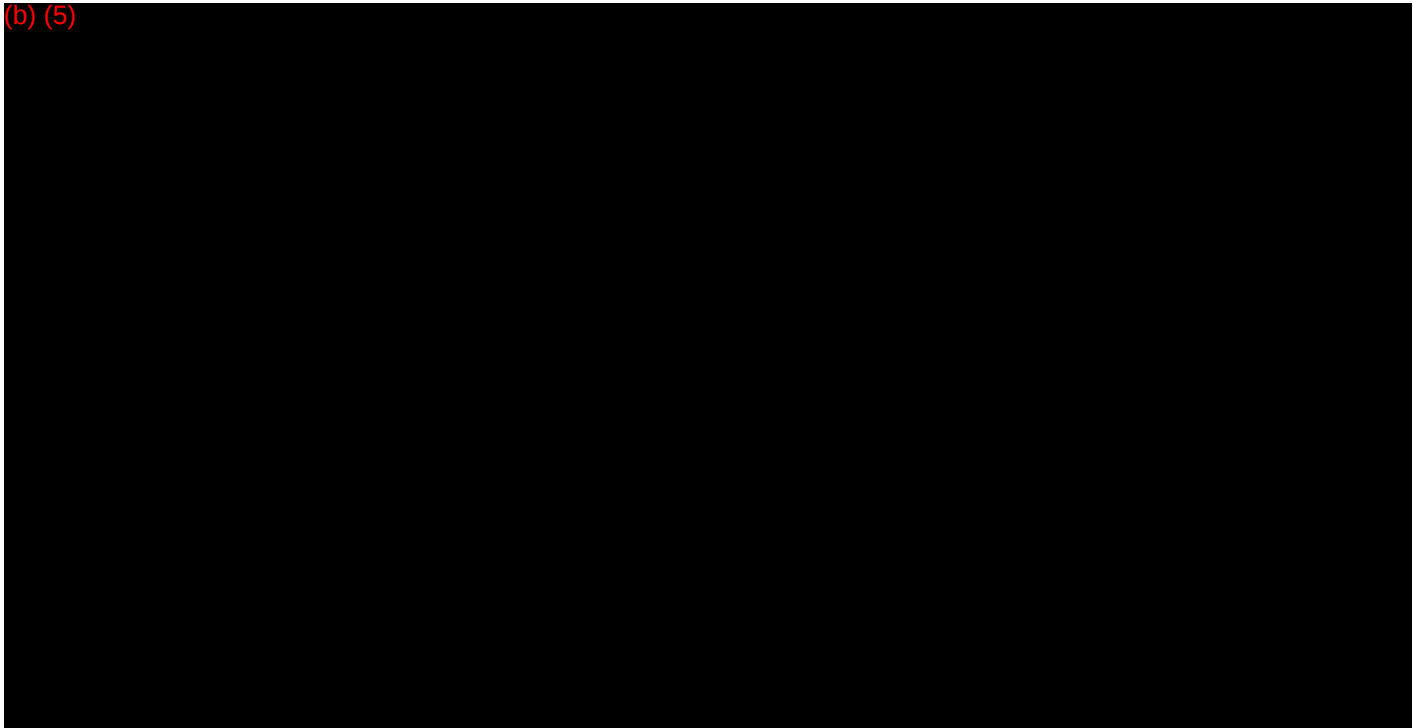
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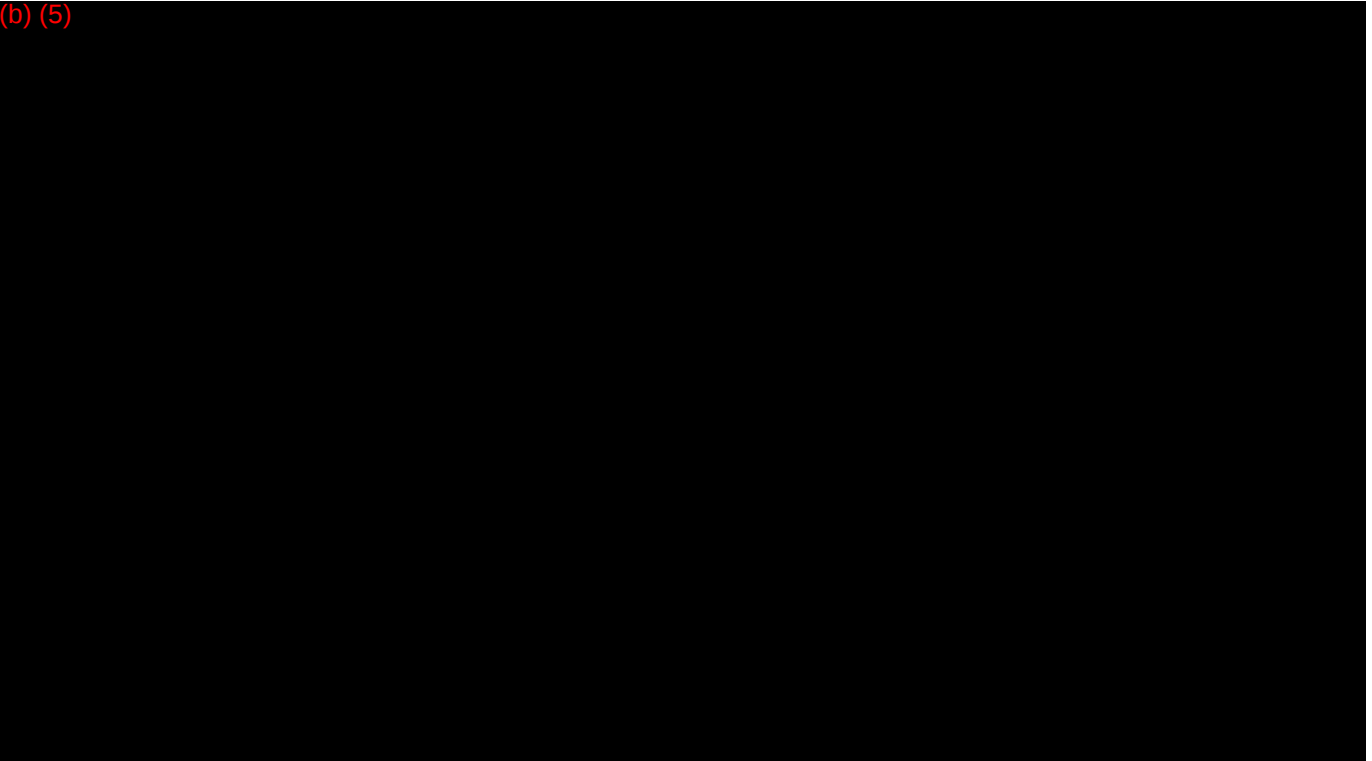
(b)(6) | [@allscripts.com](mailto:@allscripts.com) | <https://protect2.fireeye.com/url?k=e7e61a7c-bbb23357-e7e62b43-0cc47a6d17cc-24b8d9d0b796c99c&u=http://www.allscripts.com/>

## Allscripts- Building Open, Connected Communities of Health

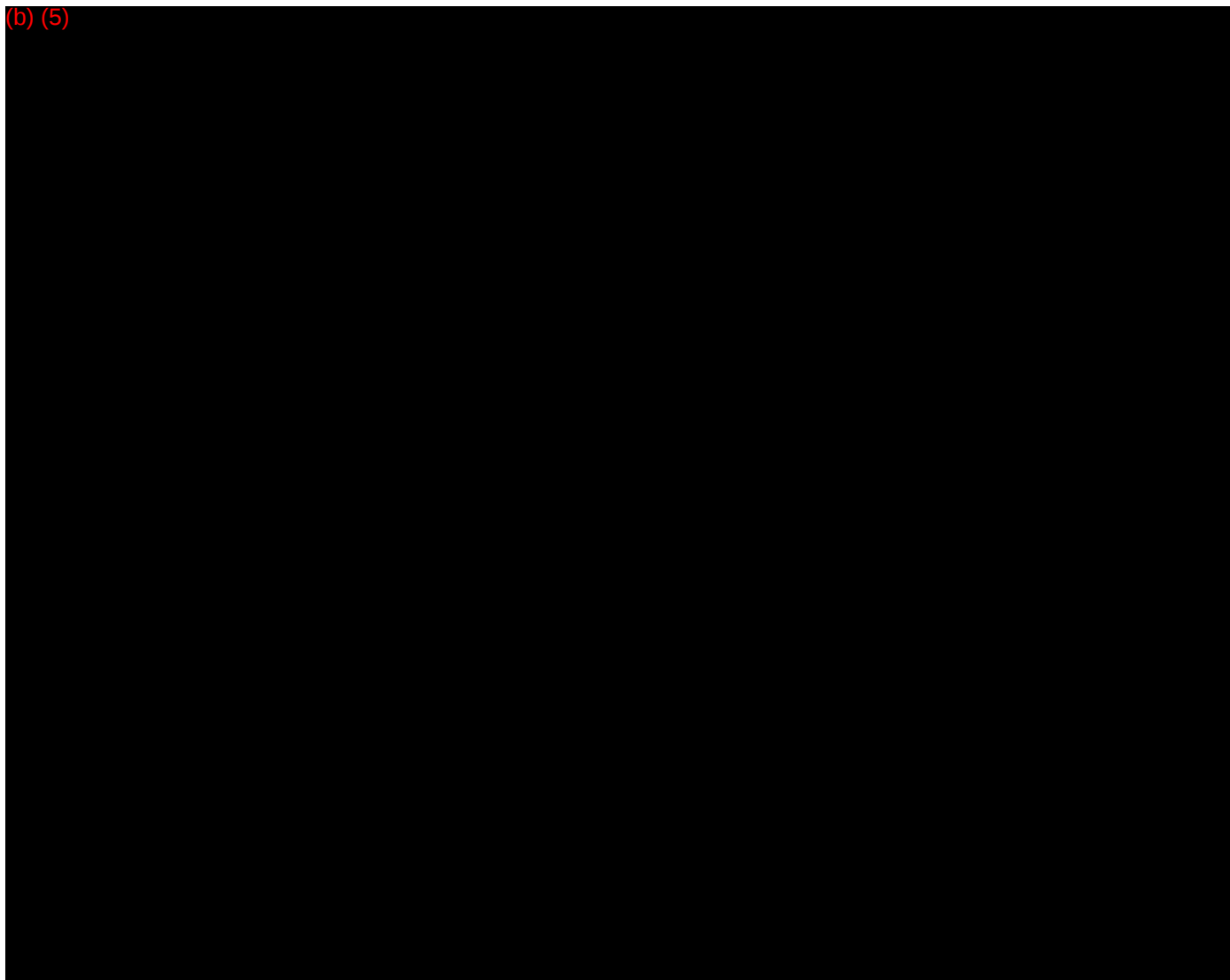
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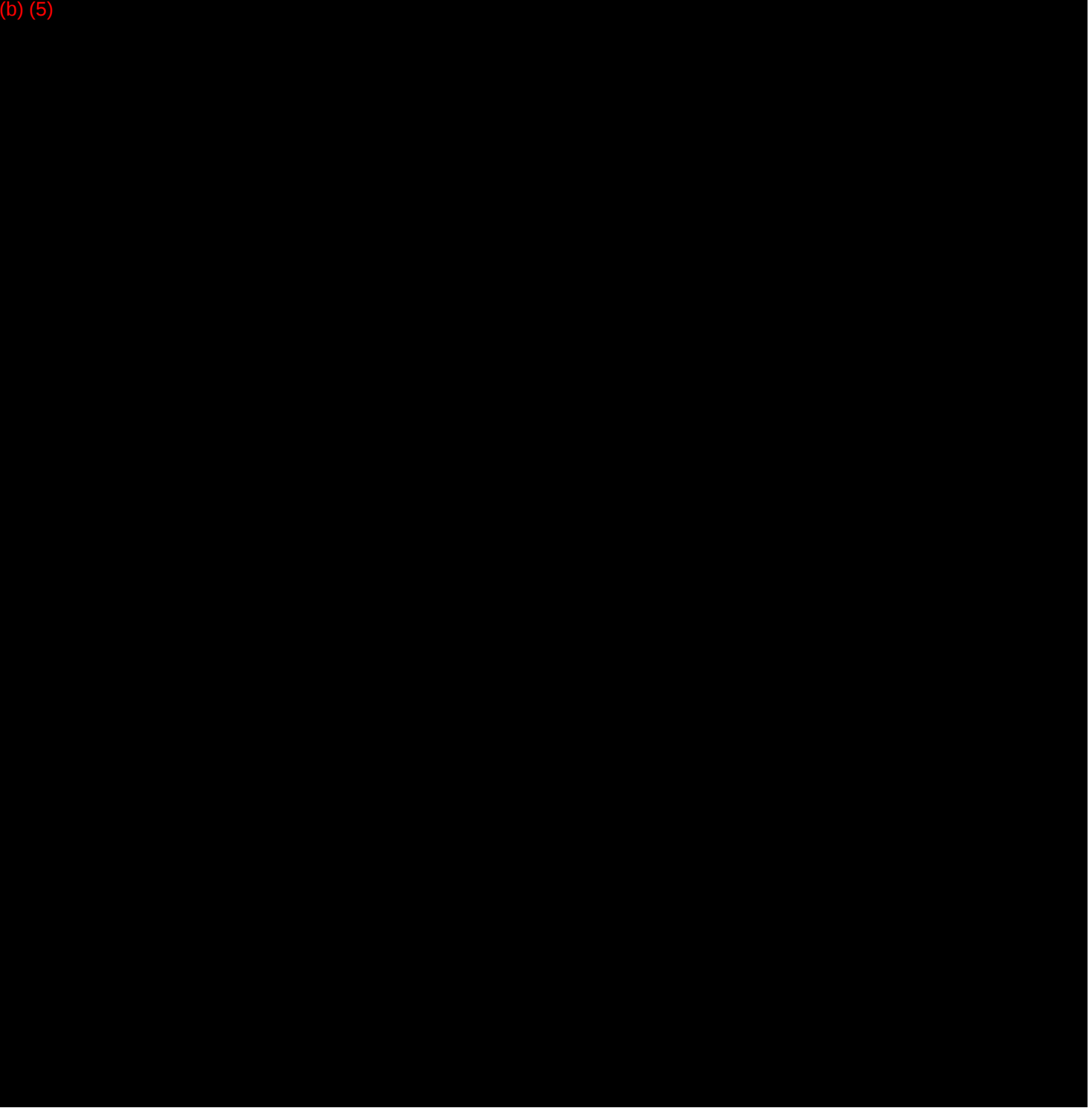
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**From:** [Hoelscher, Douglas L. EOP/WHO](#)  
**To:** [Birx, Deborah L. EOP/NSC](#); [Giroir, Brett \(HHS/OASH\)](#); [Redfield, Robert R. \(CDC/OD\)](#); CM b 6 [Gaynor, Pete \(fema.dhs.gov\)](#)  
**Cc:** [Pottebaum, Nicholas \(who.eop.gov\)](#); [Troye, Olivia \(nsc.eop.gov\)](#); [Kan, Derek T. EOP/OMB](#); [Smith, Brad \(CMS/OA\)](#); [Amerau, Colin C \(MIL\)](#); [Nalepa, Jessica \(fema.dhs.gov\)](#)  
**Subject:** Frequently Asked COVID-19 Testing Questions from States  
**Date:** Sunday, April 19, 2020 5:21:54 PM

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Hi all,

Below please are some frequently asked testing questions (b) (5) in tomorrow's testing focused call with Governors.

Sincerely,  
Doug

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**From:** Pottebaum, Nic D. EOP/WHO (b)(6)  
**Sent:** Sunday, April 19, 2020 2:58 PM  
**To:** Hoelscher, Douglas L. EOP/WHO (b)(6)  
**Cc:** Darcie Johnston (darcie.johnston@hhs.gov) <darcie.johnston@hhs.gov>  
**Subject:** Frequently Asked COVID-19 Testing Questions

Doug,

Below are the frequently asked testing questions I am getting, HHS is getting, and HHS Regional Directors are getting from governors' offices and other state staff.

### Frequently Asked COVID-19 Testing Questions

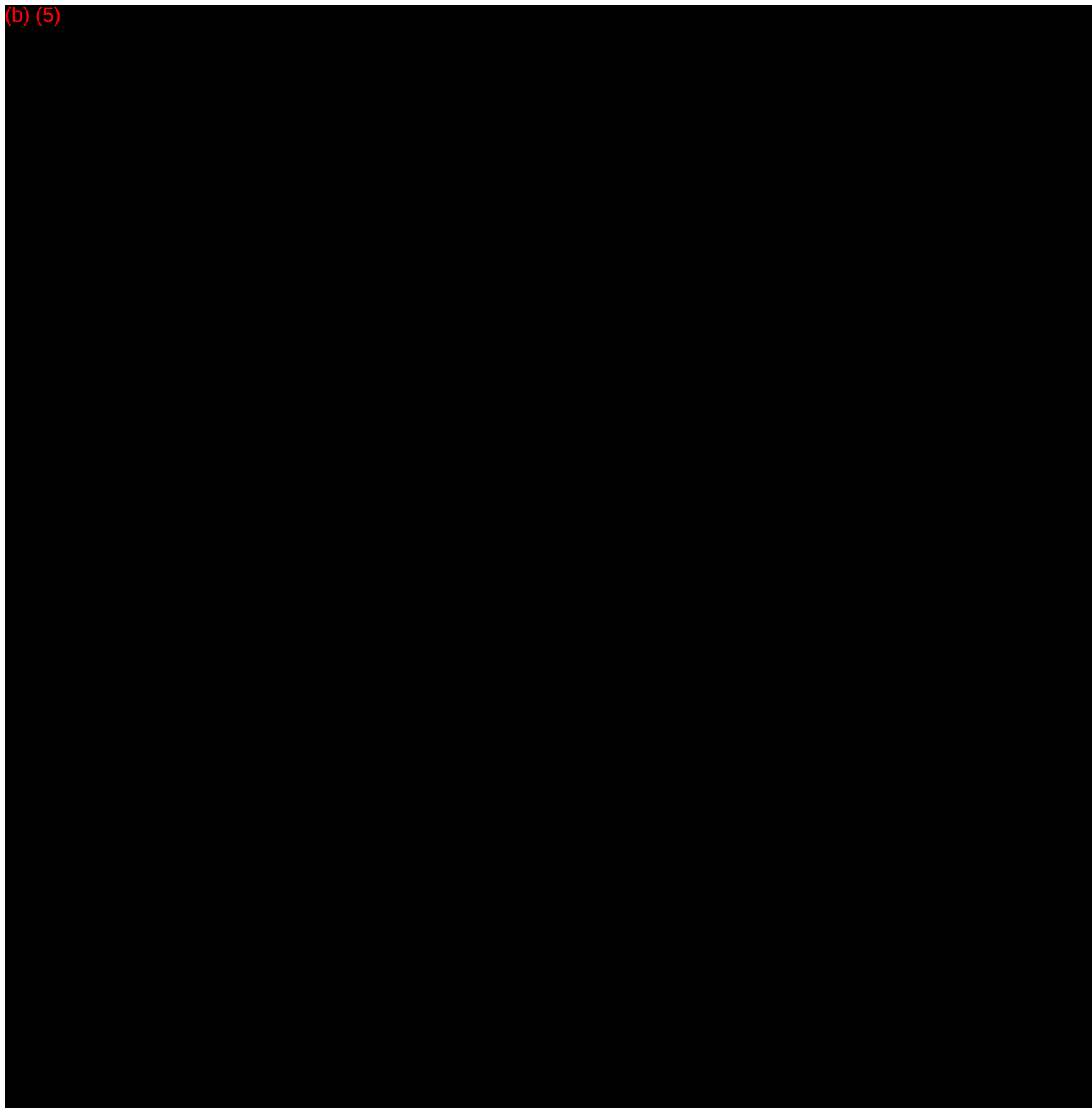
- The International Reagent Resource (IRR) often does not have supplies we need, the volume we need, or the transparency turnaround we need. How can this be resolved? Is there a better mechanism to get large quantities of extraction reagent that is shipped reliably?
- How can my state get more extraction reagent it needs?
- How can I find out what testing platforms are in my state?
- How can my State we get more private pharmacy-based testing in rural areas particular with Rite-AIDS, CVS, Walgreens, etc.?
- My state has high-throughput system platforms but how can I get more personnel to run the machines?
- How can my get more Abbot ID Now test kits?
- How can my state and hospitals get the PPE it needs to test more people?
- How can my state and hospitals get the swabs it needs to test more people?
- I want to test more in hard-to-reach areas (rural, nursing homes, meat packing plants) but don't have the testing supplies, funding, personnel to assist. What are the solutions? I'm maximizing all my testing platforms in my state, but still not testing enough to move to Phase 1 of the

President's Guidelines. How can I expand testing?

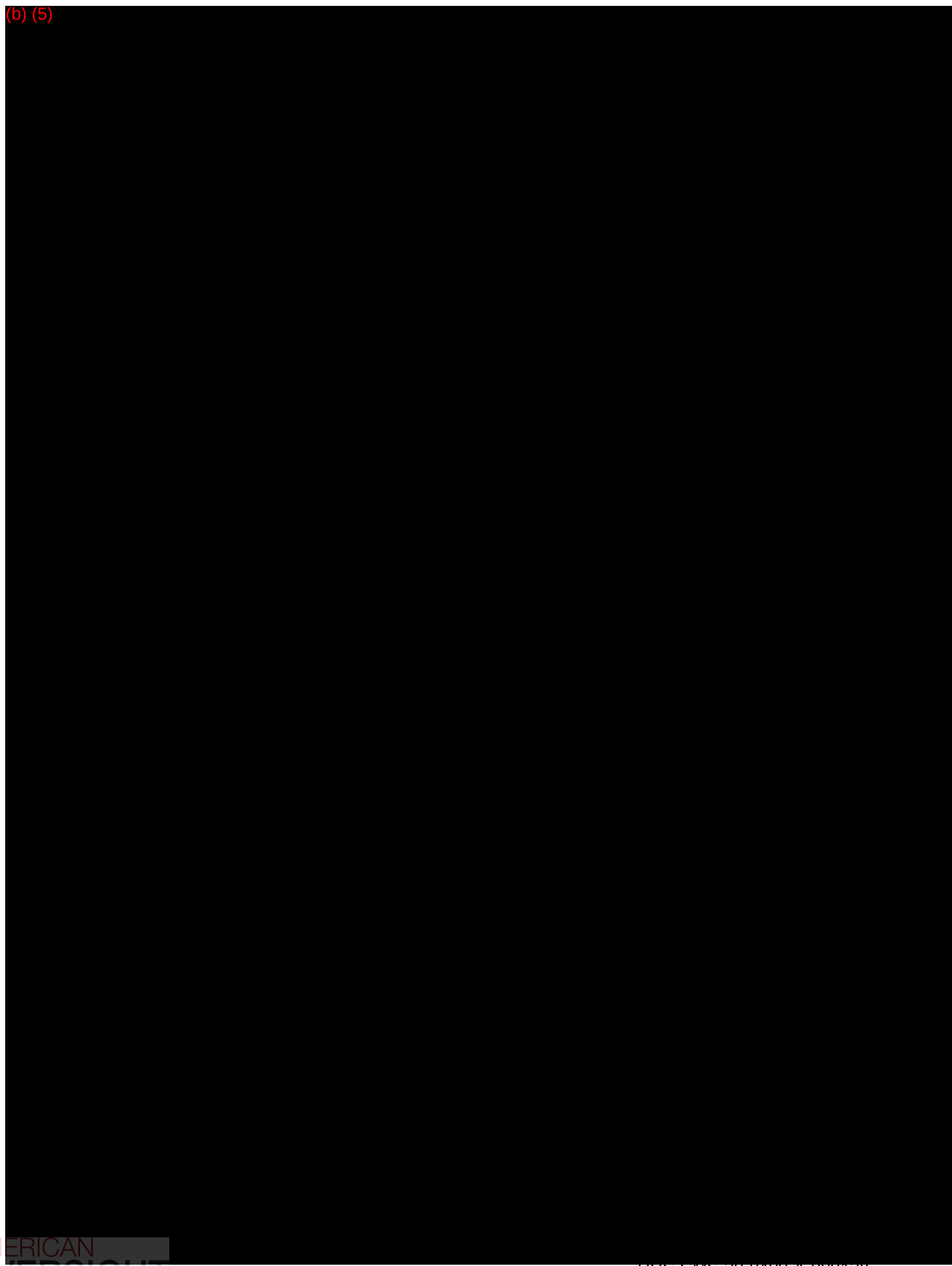
- Why do commercial labs take too much time to get results back?
- My state and hospitals cannot afford to expand testing. What federal support exists to cover the costs?
- How can I partner with the Federally Qualified Healthcare Centers to conduct testing in rural areas?
- Is a personal use medical device testing platform being worked out to assist homebound patients?

Thanks,  
Nic

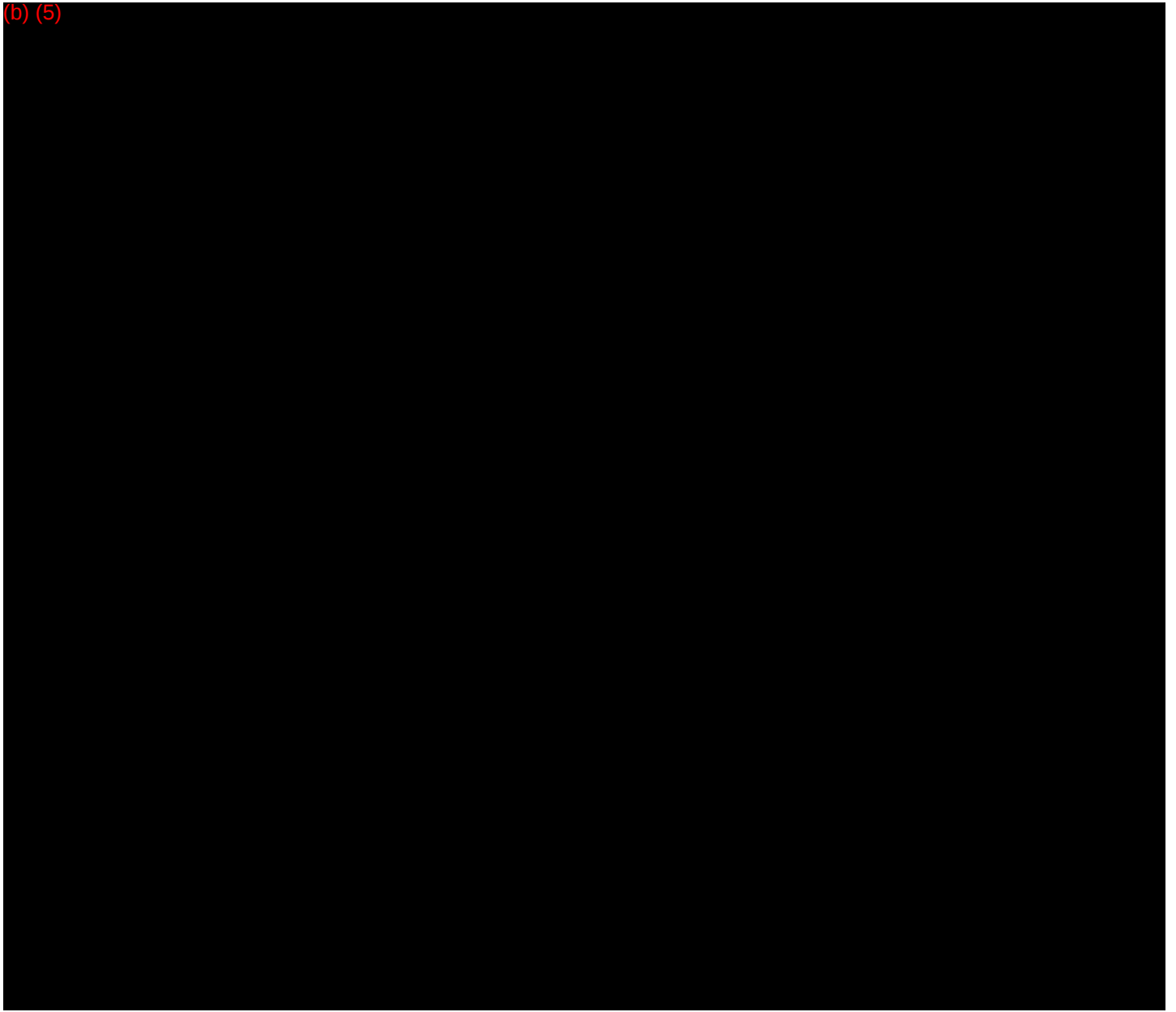
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**From:** Kellyanne Conway (b)(6) @gmail.com>  
**Sent:** Friday, April 10, 2020 2:38 PM  
**To:** Conway, Kellyanne E. EOP/WHO (b)(6)  
**Subject:** [EXTERNAL] Fwd: (b)(6) Hope you are well / Healthcare Related Topics

Separate from this, I wanted to send a couple notes on the healthcare related matters given our firm's 115 year history focusing on the industry – health systems, senior living and transformative healthcare services and technology companies. Two topics in particular relevant to the matters at hand re the pandemic that you and your team might find useful:

1. **Telemedicine: Virtual Care / Telehealth White Paper that we put together** – my partner, (b)(6) is on the board of the American Telemedicine Association and has been in close contact with the leadership at HHS.
2. **Community Risk Assessments:** Socially Determined is an analytics company that we invested in working to determine populations at risk regarding social determinants of health and wellbeing vulnerabilities and insecurities (food, transportation, housing, access to care) and is spending time with HHS and state governments to plan for the post-pandemic recovery and needed supportive services and funding. In practice, Socially Determined is focused on:
  - a. Integrated open, commercial, clinical and claims data in order to quantify social risk for communities and people. Because of this work, in a privileged position to help with the immediate and long-term COVID-19 response. Vulnerable populations are going to be disproportionately impacted by the disease and the secondary economic and social fallout and the Company wants to make sure they do all they can to help.
  - b. Developed a COVID-19 susceptibility index where it combines demographic, clinical and social data to identify at risk individuals. Working with partners to identify communities and individuals at risk and even overlaying that information across hospital catchment areas.
  - c. Working with data partners to get new data sources including aggregated credit scores and fine granular demographic slicing for geographies so that it can provide better insight for community risk regardless of whether

or not the company has patient level data.

If an introduction to Socially Determined could be useful (note they are already talking to your colleagues at HHS), (b)(6) would be happy to chat with your team.

Well, best to you and your family and if I can ever be a resource on innovative healthcare topics, do not hesitate to reach out. Stay safe, and thank you again, for all you are doing.

(b)(6)

(b)(6)

ZIEGLER

7500 Old Georgetown Road, Suite 750 | Bethesda, MD 20814

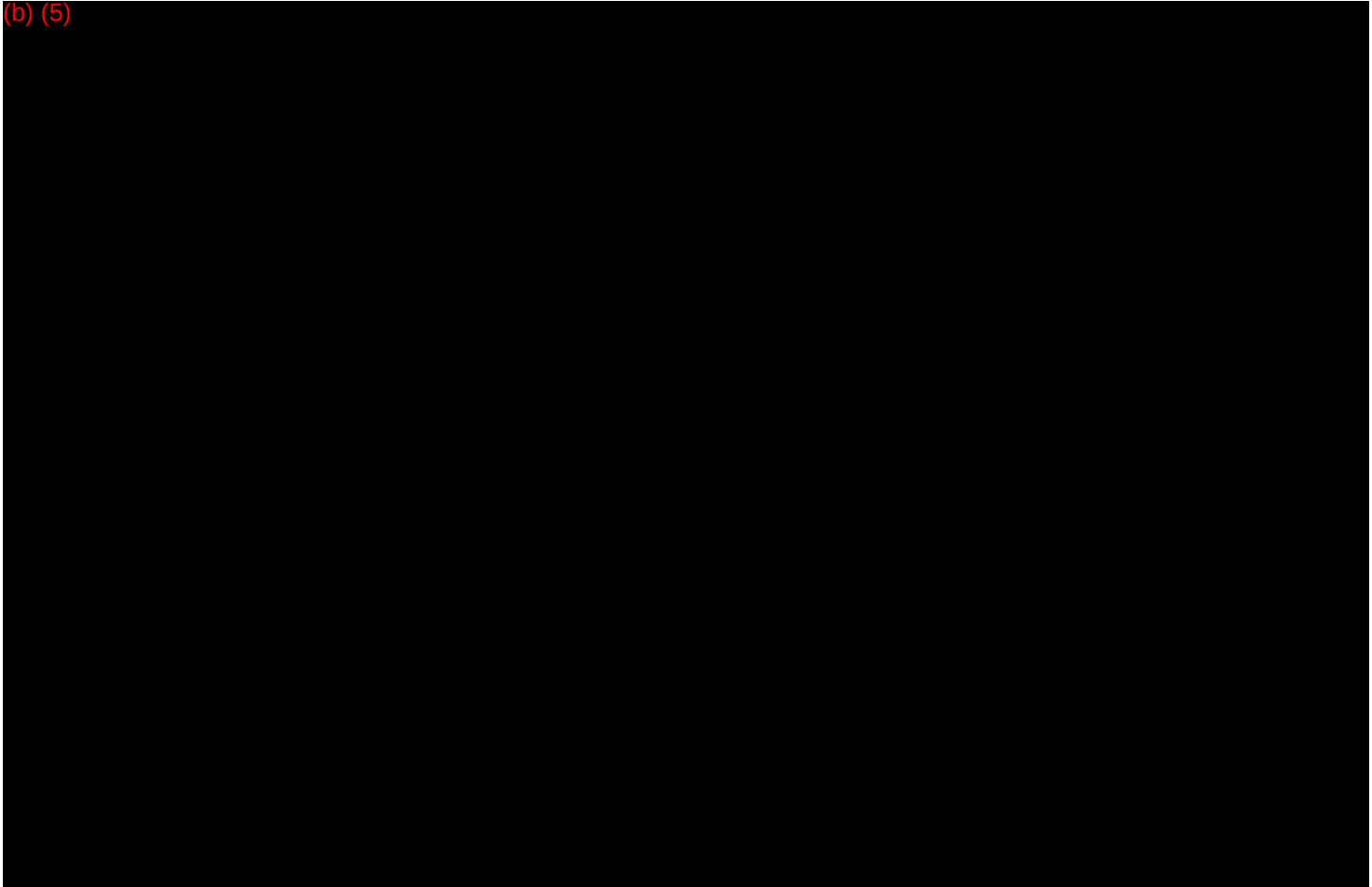
P 301-828-1065 | Cell (b)(6)

Email: (b)(6)@ziegler.com | Website: ><https://protect2.fireeye.com/url?k=a5bbe535-f9efcc1e-a5bbd40a-0cc47a6d17cc-87d009de52104c7b&u=http://www.ziegler.com/<>

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B.C. Ziegler and Company, Member FINRA/SIPC

(b) (5)



**From:** (b)(6) @walgreens.com>  
**Date:** March 27, 2020 at 8:11:01 PM EDT  
**To:** "Kushner, Jared C. EOP/WHO" (b)(6)  
**Subject:** [EXTERNAL] Thank you - HHS ask

Jared,

Thank you for the call earlier, really appreciative of all that you and the administration are doing to fight this virus. We continue work thru different options for how we can best respond to the COVID-19 pandemic, including allowing pharmacists to administer the COVID-19 tests in all fifty states.

With that objective in mind, attached please find language which was developed for Secretary Azar to use regulatory authority to allow pharmacists to administer COVID-19 and flu tests in all 50 states – with two different pathways. The regulatory authority would only exist during the COVID-19 pandemic. It's worth noting this language is more narrow than the legislative provision which was NOT included as part of the CARES Act.

As mentioned earlier, without the Public Health Service (PHS) team overseeing the COVID-10 testing sites as is currently the case, pharmacists will no longer be able to administer further testing.

Please let me know if we can provide any additional information.

Thanks,

(b)(6)

200 Wilmot Road  
Deerfield, IL 60015

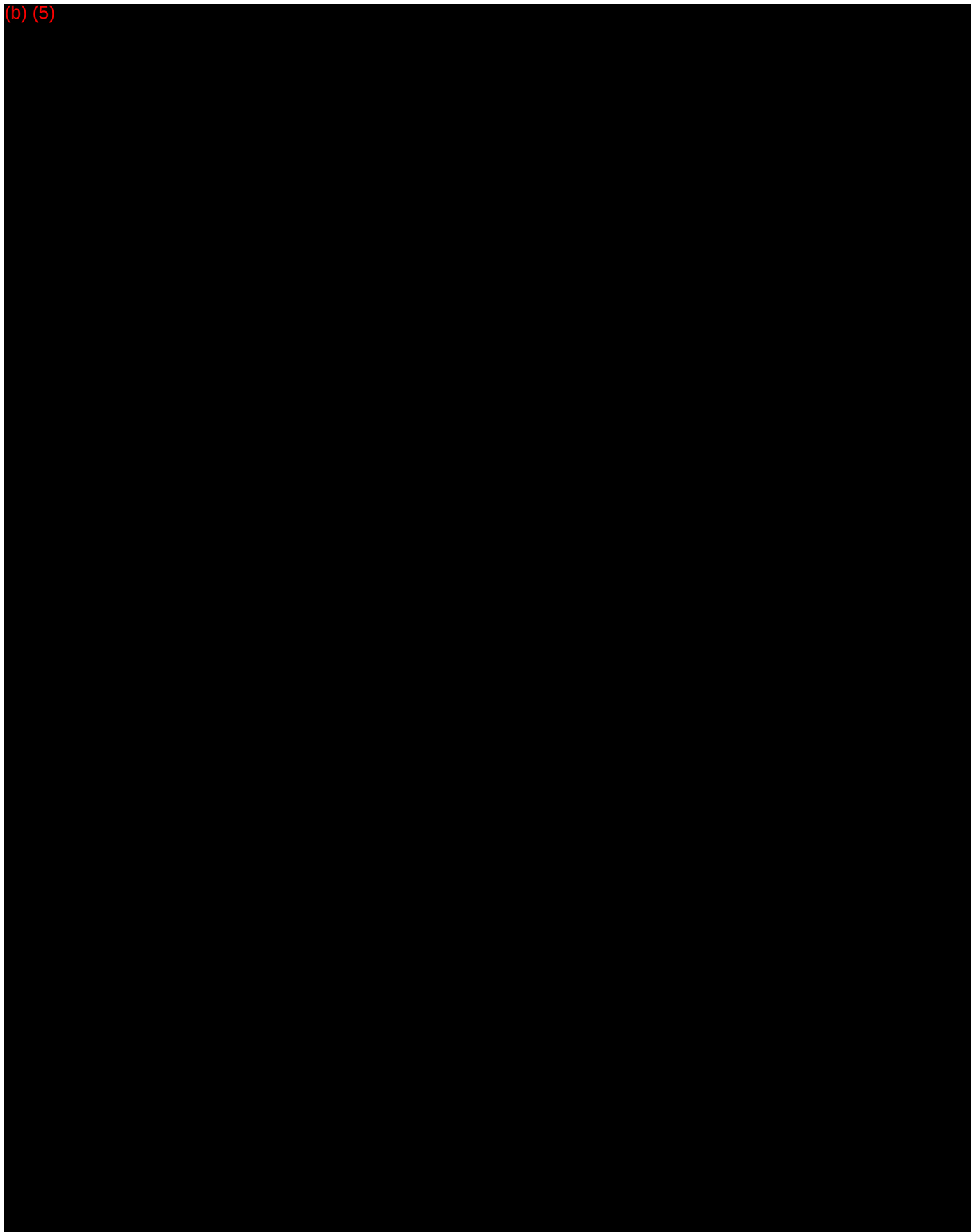
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Linkedin: (b)(6)

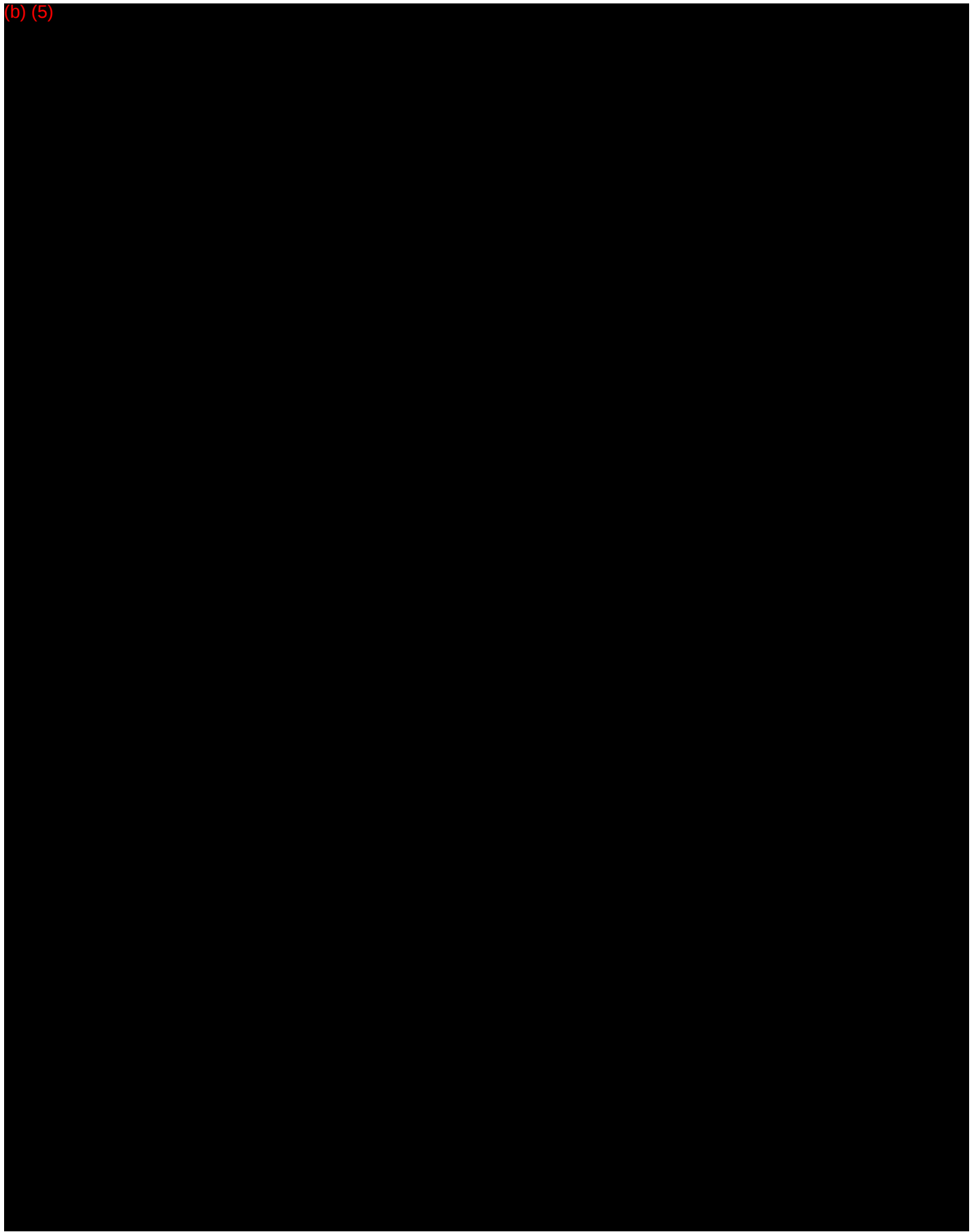
Twitter: (b)(6)

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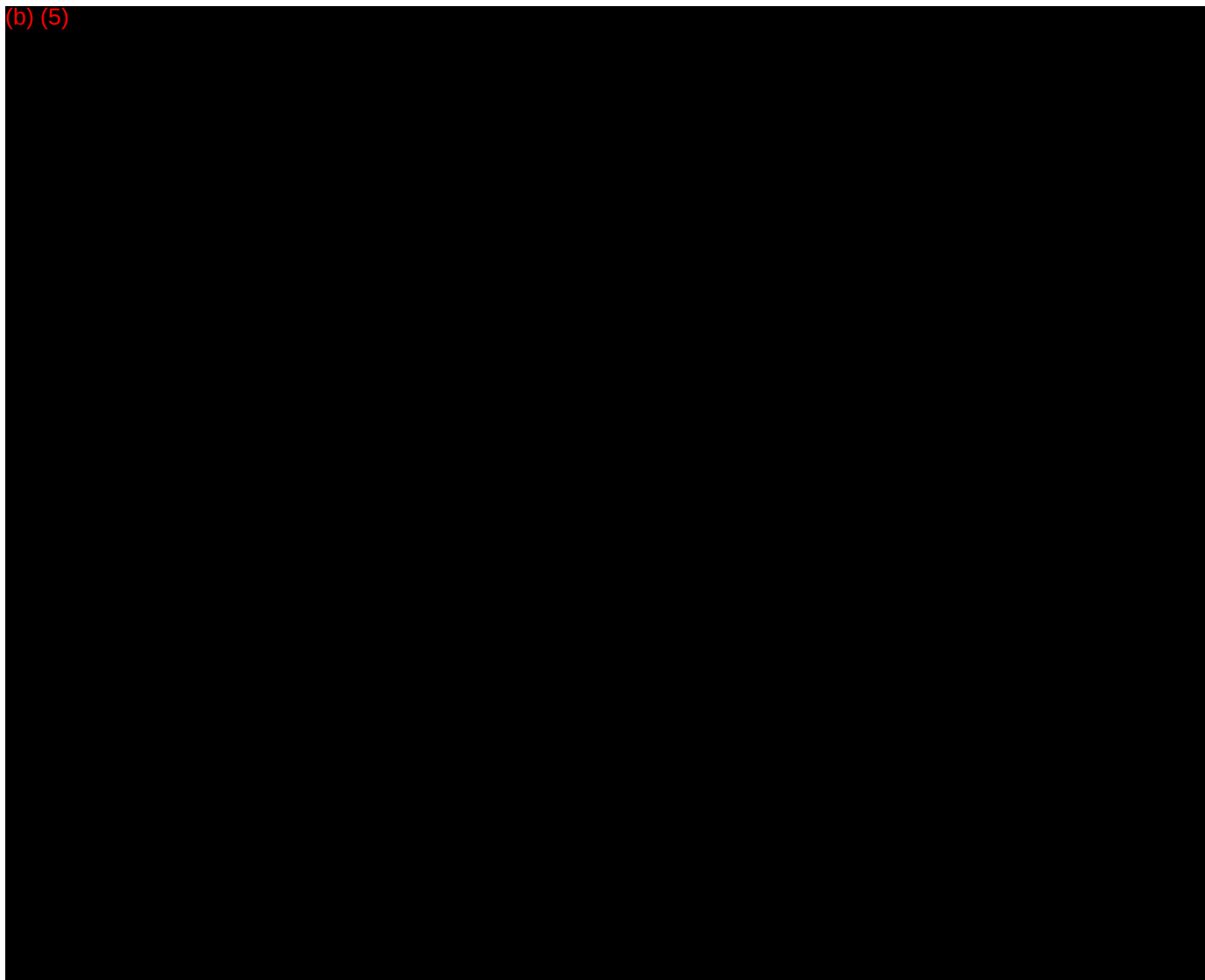
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**From:** (b)(6) @cepheid.com>  
**Sent:** Thursday, April 2, 2020 9:16 PM  
**To:** Grogan, Joseph J. EOP/WHO (b)(6)  
**Cc:** Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>  
**Subject:** [EXTERNAL] RE: notification-enforcement-discretion-hipaa.pdf

Dear Mr. Grogan,

Thank you again for your interest and messages. We have reviewed the *Notification of Enforcement Discretion under HIPAA to Allow Uses and Disclosures of Protected Health Information by Business Associates for Public Health and Health Oversight Activities in Response to COVID-19*. We have also seen the letter from Vice President Pence to Hospital Administrators dated March 29 asking them to send test data on a spreadsheet to a FEMA-HHS email address and electronically to the National Healthcare Safety Network (NHSN) COVID-19 Module.

These measures are terrific steps forward and will be key in getting hospitals to be comfortable with increased data sharing. In order to facilitate universal C360 adoption by customers performing the Xpert Xpress SARS-CoV-2 test, we would like to request an endorsement from the White House Coronavirus Task Force so that we can reference it in our customer communication. To that end, we have drafted a customer letter (**Attachment 1**) which includes the Task Force endorsement to urge our COVID customers to adopt C360.

As I outlined in a previous email, C360 can be an important tool for hospital resource and pandemic management, both now and in the future. **Attachment 2** provides high-level data of C360 surveillance capability that we are collecting real-time. Actual hospital names were removed from the county view slide because we do not have agreements with them to share this data. The numbers are small as only a few hospitals are currently using C360 although we have already shipped about 180,000 tests. Even with the limited numbers, C360 provides actionable insight into disease prevalence and trend. The final slide shows C360 data in South Africa where the National Institute of Health has connected all of their GeneXpert systems. This provides them a holistic view on TB and drug resistance, which would be very familiar to Dr. Birx. Similar insight would be available on COVID-19 with your support of C360 connection.

I am copying ADM Giroir per his request.

Best Regards,

(b)(6)

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**From:** Grogan, Joseph J. EOP/WHO (b)(6)  
**Sent:** Thursday, April 2, 2020 2:14 PM  
**To:** (b)(6) @cepheid.com>  
**Cc:** Campana, Alexandra D. EOP/WHO (b)(6)  
**Subject:** RE: notification-enforcement-discretion-hipaa.pdf

Thank you.

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**From:** (b)(6) @cepheid.com>  
**Sent:** Thursday, April 2, 2020 2:42 PM  
**To:** Grogan, Joseph J. EOP/WHO (b)(6)  
**Subject:** [EXTERNAL] Re: notification-enforcement-discretion-hipaa.pdf

Thanks much. I'm looking to send you a proposal and additional information today. Will coordinate a call at your convenience after you have had a chance to review.

Thx

(b)(6)

Sent from my iPhone

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**From:** Grogan, Joseph J. EOP/WHO (b)(6)  
**Sent:** Thursday, April 2, 2020 9:00:08 AM  
**To:** (b)(6) @cepheid.com>  
**Subject:** notification-enforcement-discretion-hipaa.pdf

Here is the hipaa guidance. Let me know when you can connect

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**From:** [Kushner, Jared C. EOP/WHO](#)  
**To:** [CMS](#) **b 6** [Grogan, Joseph J. EOP/WHO](#)  
**Subject:** FW: Pharmacy - COVID testing expansion  
**Date:** Wednesday, April 1, 2020 7:50:36 AM  
**Attachments:** [Pharmacist COVID-19 Emergency Bill Language 3.31.20.docx](#)

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FYI only...

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**From:** (b)(6) @walgreens.com>  
**Sent:** Tuesday, March 31, 2020 10:42 PM  
**To:** Kushner, Jared C. EOP/WHO (b)(6)  
**Subject:** [EXTERNAL] Pharmacy - COVID testing expansion

Jared,

Thank you for your call the other day, truly appreciate all you are doing to help this pandemic. As you know, we continue to work towards standing up an additional two dozen testing sites, utilizing the new Abbott technology, beginning next Monday, April 6<sup>th</sup>.

There was a strong push to have a legislative provision included in the CARES Act last week that fell just short, in part, due to opposition by the American Medical Association (AMA). I'm pleased to shared that we talked with the AMA today and have narrowed the legislative provision in order to keep them "neutral" on pharmacists conducting COVID-19 and flu tests. With that in mind, we believe an opportunity exists to have this more narrow legislative provision passed by the U.S. House and Senate by Unanimous Consent (UC) in the days ahead. The aftermath of the CARES Act suggested that absent AMA opposition, the provision would have been included.

We believe Republican and Democrat Congressional leadership strongly support, and will be hard pressed to oppose, the opportunity to increase COVID-19 testing capacity. We've had a preliminary discussion with HHS around the narrow legislative provision and they have indicated with strong support from the White House, it is realistic. If we want to get more visibility in this Country on COVID tests, enable Pharmacy to be part of the solution.

We will follow up with necessary folks at the White House – Legislative Affairs, Domestic Policy Council, etc. – but I would appreciate any support you could lend to this effort as well.

We all are pushing as hard as possible to increase testing capacity in order to combat this terrible virus.

I appreciate all your support.

Thanks,

(b)(6)

200 Wilmot Road  
Deerfield, IL 60015

M: (b)(6)

Linkedin: (b)(6)

Twitter: (b)(6)

**From:** [Liddell, Christopher P. EOP/WHO](#)  
**To:** [Kushner, Jared C. EOP/WHO](#); [Lira, Mathew L. EOP/WHO](#); CMS b 6  
**Subject:** FW: STAT News article: Major health-record company drops opposition to federal data-sharing rule  
**Date:** Thursday, April 23, 2020 12:55:37 PM  
**Attachments:** [Major health-record company drops opposition to data-sharing rule - STAT.pdf](#)

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Well done

---

**From:** (b)(6) <[@ofwlaw.com](mailto:@ofwlaw.com)>  
**Sent:** Thursday, April 23, 2020 12:46 PM  
**To:** Boyd, Charlton J. EOP/WHO (b)(6) Moorhead, Quellie U. EOP/WHO  
(b)(6) Lira, Mathew L. EOP/WHO (b)(6)  
Liddell, Christopher P. EOP/WHO (b)(6)  
**Subject:** [EXTERNAL] STAT News article: Major health-record company drops opposition to federal data-sharing rule

<https://www.statnews.com/2020/04/23/epic-electronic-health-record-data-sharing-rule/>

## Major health-record company drops opposition to federal data-sharing rule

By [CASEY ROSS @caseymross](#)  
APRIL 23, 2020

After months of fierce opposition, the electronic health record company Epic said Thursday it is dropping its opposition to a federal rule designed to improve patients' access to their medical records, removing a potential barrier to its implementation.

In a statement provided to STAT, the company said changes made by federal regulators in the final draft of the rule assuage its concern that the freer exchange of information, especially with private app developers, would undermine patients' privacy.

"They created final rules with many material improvements, including greater flexibility for healthcare organizations to educate patients on how apps will use their data," the statement said. The company also cited changes in the rule that place greater access on the use of common data formats to share patient information between health systems.

The company's statement came just a day after the Trump administration posted its final rule in the [federal register](#) and said it intends to put it into effect over the next couple of years. The rule is designed to accomplish two primary aims: make it easier for patients to get immediate digital access to their records on smartphones, and facilitate the exchange of information by health providers and insurers to improve care. On Tuesday, the administration said it will [relax enforcement](#) of certain provisions for

three to six months due to challenges created by the coronavirus outbreak.

Epic had been among the most vocal and aggressive opponents of the new rule. Although it never filed a formal legal challenge, its posture had become increasingly strident in the weeks before the final rule was announced in early March, raising the specter of a lawsuit that could have pushed back its implementation.

It is still possible that such a legal challenge could emerge from another party. The American Hospital Association has continued to raise objections on privacy grounds. A spokesman for the organization did not directly respond to a question about possible legal action, but said regulators are still not being given enough leeway amid the pandemic, especially as it relates to information-blocking provisions that would penalize hospitals for not sharing data.

The Centers for Medicare and Medicaid Services gave greater flexibility for insurers and hospitals to comply with those provisions, but other government agencies have not, the hospital group said.

“ONC did not take the same proactive posture in the final information blocking rule,” the AHA’s statement said, referring to the Office of the National Coordinator for Health Information Technology, which also enforces provisions relating to providers. “Hospitals and health systems need to remain focused on caring for their patients and communities, rather than compliance with complex regulation, as they battle the COVID-19 pandemic.”

Epic was a major force in marshaling opposition among hospitals, as it had encouraged them to sign letters raising concerns about privacy, overly burdensome regulations, and vaguely written exemptions, among other perceived problems.

Some onlookers had argued that Epic’s privacy concerns were meant to divert attention from a deeper motive to protect its bottom line, because its control over information kept in patient health records had limited competition from upstart companies. An expected byproduct of the rule is greater sharing of health information with app developers and large technology companies that may seek to build products in business lines Epic is also pursuing, such as the exploding market for machine learning analytics.

Executives with Epic said Thursday, however, that the company has long supported the core goals of expanding patients’ access to their medical records and ensuring that clinical data could be shared between providers. Jackie Gerhart, a physician who works on Epic’s clinical informatics team, said patients can use its [MyChart](#) app to share their

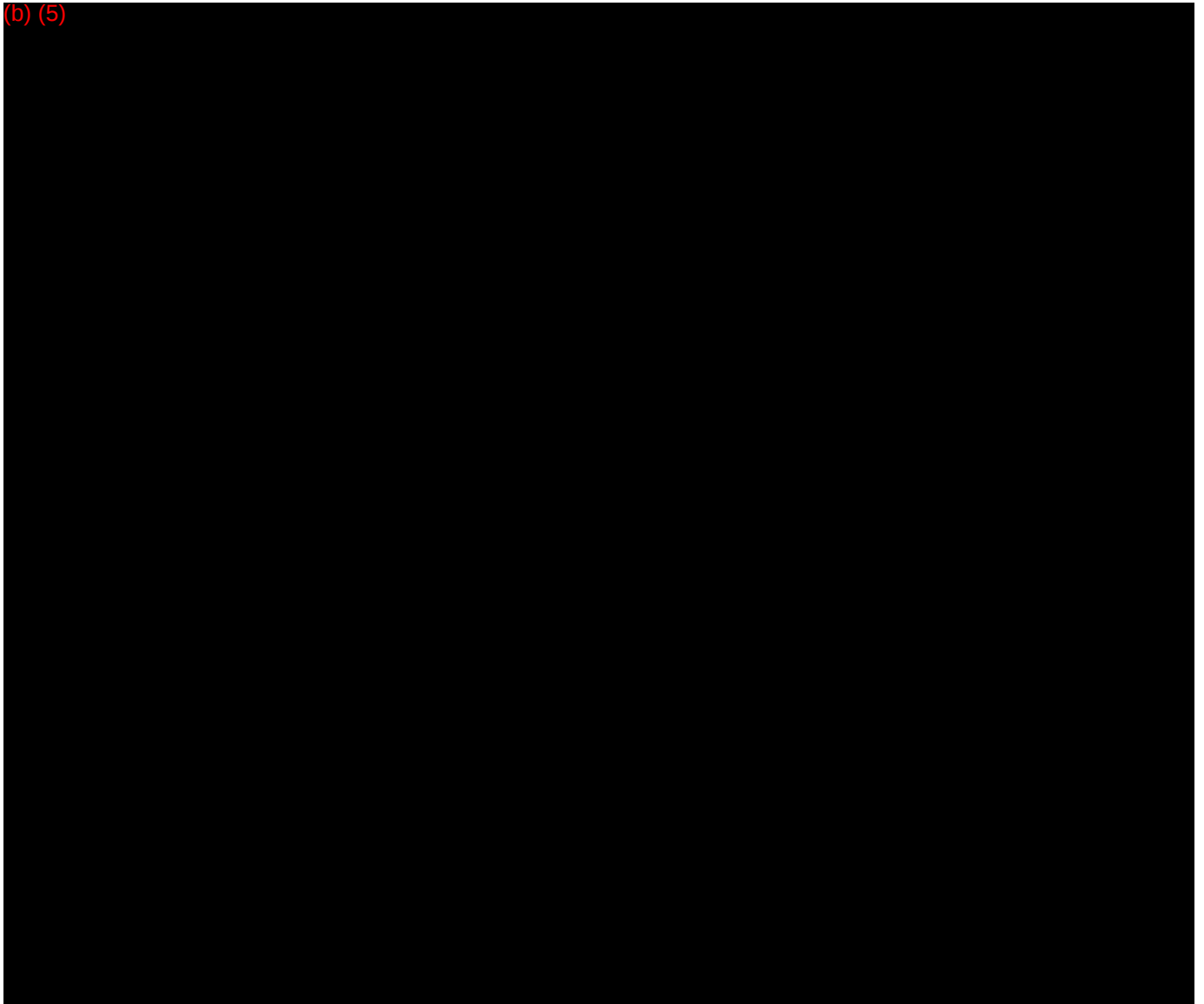
records; she also noted that the company in 2008 shared the first patient record between two health care organizations by making it easier for different data applications to communicate with one another, a concept known as interoperability.

“We have a rich history of interoperability and wanting patients to have autonomy over their data,” Gerhart said. “We support the administration’s goal to put Americans in control of their health care information.”

Health data specialists said facilitating the exchange of health data in medical records is especially important now, as doctors and drug companies scramble to develop treatments for Covid-19 and understand how the disease is affecting different kinds of patients.

“Covid-19 has thrown into extraordinary relief the need for an interoperable health IT backbone and for data sharing,” said Kenneth Mandl, a Harvard professor who directs the Computational Health Informatics Program at Boston Children’s Hospital. “I applaud Epic’s decision and look forward to engaging with them in management of the global pandemic and in building a learning health care system that truly serves the patient.”

(b) (5)



**From:** [Grogan, Joseph J. EOP/WHO](#)  
**To:** CMS; 6 [Brookes, Brady \(CMS/OA\)](#); [Brooks, John \(CMS/OA\)](#)  
**Cc:** [Bonner, Maria K. EOP/WHO](#)  
**Subject:** Fwd: [EXTERNAL] 90 mill in home tests  
**Date:** Thursday, March 19, 2020 6:41:50 PM

---

Guys, (b) (5)  
Sent from my iPhone

Begin forwarded message:

**From:** (b)(6) @gulagraham.com>  
**Date:** March 19, 2020 at 6:19:11 PM EDT  
**To:** "Grogan, Joseph J. EOP/WHO" (b)(6)  
**Cc:** "Freeland, Jeff K. EOP/WHO" (b)(6)  
**Subject:** RE: [EXTERNAL] 90 mill in home tests

from (b)(6)

We are requesting that HHS funds Orb Health to provide COVID related telehealth and in-home testing services.

**The President will be able to get up in front of the nation and say:**

- That he is using innovative telehealth to help millions of at-risk seniors stay safe at home while talking to a medical professional who can help them
- Accelerate testing by rapidly providing in-home testing kits to people who think they may have the virus without requiring them to go anywhere and risk infection
- Get nurses who haven't been tested and can't work until they are tested, back to work
- Stimulate jobs in the telehealth sector as a visionary who will rapidly expand a whole new industry and jobs that is the healthcare model of the future
- Accelerate kids, teachers, and other school professionals are healthy so we can get our kids back in school

Tiered Payment Schedule and Needs

- HHS will fund \$189mm to quickly expand our telehealth service to millions of patients in multiple states (\$2.62 cost per patient per month) for one year.
- The in-home antibody tests will cost \$140 million and will be part of a national at-home testing program where the Orb telehealth service will send out the test to their patients if needed or if a healthcare provider requests one from a 1-800 number, the we can manage that in-home test.
- For every additional 1 mm patients that are signed up through partner healthcare providers that require telehealth, an additional \$32 mm will be added to the payment schedule for a year of service

**We are ready to get this moving and be able to point to positive results very quickly which will give the President even more good news in the near future.**

---

**From:** Grogan, Joseph J. EOP/WHO (b)(6)  
**Sent:** Thursday, March 19, 2020 4:14 PM  
**To:** (b)(6) gulagraham.com>  
**Cc:** Freeland, Jeff K. EOP/WHO (b)(6)  
**Subject:** RE: [EXTERNAL] 90 mill in home tests

And the ask is? You need Medicare to contract with them to do this? Or some other part of HHS? Or do you want us to educate private payers that this service exists so they can save money by keeping patients and clients out of the hospital?

---

**From:** (b)(6) @gulagraham.com>  
**Sent:** Thursday, March 19, 2020 4:06 PM  
**To:** Grogan, Joseph J. EOP/WHO (b)(6)  
**Cc:** Freeland, Jeff K. EOP/WHO (b)(6)  
**Subject:** RE: [EXTERNAL] 90 mill in home tests  
**Importance:** High

Let me know if better, but he can get on call or come down if needed. It's simply about helping millions via telehealth who can die from COVID and managing their fear and uncertainty with answers so they don't swamp the hospitals or emergency rooms, triage their care from home if they need help, get more people safely and quickly back to work, and provide in home tests so people don't flood hospitals or clinics.

**The win for the President is that he will accelerate testing at home for MILLIONS, minimize the most vulnerable population's risk and use innovative telehealth to do it without requiring insurance companies.**

- Orb Health is a telehealth and virtual care service with immediate access to 6 mm people
- We service the Chronically Ill (over 100mm in the US) that are ultra-susceptible to COVID -19's worst effects as they all have multiple pre-existing conditions and are typically aging and elderly population but not all.
- We already have COVID-19 protocols and workflows that are servicing a subset of them today
- We can educate them, triage which ones actually need care, and coordinate getting them to a doctor, medicine, a test, or more if needed. This keeps the load on the health systems much lower, contains accidental virus infection, and keeps them safer. It is beyond just telehealth. It's actions that keep them safe, and most in their homes and not crushing the emergency rooms.
- With the extra funds we can expand our service to the full 6 million and then take on additional patients from the health systems
- **We also have access to 90 million at-home tests that we can deliver through Orb as well. We can expand this action quickly. We have access to the tests and can begin ramping up home testing between the patient population we already have and additional people who request it.**
- With the additional money we can expand our service to millions more quickly and getting them back to work

---

**From:** Grogan, Joseph J. EOP/WHO (b)(6)  
**Sent:** Thursday, March 19, 2020 11:54 AM  
**To:** (b)(6) @gulagraham.com>  
**Cc:** Freeland, Jeff K. EOP/WHO (b)(6)  
**Subject:** Re: [EXTERNAL] 90 mill in home tests

(b)(6) this email has a ton of extra words. What the hell is it? A telehealth company with ability to get people tested? Can you drastically cut down all the promotional crap and get me a short simple fact based email

I can get in process. I need to know what exactly this thing is.

Sent from my iPhone

On Mar 19, 2020, at 1:50 PM, (b)(6) @gulagraham.com> wrote:

sorry for 2<sup>nd</sup> email but (b)(6) ust emailed me – if a week long or whatever quarantine is coming, (b)(6) can get 90mm in home covid tests so people don't have to leave their homes. he can get in 2 weeks. he can have millions sooner but bulk in 2 weeks.

trying to be part of the immediate solution

---

**From:** (b)(6)  
**Sent:** Thursday, March 19, 2020 7:10 AM  
**To:** (b)(6)  
**Subject:** FW: TeleHealth - important - take 2  
**Importance:** High

Joe – hope you're doing good and getting at least 1 hour of sleep. Im good friends with Freeland who connected me to Steve Pinkos...he said to shoot this over to you....this is from the CSO of a the telehealth company Orb.....that the VP & President & governors have been talking about (b)(6) company can do a ton to help....below is the thread...he is in DC Monday and can be there Friday if needed. pls check when you have a second but there is some good stuff below....he can also hop on a call

---

**From:** (b)(6)  
**Sent:** Wednesday, March 18, 2020 12:48 PM  
**To:** 'Pinkos, Stephen M. EOP/OVP' (b)(6)  
'jeffrey.k.freeland (b)(6)  
**Subject:** RE: TeleHealth - important - take 2  
**Importance:** High

This is from (b)(6) with Orb. I honestly didn't know how bad ass this is and what they can do. **LOTS of wins for the President...** (b)(6) can be in DC tomorrow if needed. really. Happy to step out and connect you two.

What Orb can do is not just a telehealth solution it is a jobs solutions for the President. We can put people back to work and stop the spread of the virus. This is a fact. Let me explain

Right now, we can do 90 million available in-home tests that require NO LAB. The president can say that we are accelerating the ability to do at home testing without requiring a lab for the most at risk patients.

Our telehealth team is a virtual work-from-home certified staff that requires minimal equipment to scale up immediately, and I not required to come into the office. There is also a large population of nurses who can't go in to work because they have not be able to be tested. We are that solution. We can get people back to work and minimize the spread of the infection

this is how the President looks successful

- We have an answer to help the critical most at risk patients immediately without

requiring a bunch of additional doctors

- we put care givers that are unable to work in the hospital back to work without risking infection
- accelerate COVID testing with an in-home program that does not require an additional load on lab or the patient to go anywhere
- this approach sets a foundation that can be expanded to the future of health care

Orb Health ([>>>https://protect2.fireeye.com/url?k=5c7e3acf-002a13e4-5c7e0bf0-0cc47a6d17cc-95b914fbca3ee22b&u=http://www.orbhealth.com/](https://protect2.fireeye.com/url?k=5c7e3acf-002a13e4-5c7e0bf0-0cc47a6d17cc-95b914fbca3ee22b&u=http://www.orbhealth.com/)<<<>) is uniquely qualified to deliver this program as we already deliver COVID-19 protocols to a portion of our patient base which is specifically focused on the chronically ill, which ranges in age and comes from all socioeconomic classes. We're unique because we interface directly with the partner's electronic medical record system, but use our own protocols that we've developed with our medical partners to organize and quickly deliver care to this at-risk patient base. Our time to go-live with a scalable solution is already in place, and our work-from-home LVN, LPN, MD approach allows us to quickly scale good paying jobs without risking COVID-19 spread among the care population. Our approach has been independently proven to reduce emergency department utilization by 54% and hospitalizations by 22%, saving Medicare \$6.22 million a year per 1,000 patients. This same success can be applied to those at-risk for COVID-19 and is already implemented today.

Prior to the pandemic we managed the chronically the ill through the chronic care management Medicare program. When the pandemic hit, we pivoted added COVID-19 protocols and workflow into the system the patient population under management. We have a machine ready to scale to millions of patients. all we need is funding to do so.

**This service will be free for the patients and health providers that qualify for the program. It will run for 12 months as a Tier Plus funding approach that ensures adequate funding while protecting the American taxpayer.**

The National COVID-19 At-Risk Patient Response Plan will help millions of at-risk patients by providing funding for an innovative public/private telehealth-based approach focused on augmenting and expanding health system, federally qualified health center (FQHC), Rural Health Center, (RHC), and Community Health Centers (CHC) access to proactive COVID-19 patient outreach and virtual care. This assistance will enable the badly needed scalability for our tremendous health providers so we can help them care for as many as possible. **This program will also expand jobs for all levels of care givers across the country to help no matter where they are located**, including a large number of nurses waiting on the sidelines because they cannot be tested for COVID-19 at this time.

Healthcare providers would work with Orb Health as a service that is focused on the COVID-19 response for the at-risk chronically ill and elderly population. The health systems will share EMR (electronic medical record) access with the national call center. It will automatically determine the eligible patients and organize them into call lists for our home-based virtual workforce that require minimal equipment to work as an orb clinician. As we proactively reach out to the patient base, they will educate and triage the patient to see how they are doing. They will then escalate to a doctor if needed.

**This does not rely on existing health insurance to get done. The government funds the service, we service the patients in their home and coordinate their care, then IF they need to go to the hospital or see a doctor in person THEN the insurance company pays for the care. This will actually lower insurance costs.**

These patients will be able to call in any time if they have questions or are feeling ill. We can

then coordinate needed care for them with their provider without any difficulties for them. If needed, we can send medication or devices like thermometers to gauge their symptoms but keep them at home to help with containment. However, if the situation requires it, then we can get them to the partner provider in a safe manner that expedites the care they need and minimizes the risk of exposure for others.

#### Tiered Payment Schedule and Needs 220

- Tier 1
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  - we would hire 100 additional care givers for every million patients.
- Tier 2
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We look forward to helping our great healthcare providers get the assistance and scalability they need to not only help these great people, but bring hope to all in a dark time.

---

**From:** Pinkos, Stephen M. EOP/OVP (b)(6)  
**Sent:** Wednesday, March 18, 2020 5:52 AM  
**To:** (b)(6) @gulagraham.com>; jeffre.k.freeland (b)(6)  
**Subject:** RE: TeleHealth - important - take 2

Thanks, (b)(6) How does this work with all of the plans who run their own telehealth networks? Is this completely separate? Are you suggesting this as a stand along function that we should direct all potential patients to or some distinct group?

Please explain how it would work.

Best,  
Steve

---

**From:** (b)(6) @gulagraham.com>  
**Sent:** Wednesday, March 18, 2020 8:46 AM  
**To:** jeffre.k.freeland (b)(6) Pinkos, Stephen M. EOP/OVP  
<Stephen.M.Pinkos (b)(6)>  
**Subject:** [EXTERNAL] TeleHealth - important - take 2  
**Importance:** High

Jeff & Steve - The Vice President has been talking about telehealth for the last 2 days....i need to get this the top of your in box because Orb Health is the leading telehealth company in the country. They literally are the solution to what the President and VP want to do. my friend is the CEO and wants to help. The MA governor also said we need this. They have access to 6 million patients already...can you pass up chain or connect me and I'll connect the CEO (chad jones) with whoever is relevant. I wouldn't bring this to your attention unless it wasn't specifically what the VP and now governors have been

talking about.

They literally are doing the solution to what the President is wanting – how can we treat people without them coming in to the hospitals. quick blurb on them below.

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he can speak to whoever is needed when we land. He lands at 2:00 EST (he is flying from MA).

from (b)(6) below:

We're really the right choice for the COVID-19 pandemic because we coordinate care, not just talk to a patient. We have access to their Electronic Medical Records, have 6 MM of the most vulnerable patients ready to go, and can scale quickly with the funding as we have no special equipment needed.

#### **Purpose-Built System and Services to Deal with Chronically Ill Patients**

Orb Health purpose-built its technology and services around Chronic Care Management which primarily works with lower to mid socioeconomic classes that have a high percentage of aging and elderly patients. The fear, uncertainty, and confusion in dealing with their chronic conditions is something Orb Health mitigates across a number of illnesses and diseases already. This patient population is particularly at-risk for terminal outcomes from COVID-19 infection.

A high percent of this population also does not have smart phones and uses land lines, or temporary "burner" phones, some with minimal or no access to data. This means any application or service that requires an app or data will not work. Orb Health does not have that issue due to our realistic approach to the problem.

- 133 million U.S. adults have a chronic condition
- 4 in 10 have 2+ chronic conditions
- 3 of 4 persons age 65+ have 2+ conditions
- 10,000 baby boomers turn 65 every day
- 7 out of the top 10 causes of death each year are from chronic diseases

#### **Scalability through Medical Staff Stratification**

Other solutions only offer Doctors to their patients which limits their ability to scale rapidly. Orb Health has a stratified system where highly trained nurses triage patients first, answer their questions, do first line engagement, coordination, etc. If there is a need for an escalation, then an MD will get on the call with the patient and further diagnoses and care coordination will occur. This allows Orb Health to scale its staff quickly to deal with the most patients.

#### **Access to a Deep and Ready Pool of Work from Home Staff**

Our systems enable Orb Health's Medical staff to work from home instead of a call center, allowing us to quickly ramp up additional staff without using specialty equipment. This approach acts as a natural quarantine for clinicians as they are not congregating in an office to provide care. Orb Health is a telephonic service and that enables us to reach the largest patient base despite the phone limitations of the patients.

(b)(6)  
499 South Capitol St, SW  
Suite 420  
Washington, DC 20003  
202 (b)(6)

(b) (5)

**From:** (b)(6) @gulagraham.com>  
**Date:** March 19, 2020 at 10:10:41 AM EDT  
**To:** "Grogan, Joseph J. EOP/WHO" (b)(6)  
**Subject:** [EXTERNAL] FW: TeleHealth - important - take 2

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**Sent:** Wednesday, March 18, 2020 8:46 AM  
**To:** jeffre.k.freeland (b)(6) Pinkos, Stephen M. EOP/OVP (b)(6), (b)(1)1.5d  
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We're really the right choice for the COVID-19 pandemic because we coordinate care, not just talk to a patient. We have access to their Electronic Medical Records, have 6 MM of the most vulnerable patients ready to go, and can scale quickly with the funding as we have no special equipment needed.

#### **Purpose-Built System and Services to Deal with Chronically Ill Patients**

Orb Health purpose-built its technology and services around Chronic Care Management which primarily works with lower to mid socioeconomic classes that have a high percentage of aging and elderly patients. The fear, uncertainty, and confusion in dealing with their chronic conditions is something Orb Health mitigates across a number of illnesses and diseases already. This patient population is particularly at-risk for terminal outcomes from COVID-19 infection.

A high percent of this population also does not have smart phones and uses land lines, or temporary "burner" phones, some with minimal or no access to data. This means any application or service that requires an app or data will not work. Orb Health does not have that issue due to our realistic approach to the problem.

- 133 million U.S. adults have a chronic condition
- 4 in 10 have 2+ chronic conditions
- 3 of 4 persons age 65+ have 2+ conditions
- 10,000 baby boomers turn 65 every day
- 7 out of the top 10 causes of death each year are from chronic diseases

#### **Scalability through Medical Staff Stratification**

Other solutions only offer Doctors to their patients which limits their ability to scale rapidly. Orb Health has a stratified system where highly trained nurses triage patients first, answer their questions, do first line engagement, coordination, etc. If there is a need for an escalation, then an MD will get on the call with the patient and further diagnoses and care coordination will occur. This allows Orb Health to scale its staff quickly to deal with the most patients.

#### **Access to a Deep and Ready Pool of Work from Home Staff**

Our systems enable Orb Health's Medical staff to work from home instead of a call center, allowing us to quickly ramp up additional staff without using specialty equipment. This approach acts as a natural quarantine for clinicians as they are not congregating in an office to provide care. Orb Health

is a telephonic service and that enables us to reach the largest patient base despite the phone limitations of the patients.

(b)(6)  
499 South Capitol St, SW  
Suite 420  
Washington, DC 20003  
202 (b)(6)

(b) (5)

**From:** (b)(6) @abbott.com>  
**Date:** April 1, 2020 at 6:17:18 PM EDT  
**To:** "Grogan, Joseph J. EOP/WHO" (b)(6)  
**Subject:** [EXTERNAL] Timely Request ID Now

Hi Joe,  
Thank your offering to help. Abbott has started shipping the 5-minute COVID tests around the country. But we are hearing from states and health care providers that CMS guidance on COVID testing is ambiguous as to whether the test can be used outside the hospital or core laboratory (i.e. drive-through testing, outpatient clinics, etc.). They've said they cannot test in these settings under current guidance. States and providers need clarification that the ID NOW test is waived and can be used in these settings. Can you help us get that clarification so they can start testing?

Thank you for all of your work.

(b)(6)  
202. (b)(6)



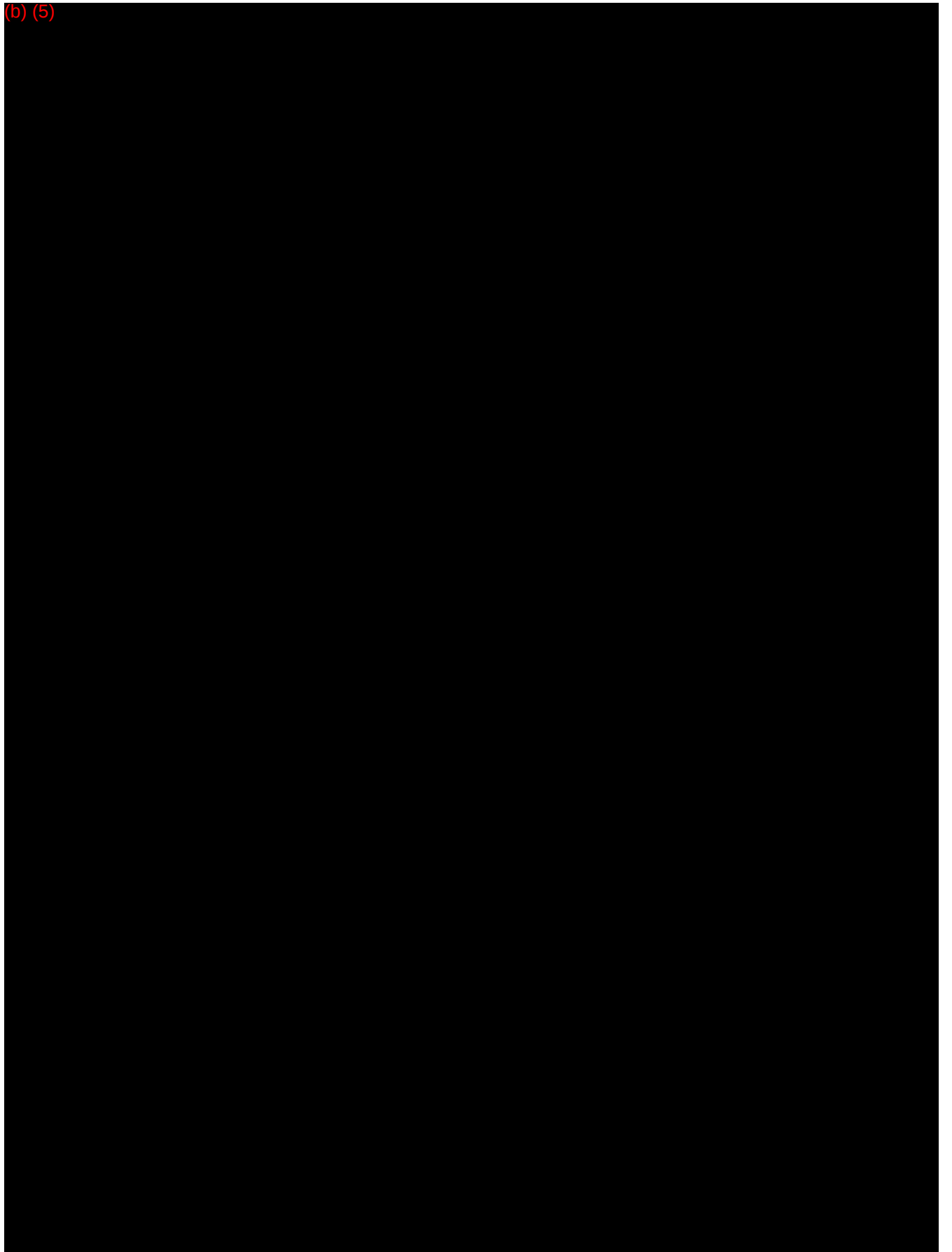
(b)(6)  
Federal Government Affairs

Abbott  
1399 New York Ave. NW  
Suite 200  
Washington, DC 20005

O: 202-378-2020  
F: 202-783-6631  
M: (b)(6)  
(b)(6)

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(b) (5)



**From:** [Redfield, Robert R. \(CDC/OD\)](#)  
**To:** CMS b 6 [Grogan, Joseph](#)  
**Subject:** Fwd: Covid Flexibility to Open Low Incidence b 6  
**Date:** Thursday, April 16, 2020 9:34:41 AM  
**Attachments:** (b) (5)

---

Get [Outlook for iOS](#)

---

**From:** Meaney Delman, Dana M. (CDC/DDNID/NCBDDD/DBDID) <vmo0@cdc.gov>  
**Sent:** Thursday, April 16, 2020 8:58:10 AM  
**To:** Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>  
**Cc:** Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>; Warner, Agnes (CDC/OD/OCS) <bli8@cdc.gov>; Knotts, Ashley (CDC/OD/OCS) <vqf0@cdc.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>  
**Subject:** FW: (b) (5)

Dr Redfield,

Attached is the CMS document regarding elective procedures- both surgical and dental. Denise Cardo's group worked closely with CMS to finalize this and (b) (5)

[REDACTED]

Thanks,

Dana

Dana Meaney-Delman MD MPH  
Principal Deputy Incident Manager  
COVID-19 Response  
Cell (b)(6)

**From:** [Polowczyk, John P RADM USN JS J4 \(USA\)](#)  
**To:** [Short, Marc T. EOP/OVP](#); [Troye, Olivia \(nsc.eop.gov\)](#); [Kushner, Jared C. EOP/WHO](#) (b)(6) @who.eop.gov;  
(b)(6) (ovp.eop.gov); [Gaynor, Pete \(fema.dhs.gov\)](#); [Sanford, David J Brig Gen USAF DLA AVIATION \(USA\)](#); CMS b 6  
**Subject:** Fwd: Nursing Home Shipping Locations  
**Date:** Thursday, May 7, 2020 8:43:29 AM  
**Attachments:** [Copy of Copy of FRSCNursingHomePPEDeliveries\\_6May.xlsx](#)

---

Marc

First 431 nursing home shipments scheduled to go out 8 and 9 may. Target is NY NJ with some local DC MD deliveries.

Larger list coming today with farther out schedule.

Vr John

---

**From:** "Sanford, David J Brig Gen USAF DLA AVIATION (USA)"  
<[David.Sanford@dla.mil](mailto:David.Sanford@dla.mil)>  
**Date:** Thursday, May 7, 2020 at 8:26:35 AM  
**To:** "Polowczyk, John P RADM USN JS J4 (USA)" <[john.p.polowczyk.mil@mail.mil](mailto:john.p.polowczyk.mil@mail.mil)>  
**Cc:** "Amerau, Colin C LT USN JS J4 (USA)" <[colin.c.amerau.mil@mail.mil](mailto:colin.c.amerau.mil@mail.mil)>  
**Subject:** Nursing Home Shipping Locations

Sir,

Attached is the pending delivery schedule for the Nursing Home.

VR,

Dave

DAVID J. SANFORD, Brig Gen, USAF

Commander

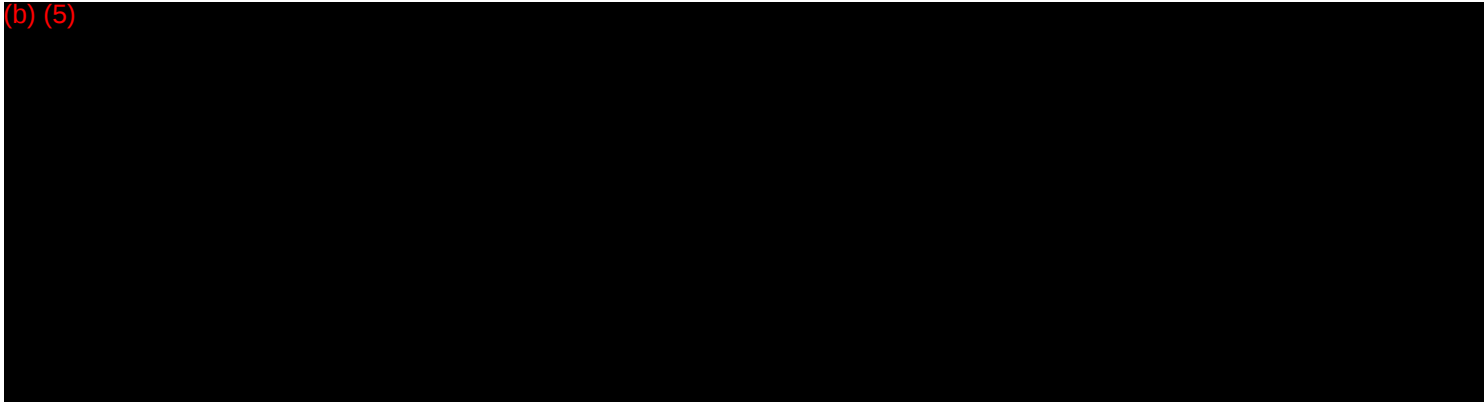
Defense Logistics Agency Aviation Richmond, VA

Office: (804) 279-3801 (DSN 679)

Mobile: (b)(6)

SIPR: [david.j.sanford3.mil@mail.smil.mil](mailto:david.j.sanford3.mil@mail.smil.mil)

(b) (5)



Begin forwarded message:

**From:** (b)(6) @deerfield.com>  
**Date:** April 13, 2020 at 12:51:47 PM EDT  
**To:** "Hahn, Stephen" <SH1@fda.hhs.gov>  
**Cc:** (b)(6) @deerfield.com>  
**Subject:** Quick description of our app

Thanks Dr. Hahn – below are very quick thoughts and I am working to get your more visual material for your discussion- slides in a couple minutes

The wellness app (developed by Deerfield and Elemental Cognition) provides a mechanism to answer important questions about the epidemic that will inform risk to any given participant as well as to society or employer.

(b)(4)

(b)(4)

(b)(6)

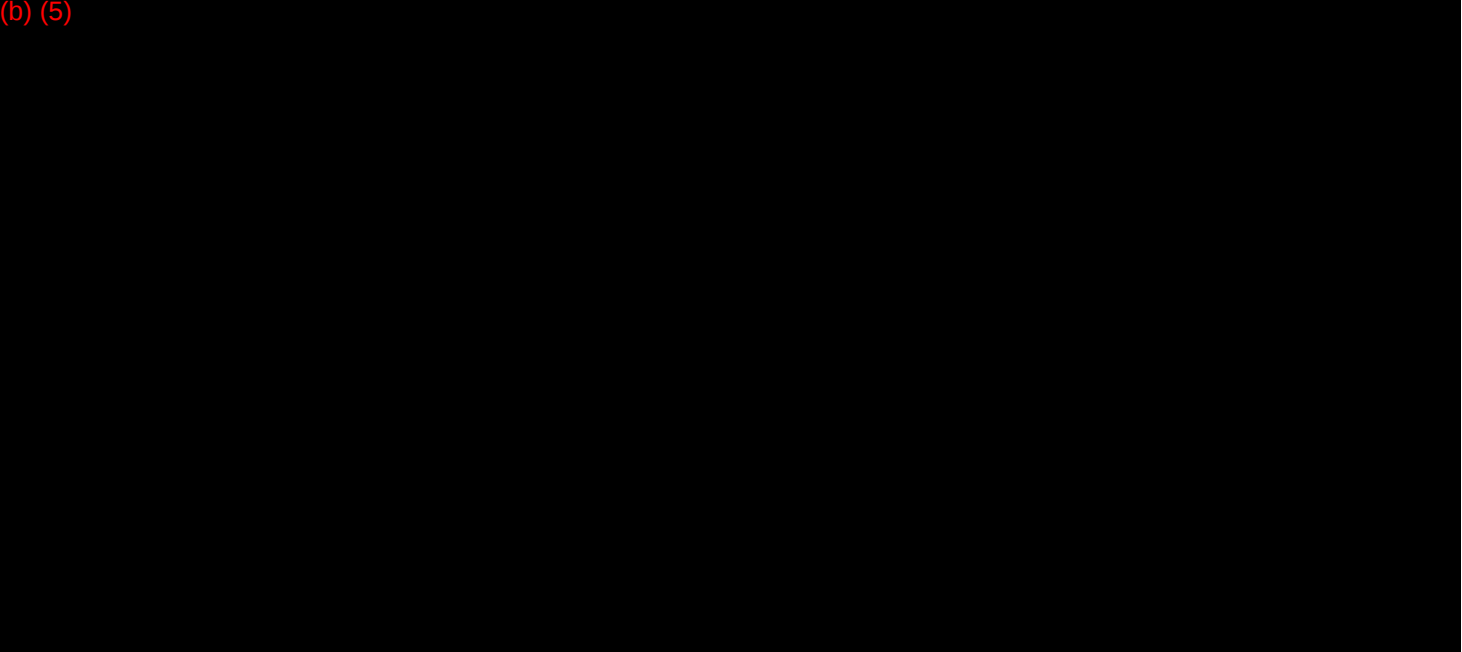
Deerfield Management

347- (b)(6)

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Company, L.P. If you have received this e-mail in error or are not the intended recipient, you are not authorized to use the information in this message in any way. Please do not read, copy, forward or store this message unless you are an intended recipient of it. Please notify the sender immediately by return e-mail, delete this e-mail and any attachment(s) and destroy all copies. Any unauthorized use is strictly prohibited. If you reply to this message, Deerfield Management Company, L.P. may collect personal information about you in accordance with our Privacy Policy. For additional information on our privacy practices, [please click here](#). Thank you.

(b) (5)



(b) (5)



(b) (5)



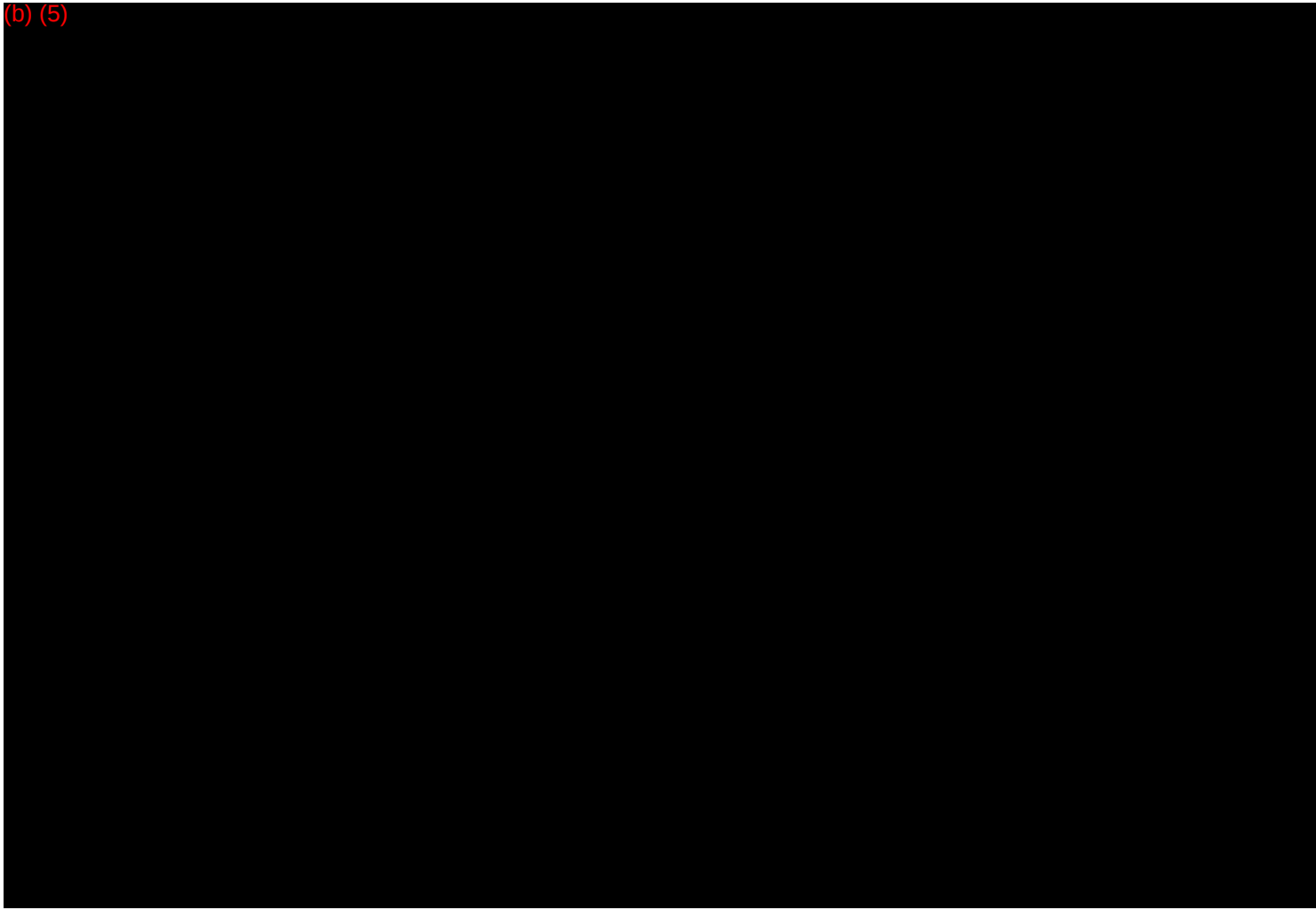
**From:** [Good-Cohn, Meredith \(CMS/OA\)](#)  
**To:** [Joe Grogan](#)  
**Cc:** CMS b 6  
**Subject:** Nursing Home Doc  
**Date:** Friday, April 10, 2020 3:37:01 PM  
**Attachments:** (b) (5)

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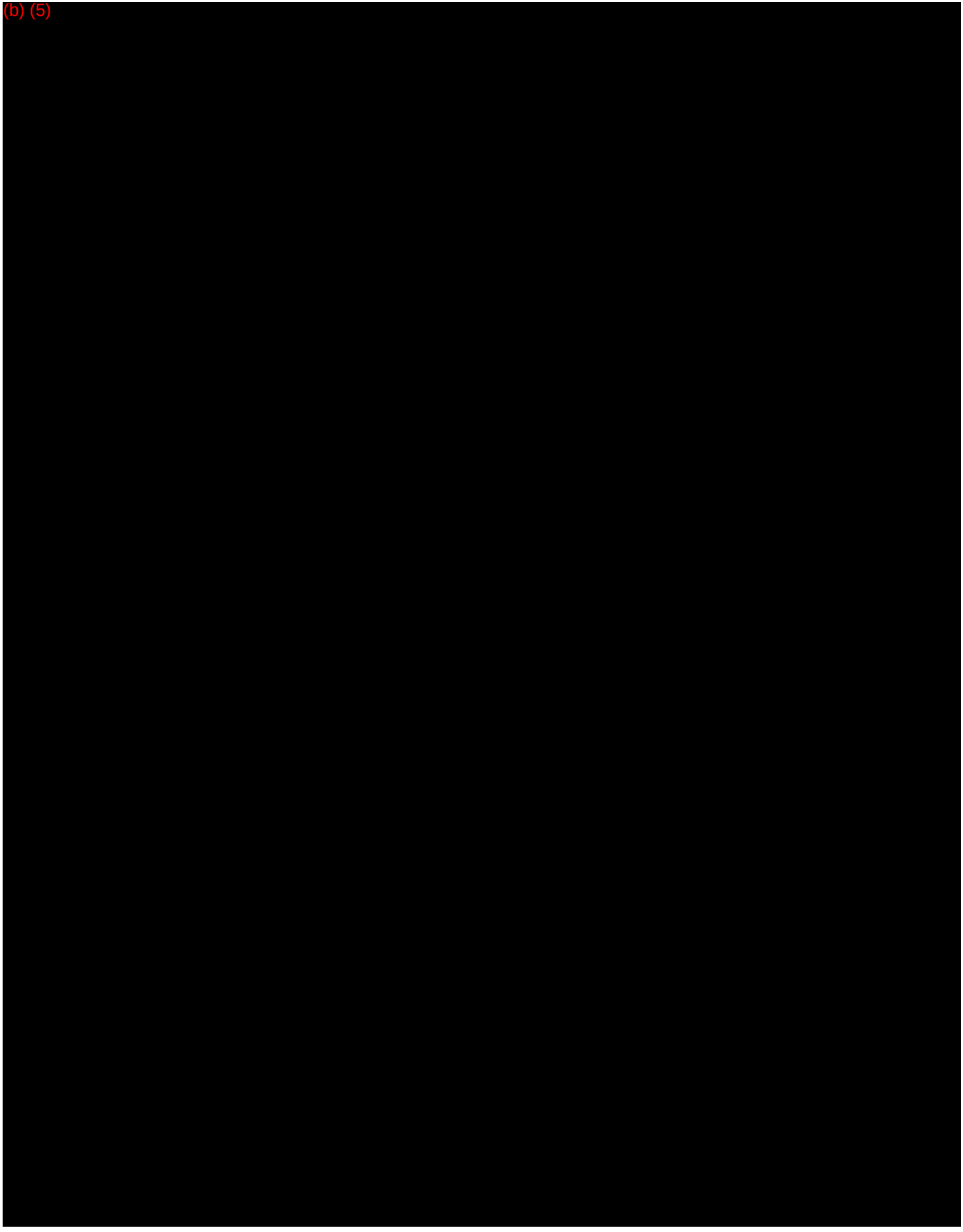
Meredith Good-Cohn  
Senior Advisor  
Office of the Administrator  
Centers for Medicare and Medicaid Services  
Cell: (b)(6)  
[Meredith.good-cohn@cms.hhs.gov](mailto:Meredith.good-cohn@cms.hhs.gov)

*Confidential and deliberative, pre-decisional communication*

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(b) (5)

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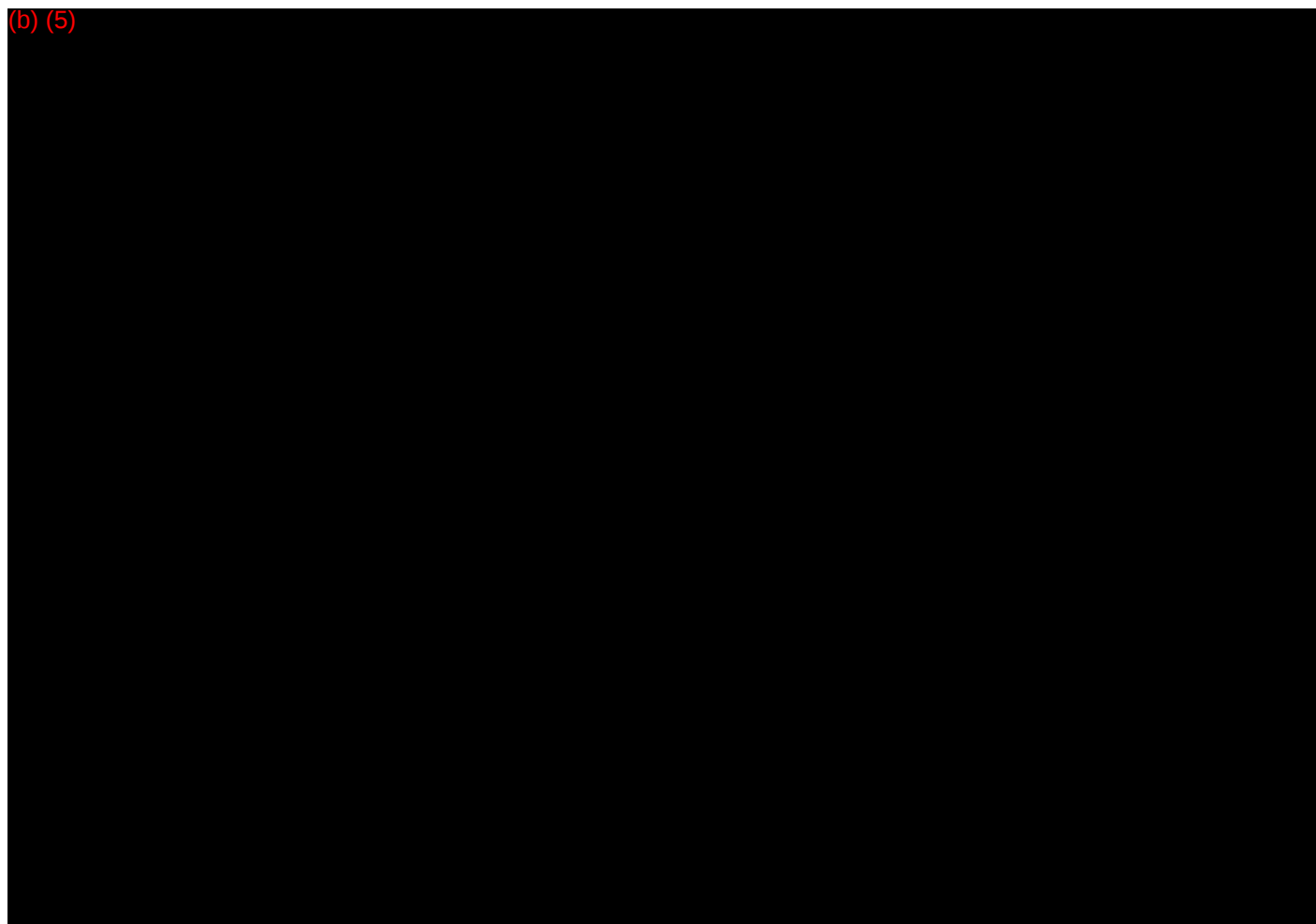
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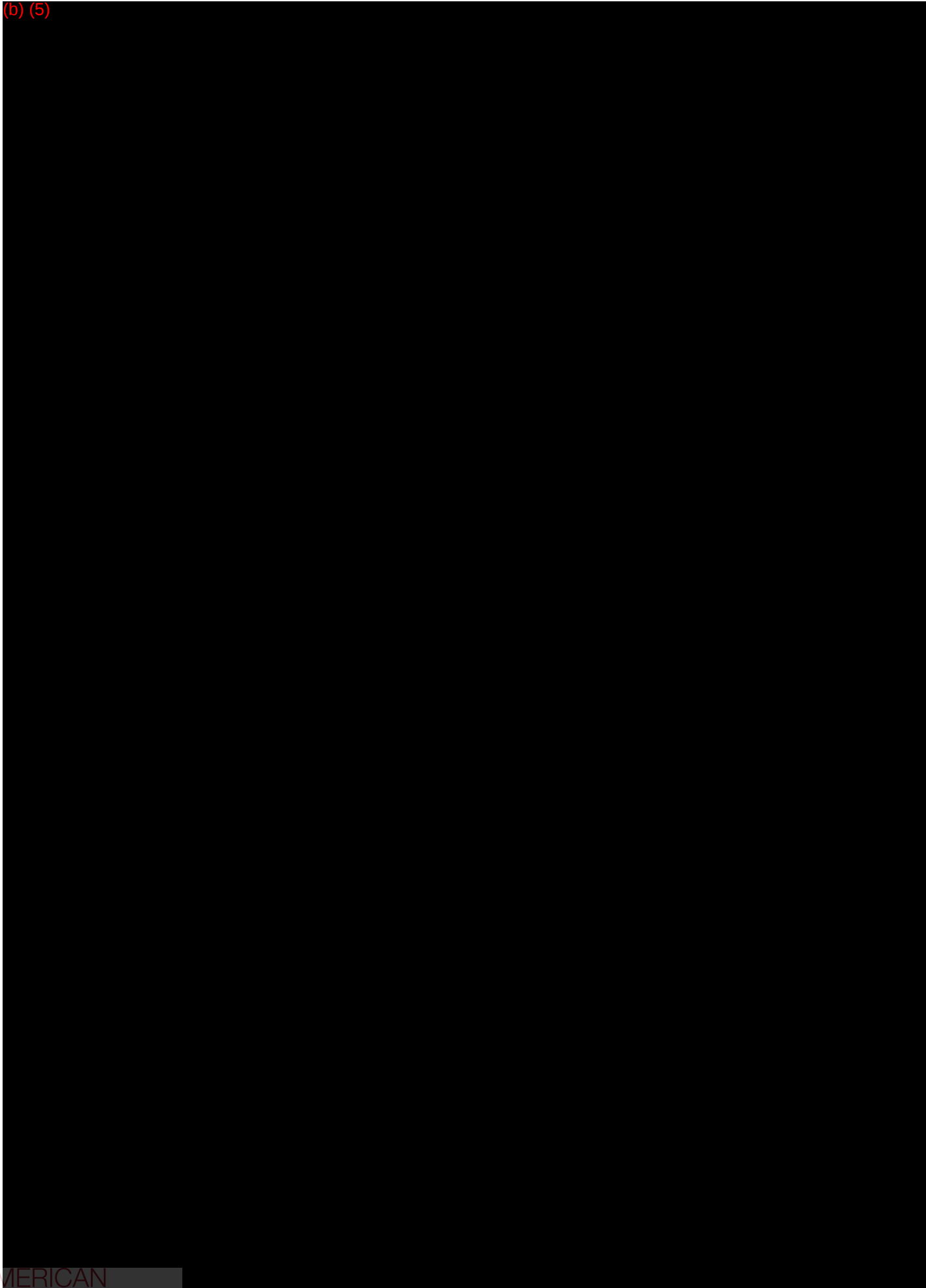


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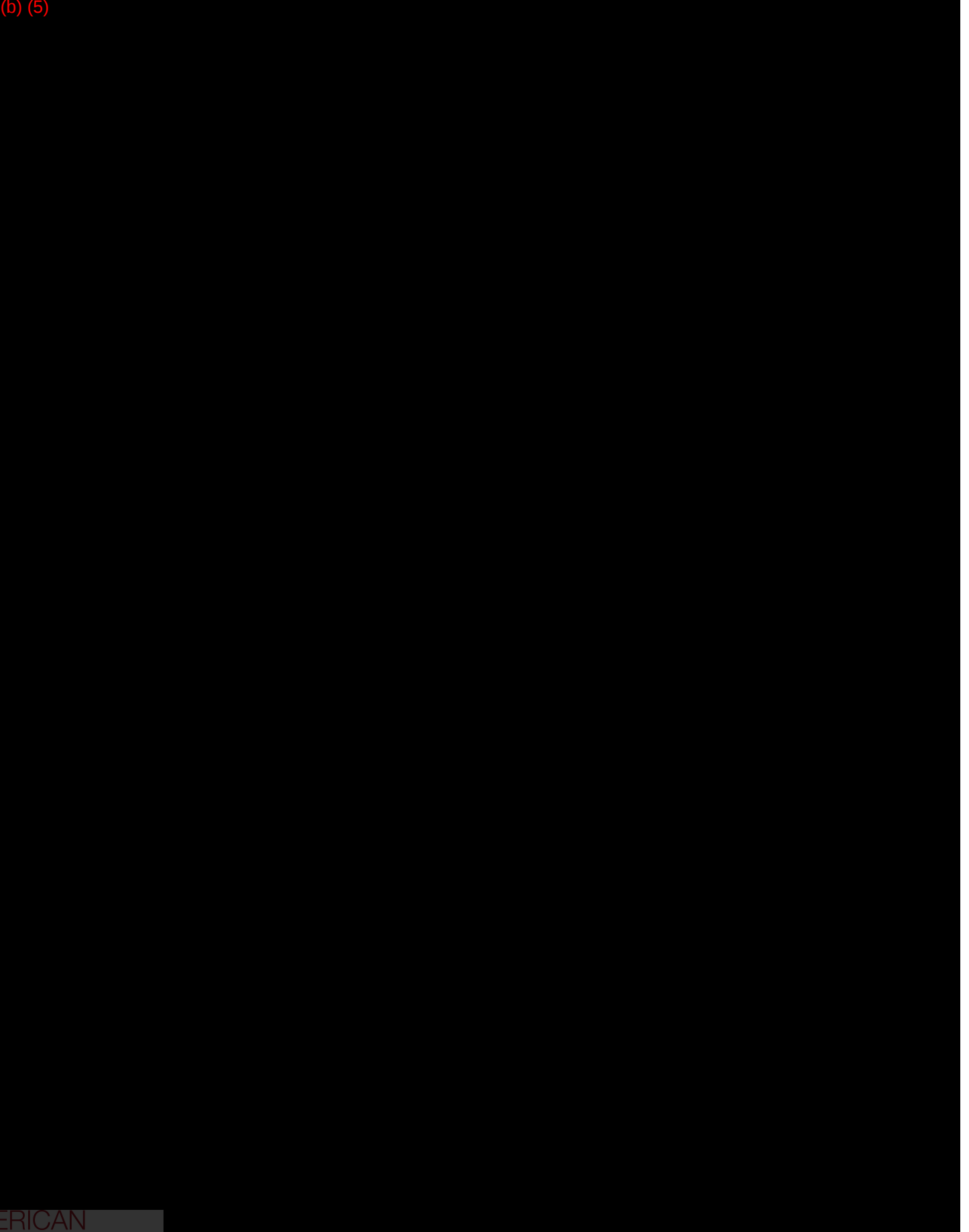


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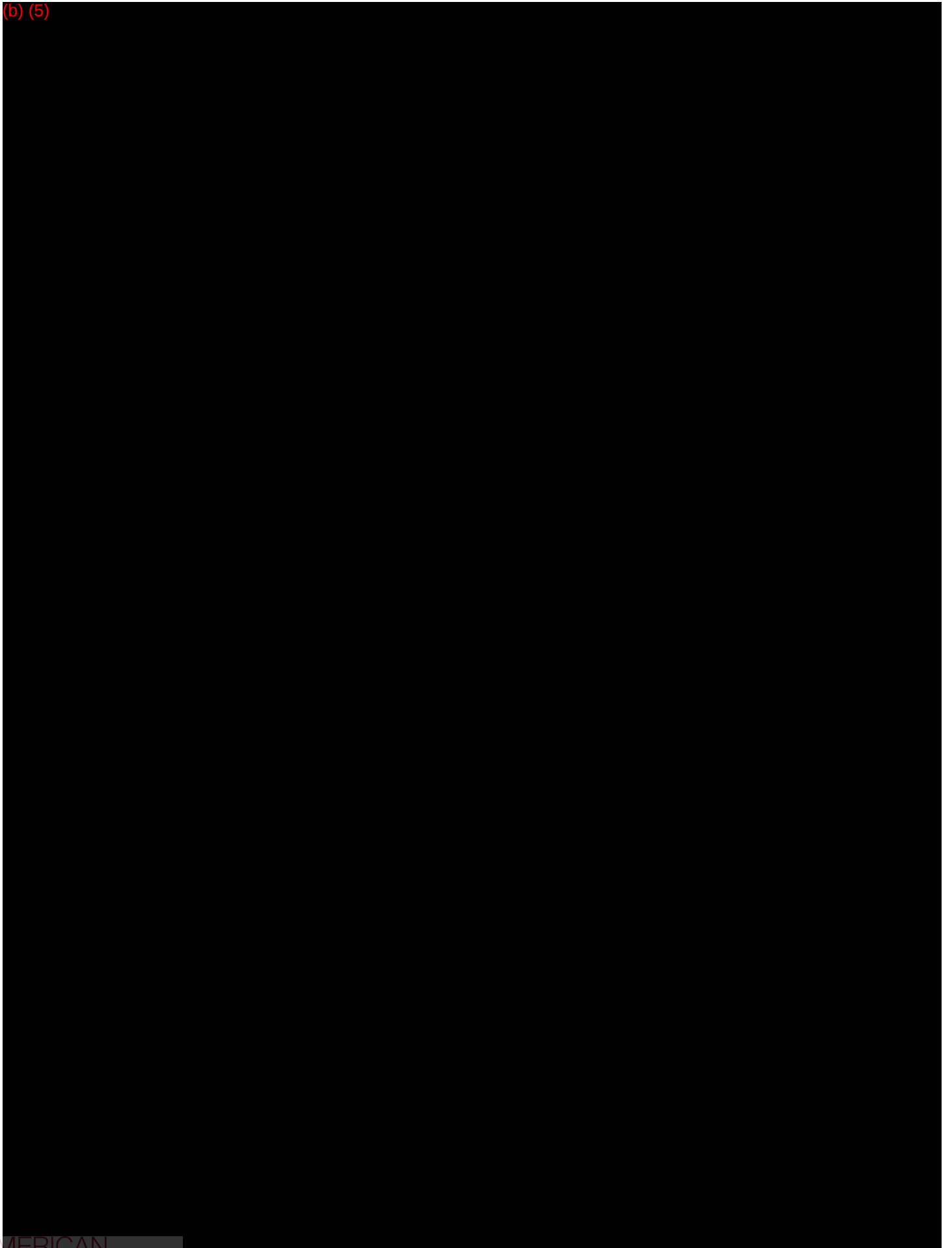
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(b) (5)



**From:** [Grogan, Joseph J. EOP/WHO](#)  
**To:** CMS b 6  
**Subject:** Re:  
**Date:** Monday, April 6, 2020 10:20:04 AM

---

You're the best. Thank you.

Sent from my iPhone

On Apr 6, 2020, at 10:05 AM, CMS b 6 @cms.hhs.gov> wrote:

I hope you and your family are okay. I am sending my prayers. Always know you have my faith and friendship. We need you here, so take good care.

(b) (5)

**From:** @abbott.com>  
**Date:** April 1, 2020 at 6:17:18 PM EDT  
**To:** "Grogan, Joseph J. EOP/WHO" (b)(6)  
**Subject:** [EXTERNAL] Timely Request ID Now

Hi Joe,  
Thank your offering to help. Abbott has started shipping the 5-minute COVID tests around the country. But we are hearing from states and health care providers that CMS guidance on COVID testing is ambiguous as to whether the test can be used outside the hospital or core laboratory (i.e. drive-through testing, outpatient clinics, etc.). They've said they cannot test in these settings under current guidance. States and providers need clarification that the ID NOW test is waived and can be used in these settings. Can you help us get that clarification so they can start testing?

Thank you for all of your work.

(b)(6)



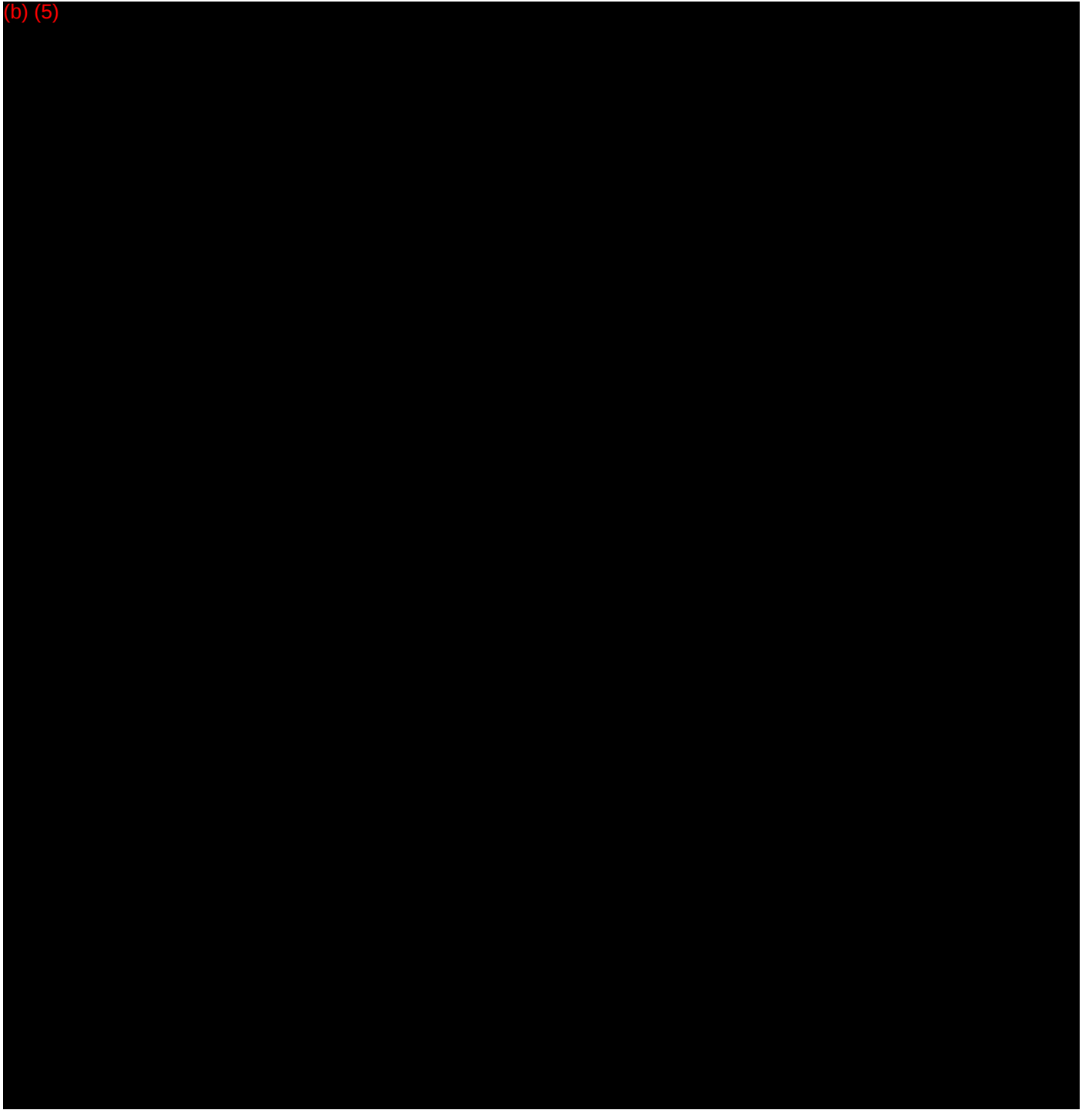
(b)(6)  
Federal Government Affairs

Abbott  
1399 New York Ave. NW  
Suite 200

O: 202-378-2020  
F: 202-783-6631  
M: (b)(6)

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(b) (5)



**From:** (b)(6) <[@abbott.com](mailto:(b)(6)@abbott.com)>  
**Date:** April 1, 2020 at 6:17:18 PM EDT  
**To:** "Grogan, Joseph J. EOP/WHO" (b)(6)  
**Subject:** [EXTERNAL] Timely Request ID Now

Hi Joe,

(b)(5)

Thank you for all of your work.

(b)(6)

---

<image001.jpg>

(b)(6)  
Federal Government Affairs

Abbott  
1399 New York Ave. NW  
Suite 200  
Washington, DC 20005

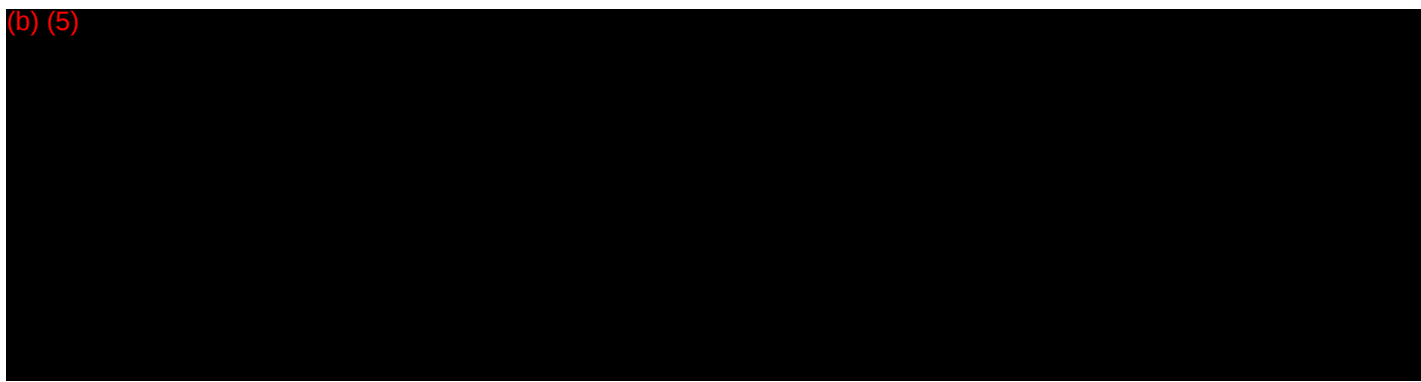
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M: (b)(6)  
(b)(6)

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(b) (5)

(b) (5)



**From:** [Feinberg, Rebecca P. EOP/NSC](#)  
**To:** [Charles, Julia \(CDC/OD/OCS\)](#); [Redd, Stephen C. EOP/NSC](#); [Zaidi, Irum F](#); [Vitek, Charles \(CDC/DDPHSIS/CGH/DGHT\)](#); [McGuffee, Tyler Ann A. EOP/OVP](#); [Redfield, Robert R. \(CDC/OD\)](#); [SH1 \(fda.hhs.gov\)](#); [jcharles@cdc.gov](#); [Adams, Jerome \(HHS/OASH\)](#); [CMS b 6](#); [Schuchat, Anne MD \(CDC/OD\)](#); [Jernigan, Daniel B. \(CDC/DDID/NCIRD/ID\)](#); [Grogan, Joseph J. EOP/WHO](#); [Conway, Kellyanne E. EOP/WHO](#); [Walke, Henry \(CDC/DDID/NCEZID/DPEI\)](#); [Payne, Rebecca L. \(CDC/DDID/NCHHSTP/DASH\)](#); [Greene, Carolyn M. \(CDC/DDID/NCIRD/ID\)](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Giroir, Brett \(HHS/OASH\)](#); [McQuiston, Jennifer H. \(CDC/DDID/NCEZID/DHCPP\)](#); [Meaney Delman, Dana M. \(CDC/DDNID/NCBDDD/DBDID\)](#); [Butler, Jay C. \(CDC/DDID/OD\)](#); [Mead, Paul \(CDC/DDID/NCEZID/DVBD\)](#); [Fitter, David L. \(CDC/DDPHSIS/CGH/GID\)](#)  
**Cc:** [Hoo, Elizabeth \(CDC/OD/OCS\)](#); [Warner, Agnes \(CDC/OD/OCS\)](#); [Gershman, Lynn E. \(CDC/DDPHSIS/OD\)](#)  
**Subject:** RE: 9:15AM, Today  
**Date:** Tuesday, April 28, 2020 9:21:25 AM

---

The conference line is back up and functional.

Thanks,  
Rebecca

---

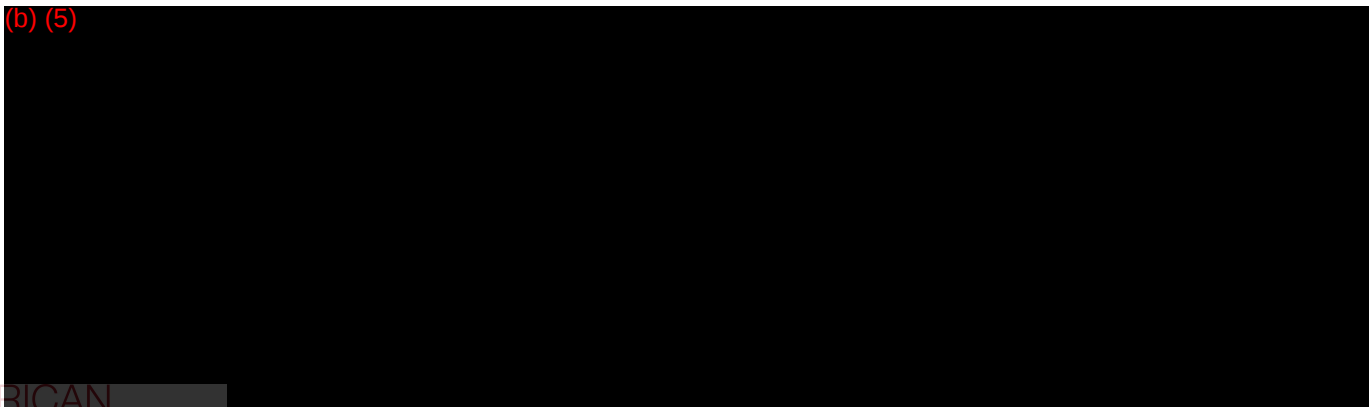
**From:** Feinberg, Rebecca P. EOP/NSC  
**Sent:** Tuesday, April 28, 2020 9:17 AM  
**To:** Charles, Julia (CDC/OD/OCS) <yyb1@cdc.gov>; Redd, Stephen C. EOP/NSC  
Zaidi, Irum F <ZaidiIF@state.gov>; Vitek, Charles  
(CDC/DDPHSIS/CGH/DGHT) <cxv3@cdc.gov>; McGuffee, Tyler Ann A. EOP/OVP  
(b)(6) olx1@cdc.gov; SH1@fda.hhs.gov; jcharles@cdc.gov;  
Jerome.Adams@hhs.gov; b 6 @cms.hhs.gov; acs1@cdc.gov; dbj0@cdc.gov; Grogan, Joseph J.  
EOP/WHO (b)(6) ; Conway, Kellyanne E. EOP/WHO  
(b)(6) hfw3@cdc.gov; rco0@cdc.gov; cqg4@cdc.gov; AFAUCI@niaid.nih.gov;  
Brett.Giroir@hhs.gov; fzh7@cdc.gov; vmo0@cdc.gov; jcb3@cdc.gov; pfm0@cdc.gov; vid3@cdc.gov  
**Cc:** Hoo, Elizabeth (CDC/OD/OCS) <irp5@cdc.gov>; Warner, Agnes (CDC/OD/OCS) <bli8@cdc.gov>;  
Gershman, Lynn E. (CDC/DDPHSIS/OD) <veu4@cdc.gov>  
**Subject:** 9:15AM, Today  
**Importance:** High

All –

There are some technical difficulties with the conference line. I am troubleshooting now with the White House Switchboard and will let you know when things are all clear.

Thanks,  
Rebecca

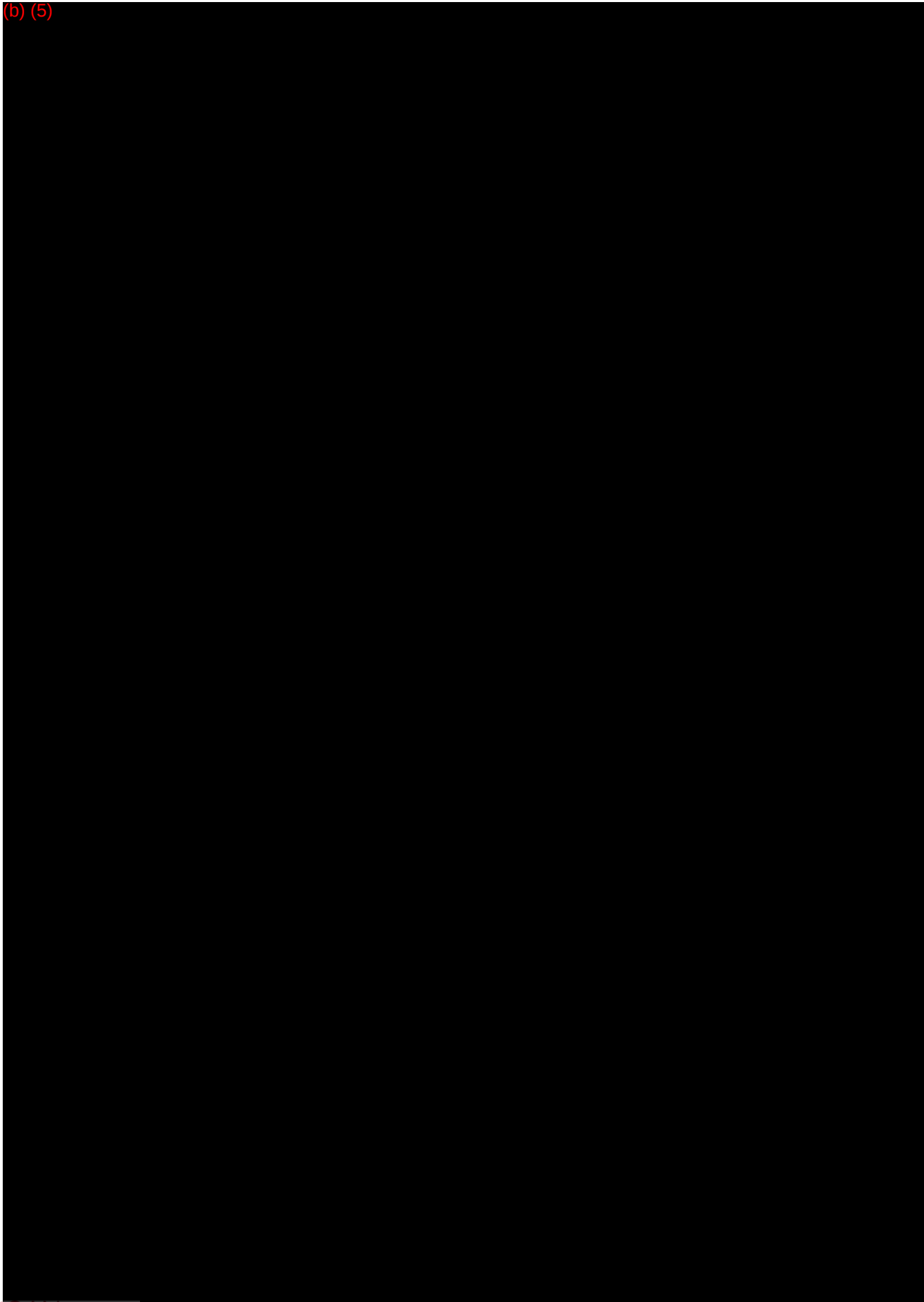
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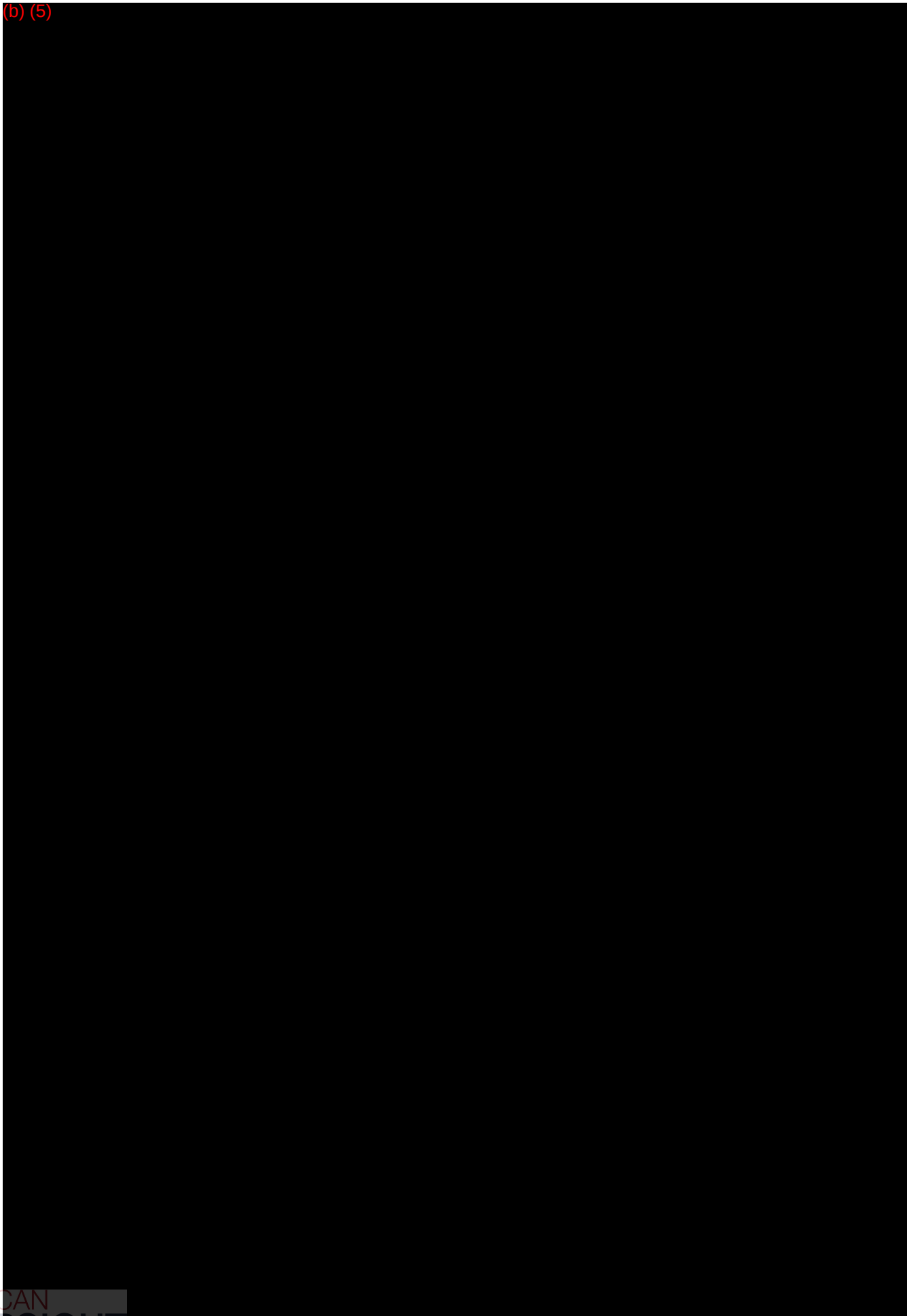
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(b) (5)

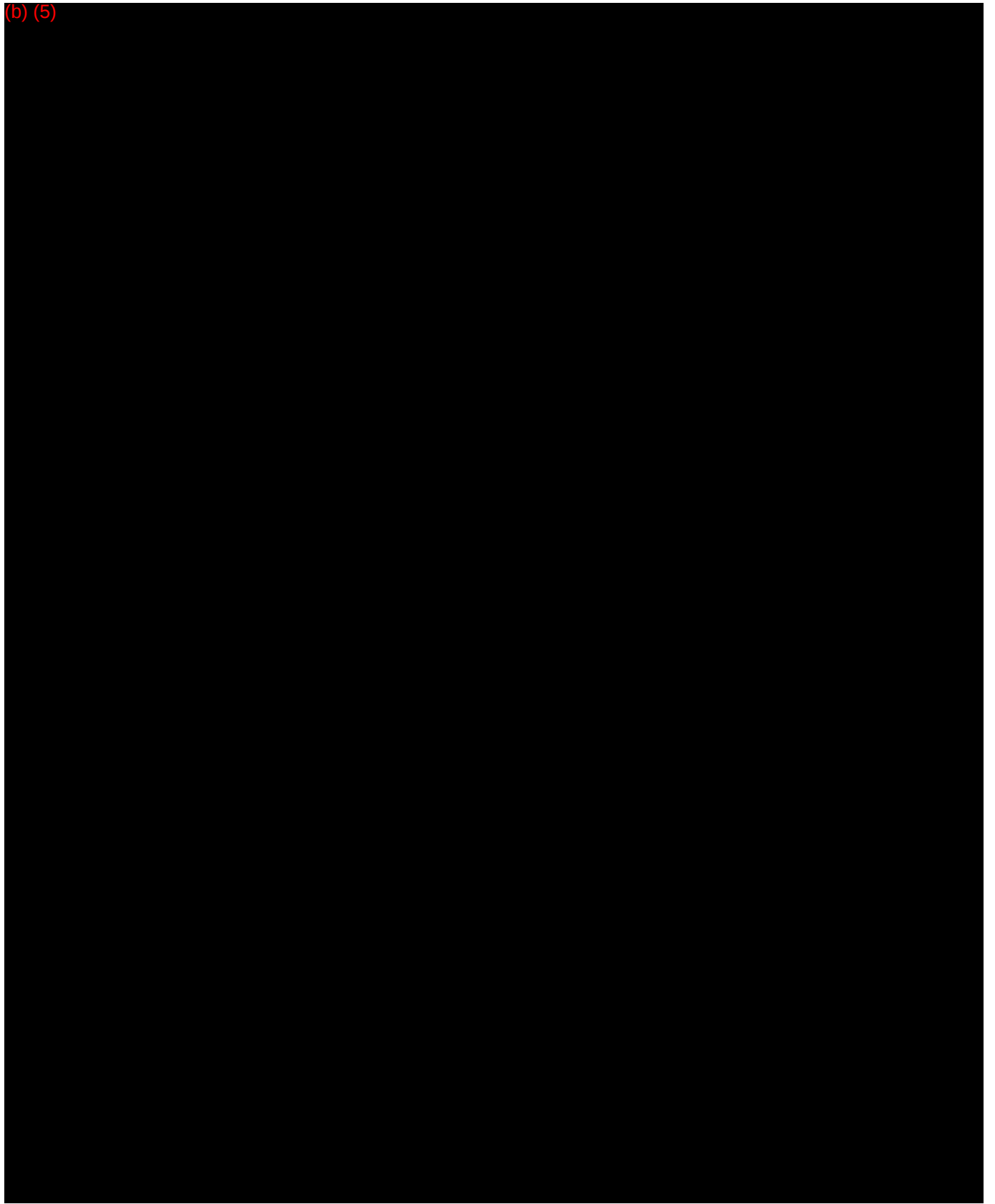


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(b) (5)



(b) (5)

On Mar 29, 2020, at 9:11 AM, CMS b6 @cms.hhs.gov> wrote:

FYI..statement from hospitals and doctors on PPE.

Sent from my iPhone

Begin forwarded message:

**From:** (b)(6) @aha.org>  
**Date:** March 28, 2020 at 7:37:32 PM EDT  
**To:** "Seema Verma b6 @cms.hhs.gov)" b6 @cms.hhs.gov>  
**Subject: AMA Statement FYI**

**With Inadequate Supply of PPE, AMA Urges Critical Steps  
to Protect Frontline Health Care Workers During COVID-19**

March 28, 2020

<https://www.ama-assn.org/press-center/ama-statements/ama-urges-critical-steps-protect-frontline-health-care-workers><<

**Statement Attributed To:**

Patrice A. Harris, M.D., M.A.  
President, American Medical Association

"Physicians and front-line health care workers across the country are pleading for more personal protective equipment (PPE), doing everything they can to raise awareness of this crisis. Those on the front lines of the COVID-19 pandemic are concerned that the lack of adequate PPE endangers not only themselves, but their patients and families as well.

"It is vital that our health care workforce is equipped with a sufficient supply of personal protective equipment, including using their own PPE in order to protect themselves and their patients when no other PPE is available.

“At this critical moment, a unified effort is urgently needed to identify gaps in the supply of and lack of access to PPE necessary to fight COVID-19. The AMA continues to urge the Administration to ensure manufacturing of PPE is operating at maximum possible capacity and create a national tracking system of acquisition and distribution of critical PPE supplies. Federal coordination is necessary to ensure adequate supply and will limit situations where states compete against each other at inflated prices for limited essential supplies.

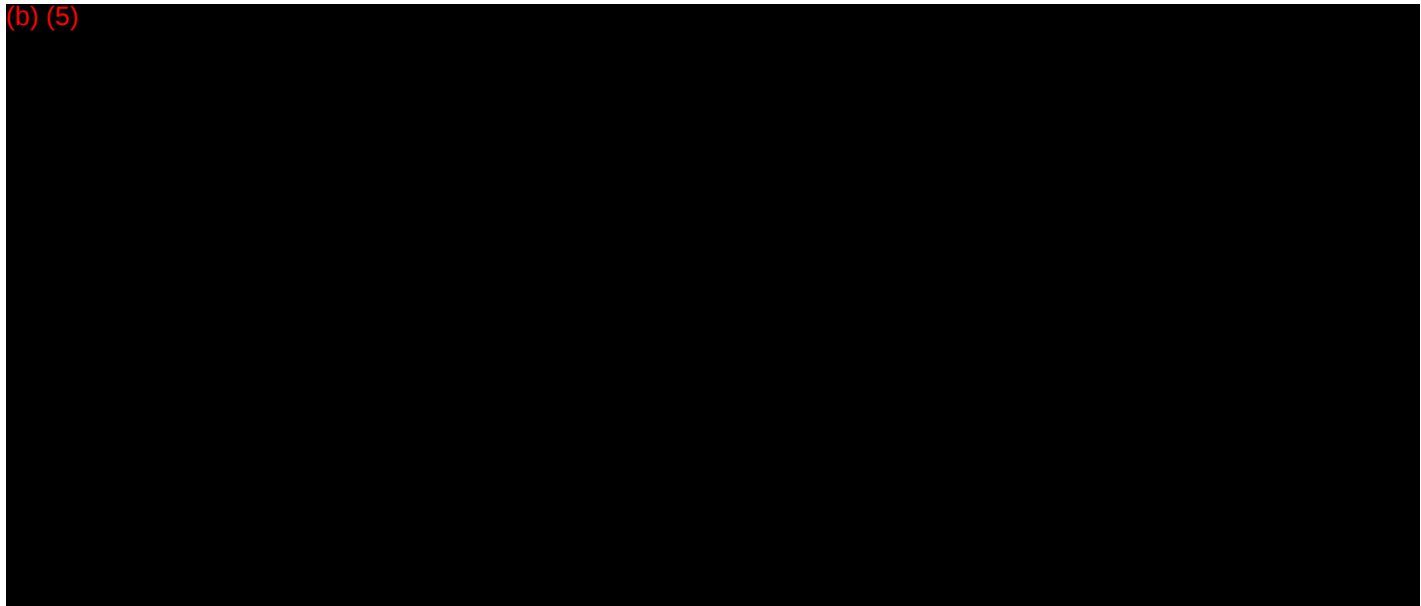
“Physicians stand ready to provide urgent medical care on the front lines in a pandemic crisis. But their need for protective gear is equally urgent and necessary.”

###

(b)(6)

American Hospital Association  
800 10<sup>th</sup> Street NW – Suite 400  
Two CityCenter  
Washington, D.C. 20001-4956  
(202) 626-4625 – Telephone  
(202) 253-4068 – Fax  
(b)(6) [@aha.org](mailto:aha.org)

(b) (5)



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FYI..statement from hospitals and doctors on PPE.

Sent from my iPhone

Begin forwarded message:

**From:** "Pollackc, Rick" (b)(6) @aha.org>  
**Date:** March 28, 2020 at 7:37:32 PM EDT  
**To:** "Seema Verma b 6 @cms.hhs.gov)" b 6 @cms.hhs.gov>  
**Subject:** AMA Statement FYI

**With Inadequate Supply of PPE, AMA Urges Critical Steps to Protect  
Frontline Health Care Workers During COVID-19**

March 28, 2020

<https://www.ama-assn.org/press-center/ama-statements/ama-urges-critical-steps-protect-frontline-health-care-workers>

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President, American Medical Association

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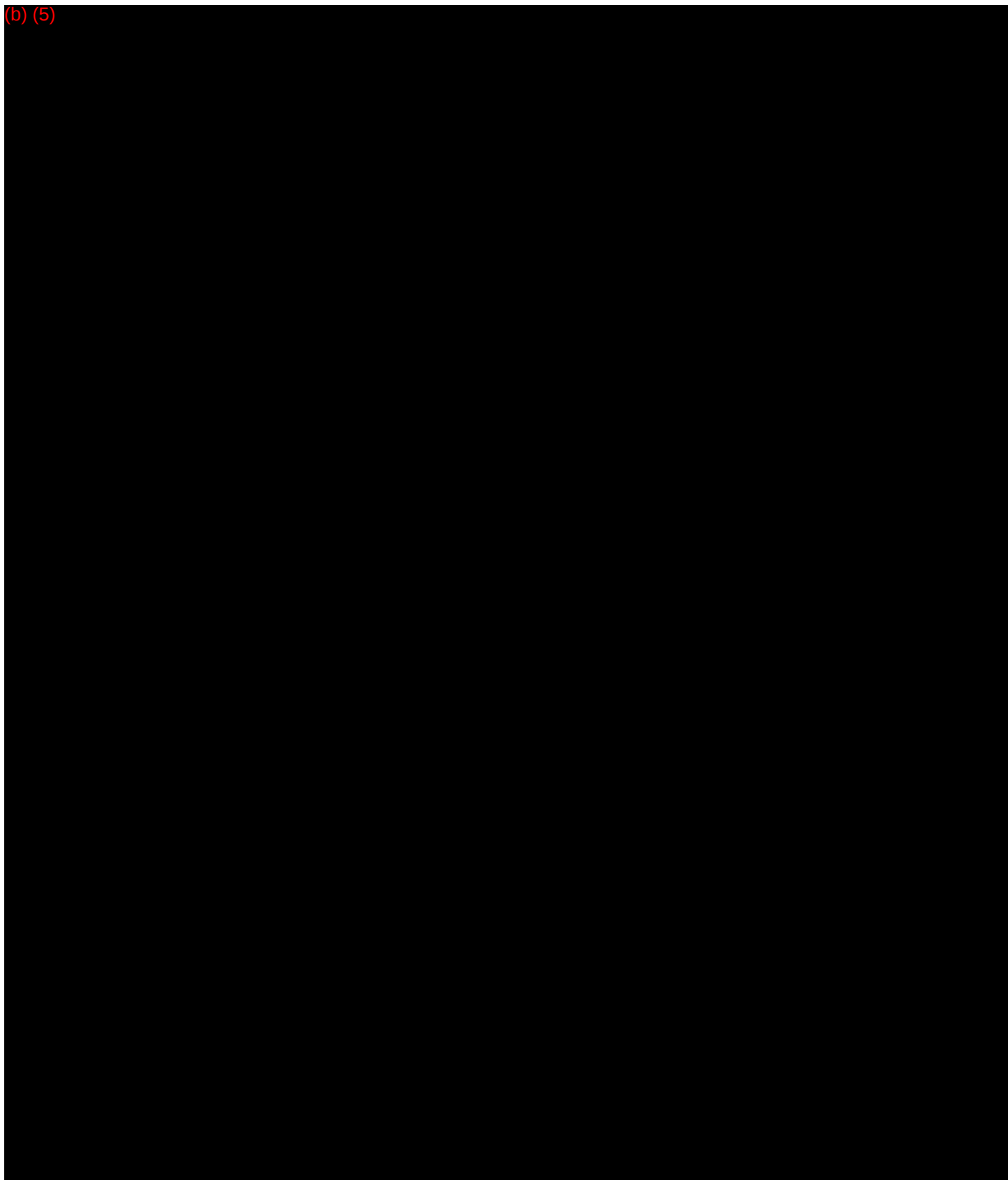
“Physicians stand ready to provide urgent medical care on the front lines in a pandemic crisis. But their need for protective gear is equally urgent and necessary.”

###

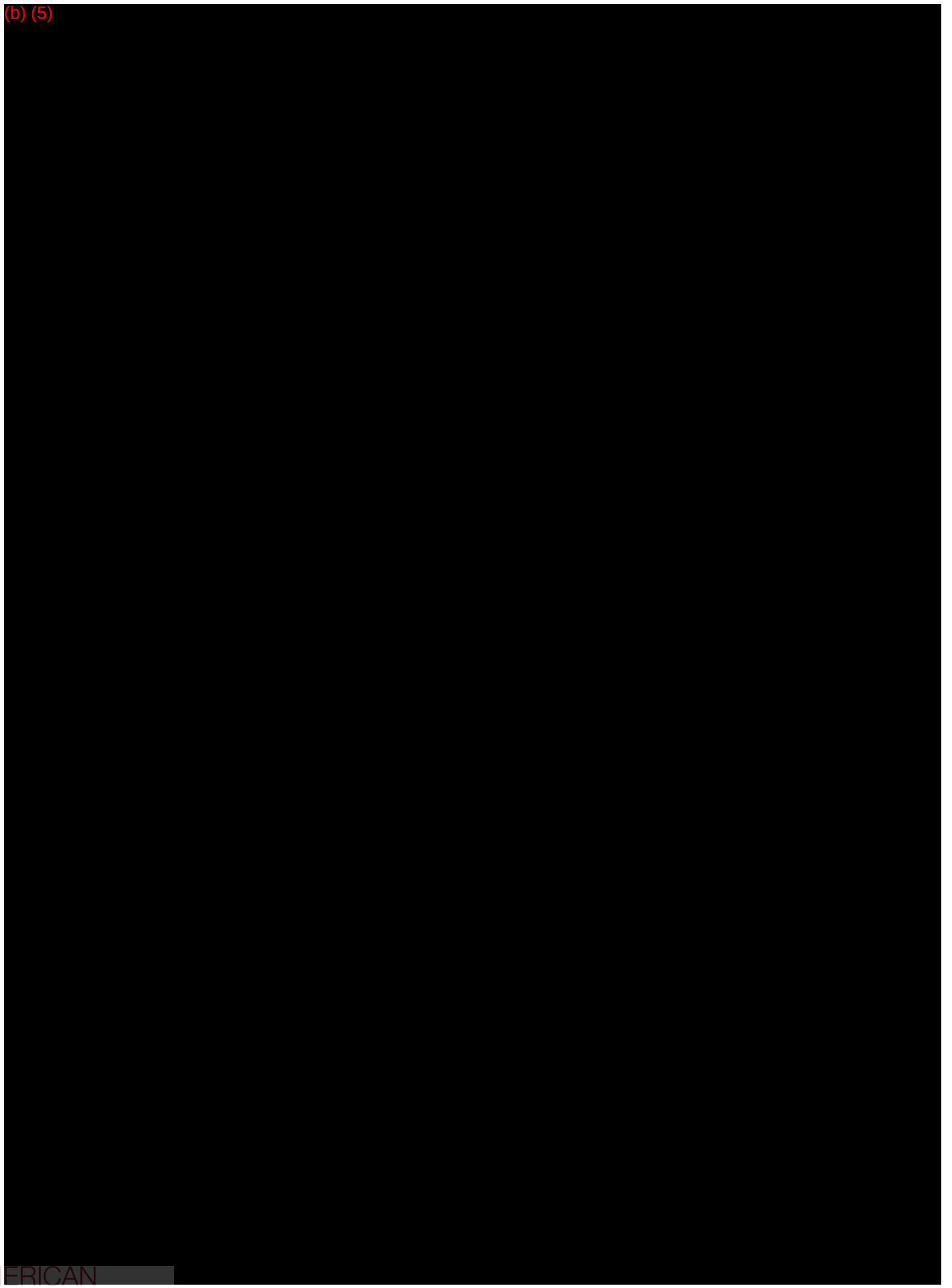
**RICK POLLACK**

President & Chief Executive Officer  
American Hospital Association  
800 10<sup>th</sup> Street NW – Suite 400  
Two CityCenter  
Washington, D.C. 20001-4956  
(202) 626-4625 – Telephone  
(202) 253-4068 – Fax  
(b)(6) [@aha.org](mailto:aha.org)

(b) (5)

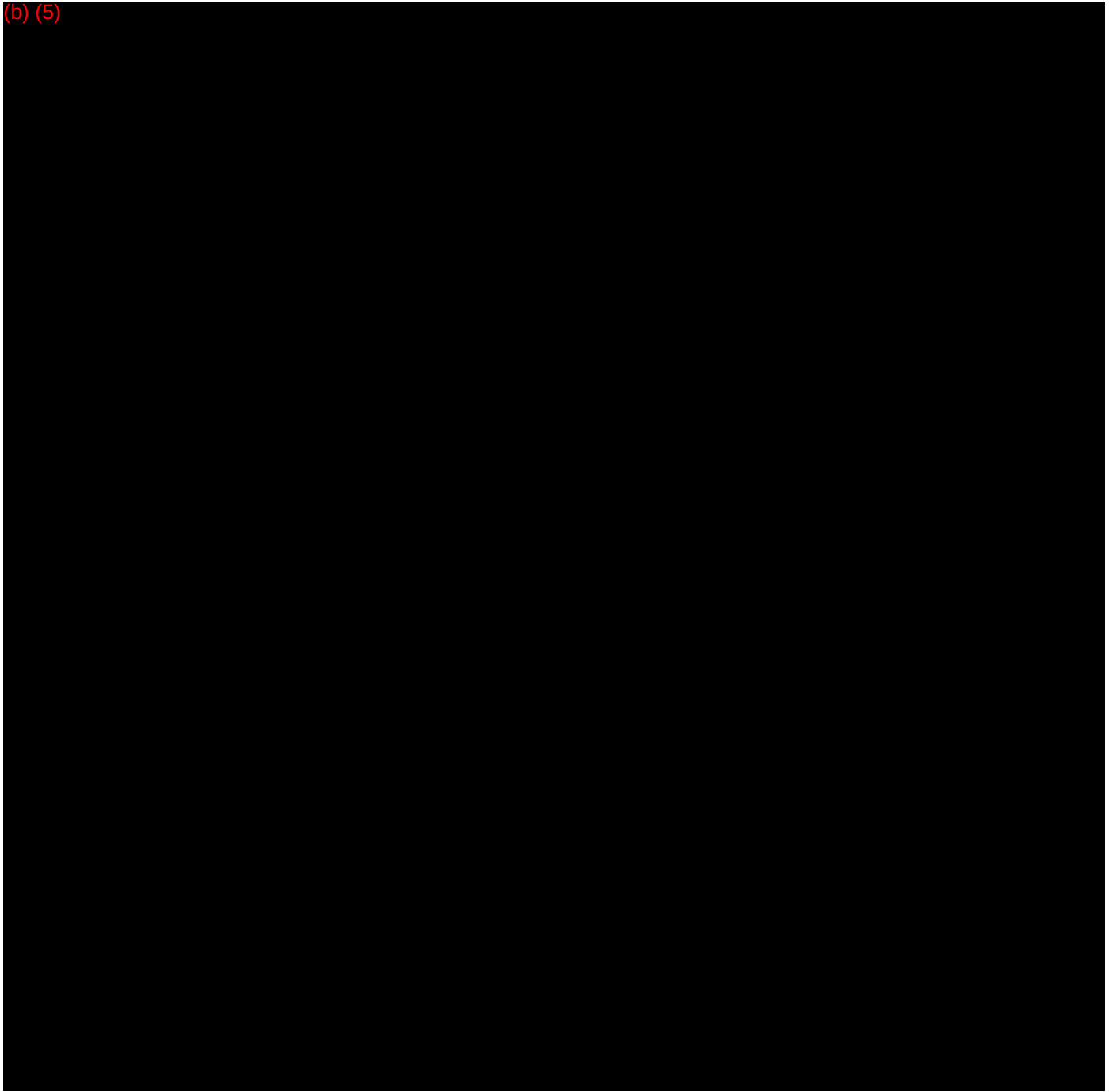


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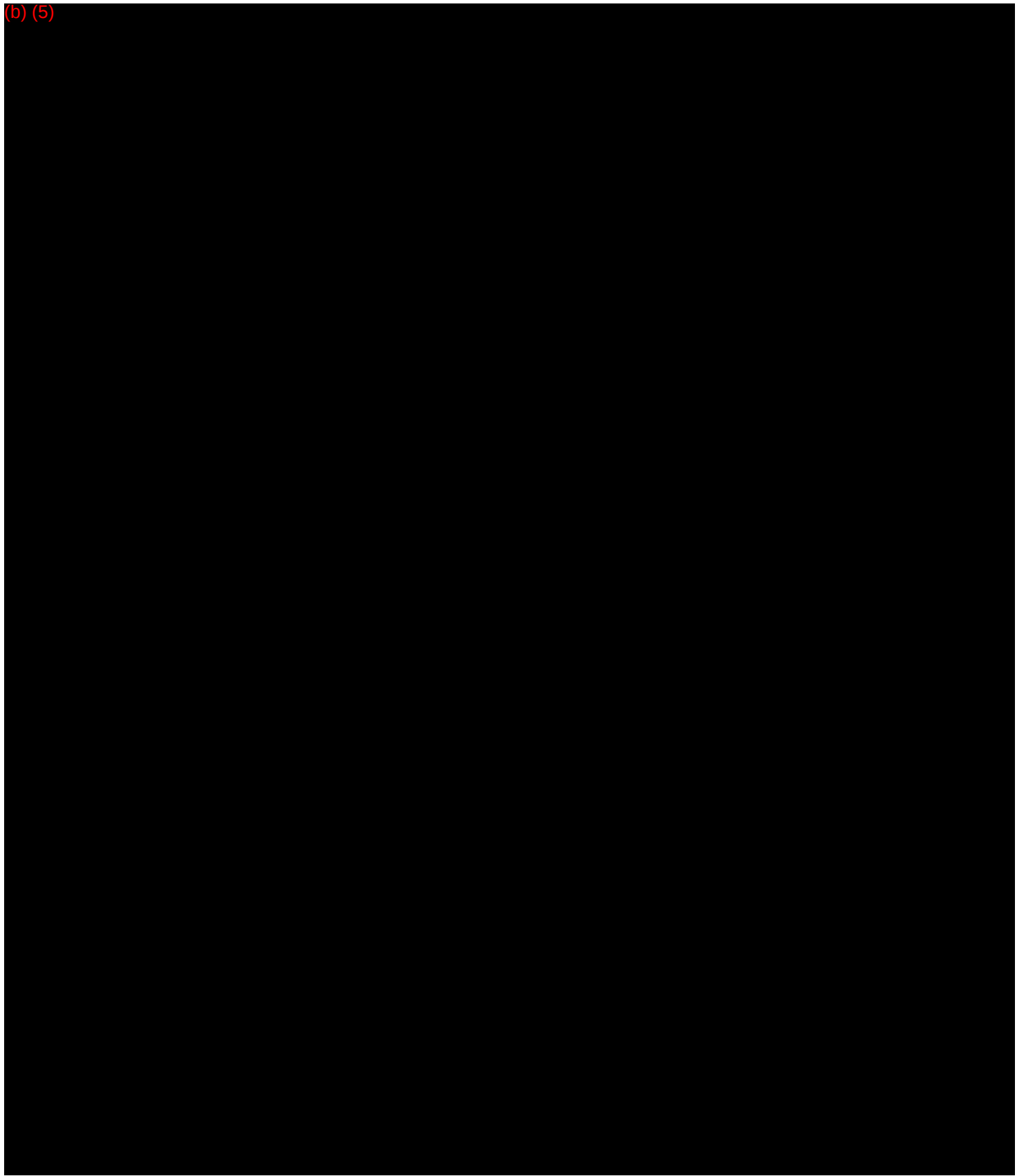




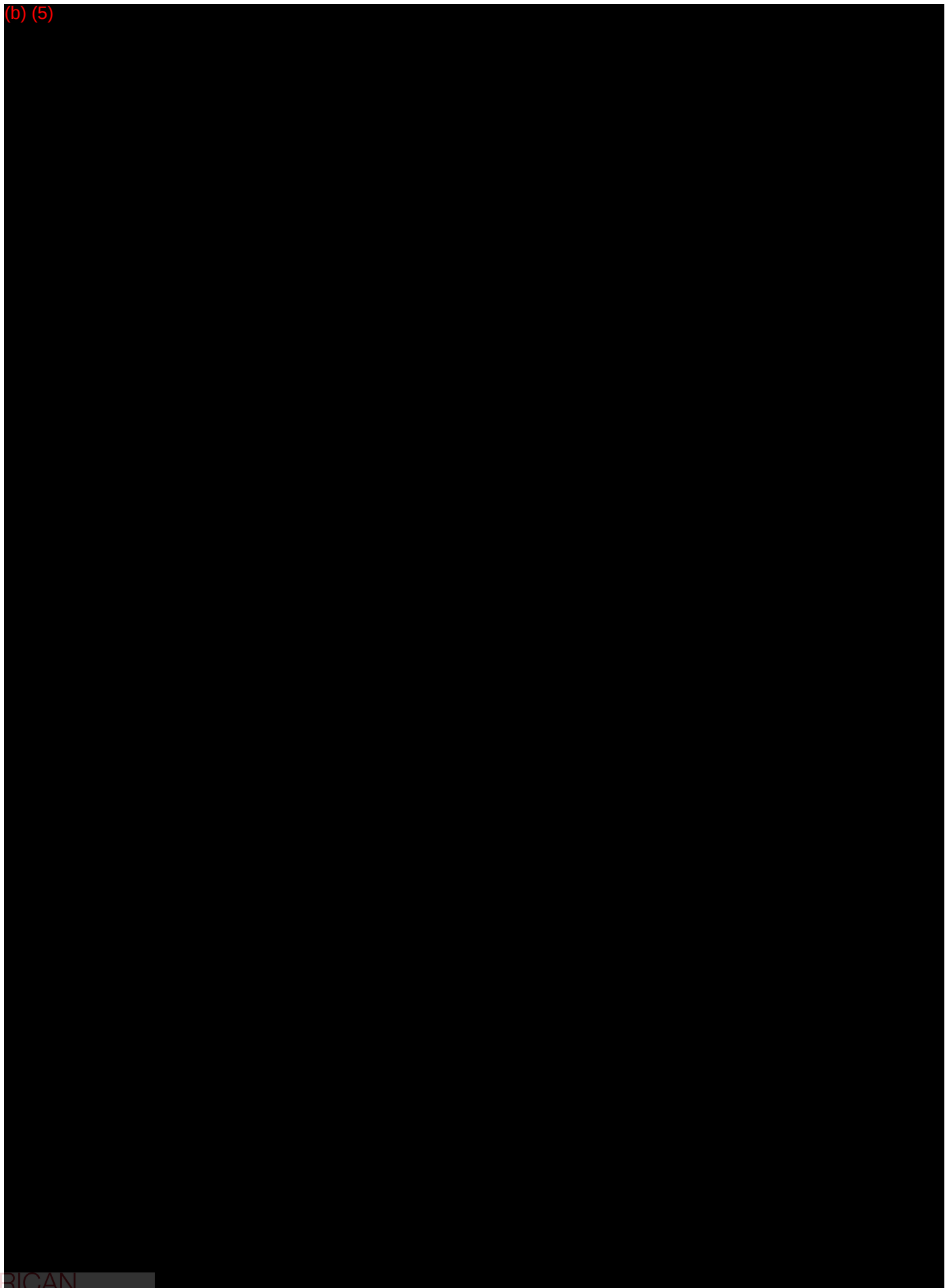
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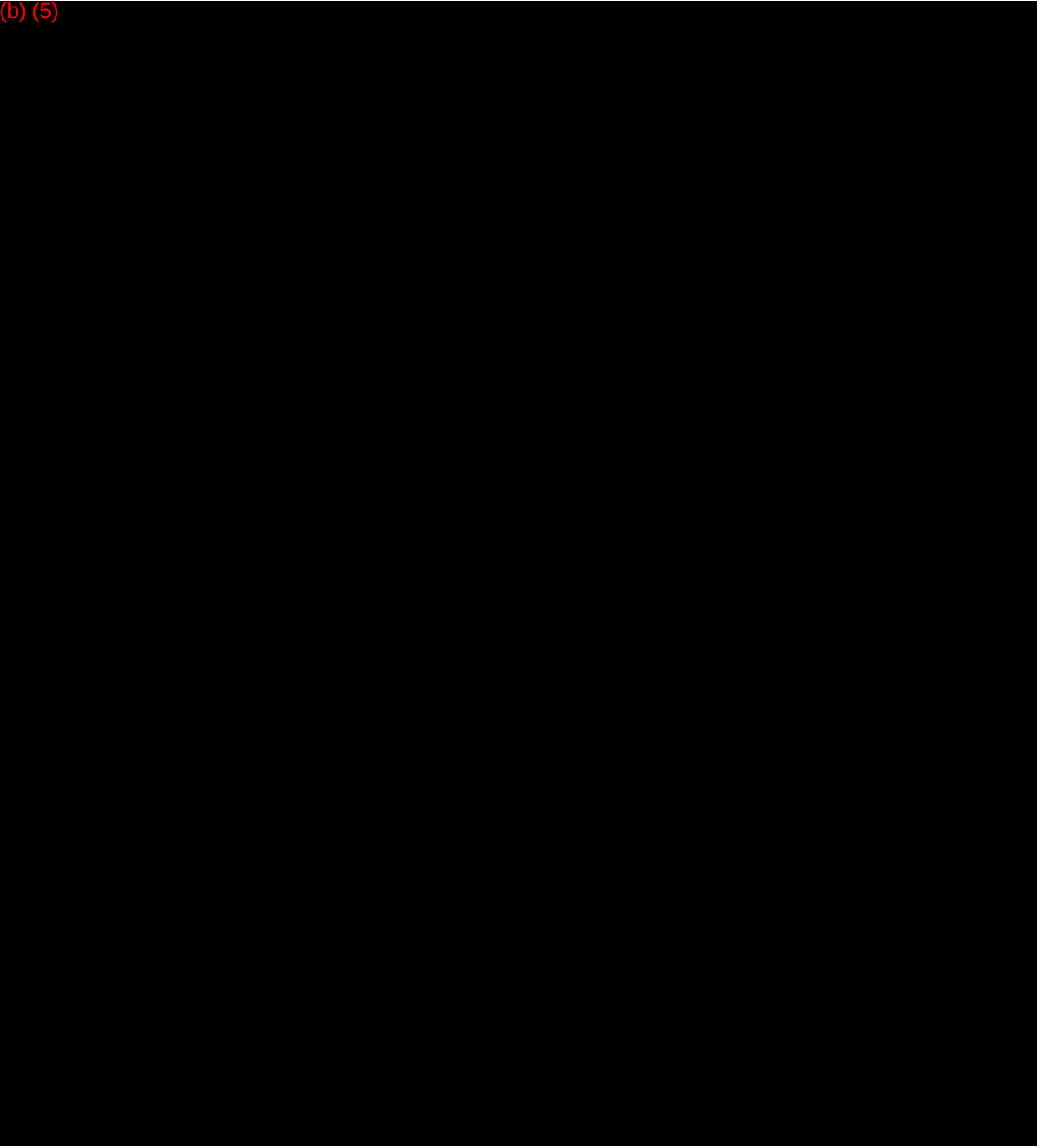


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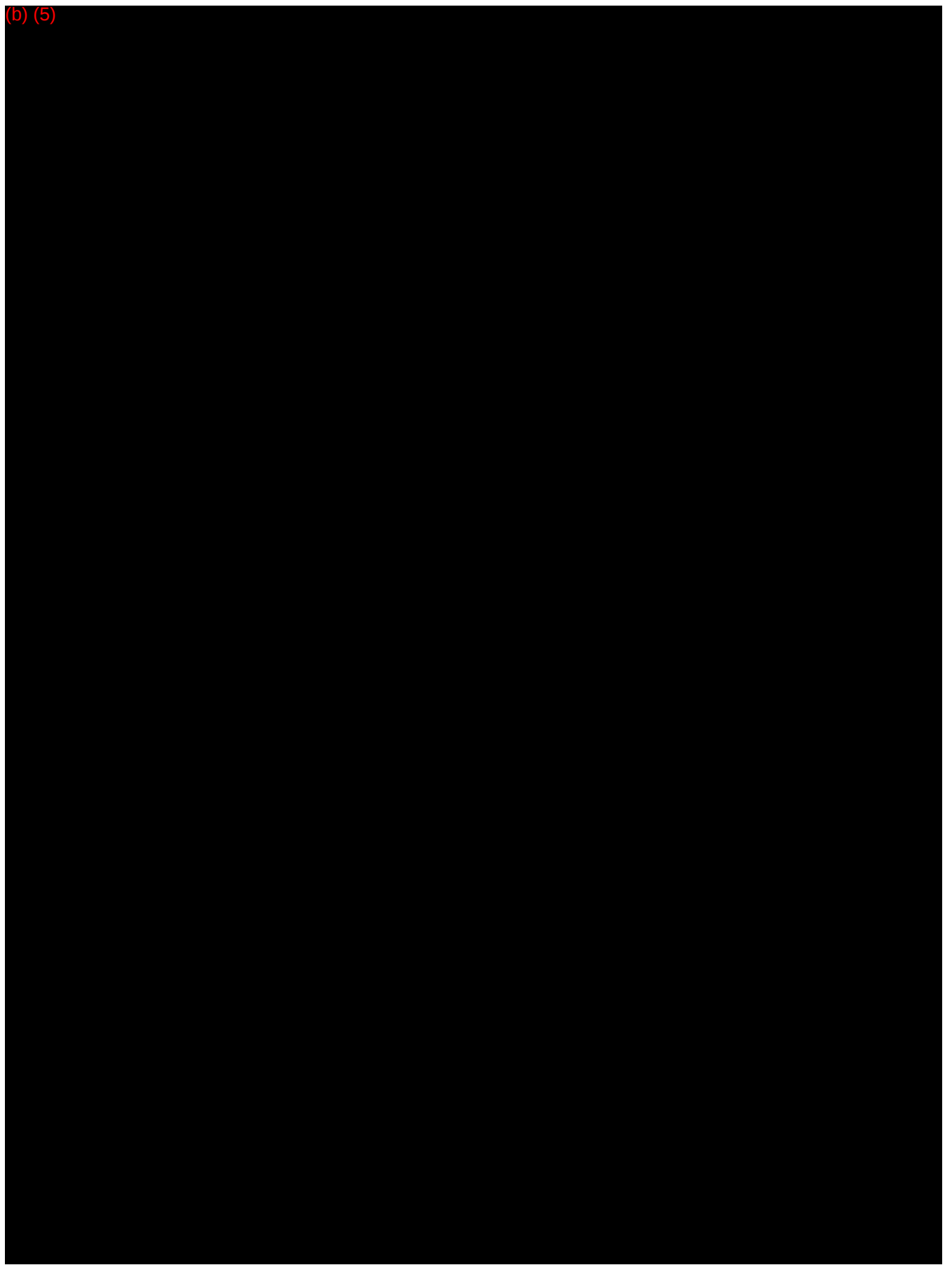


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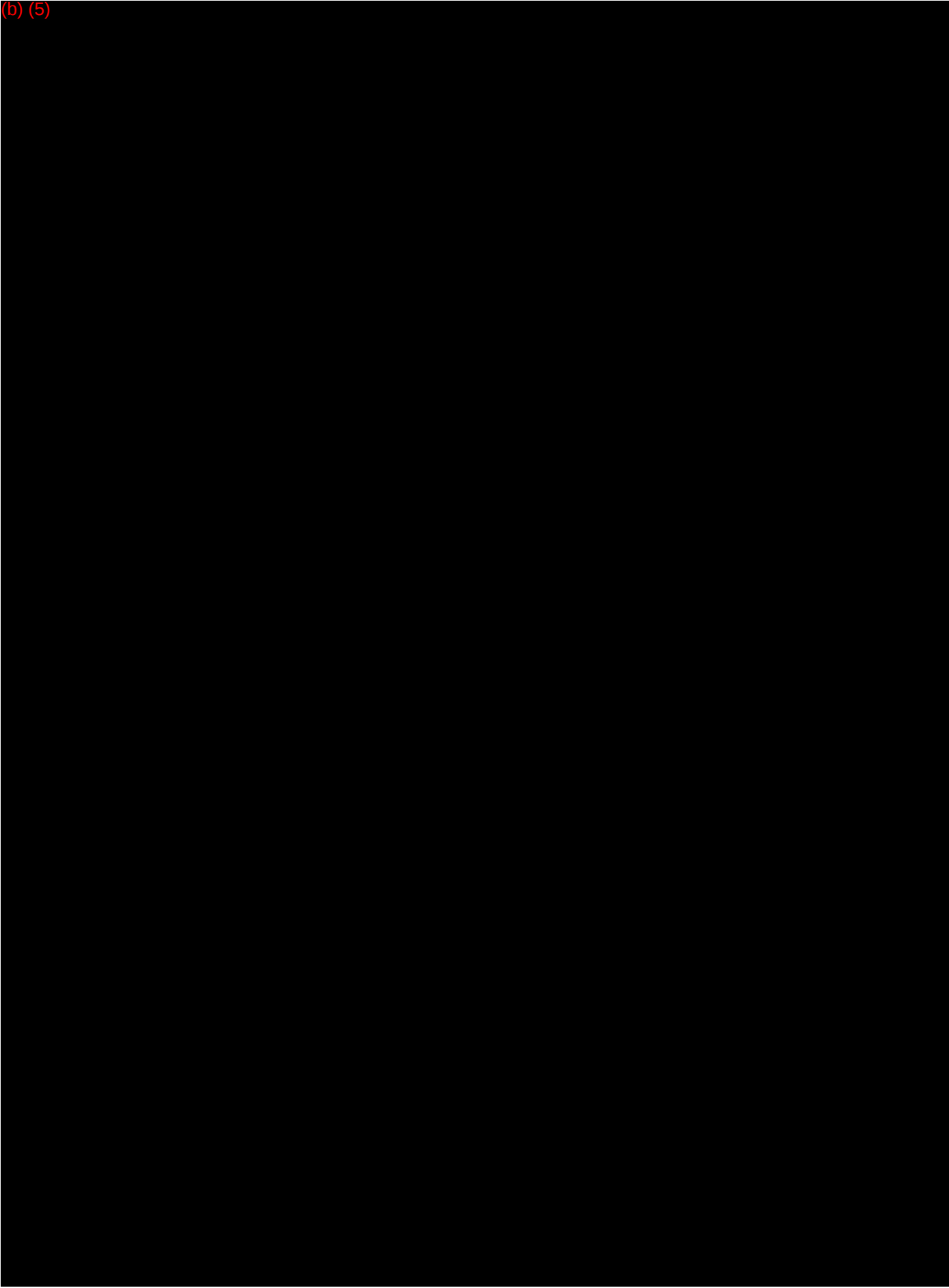
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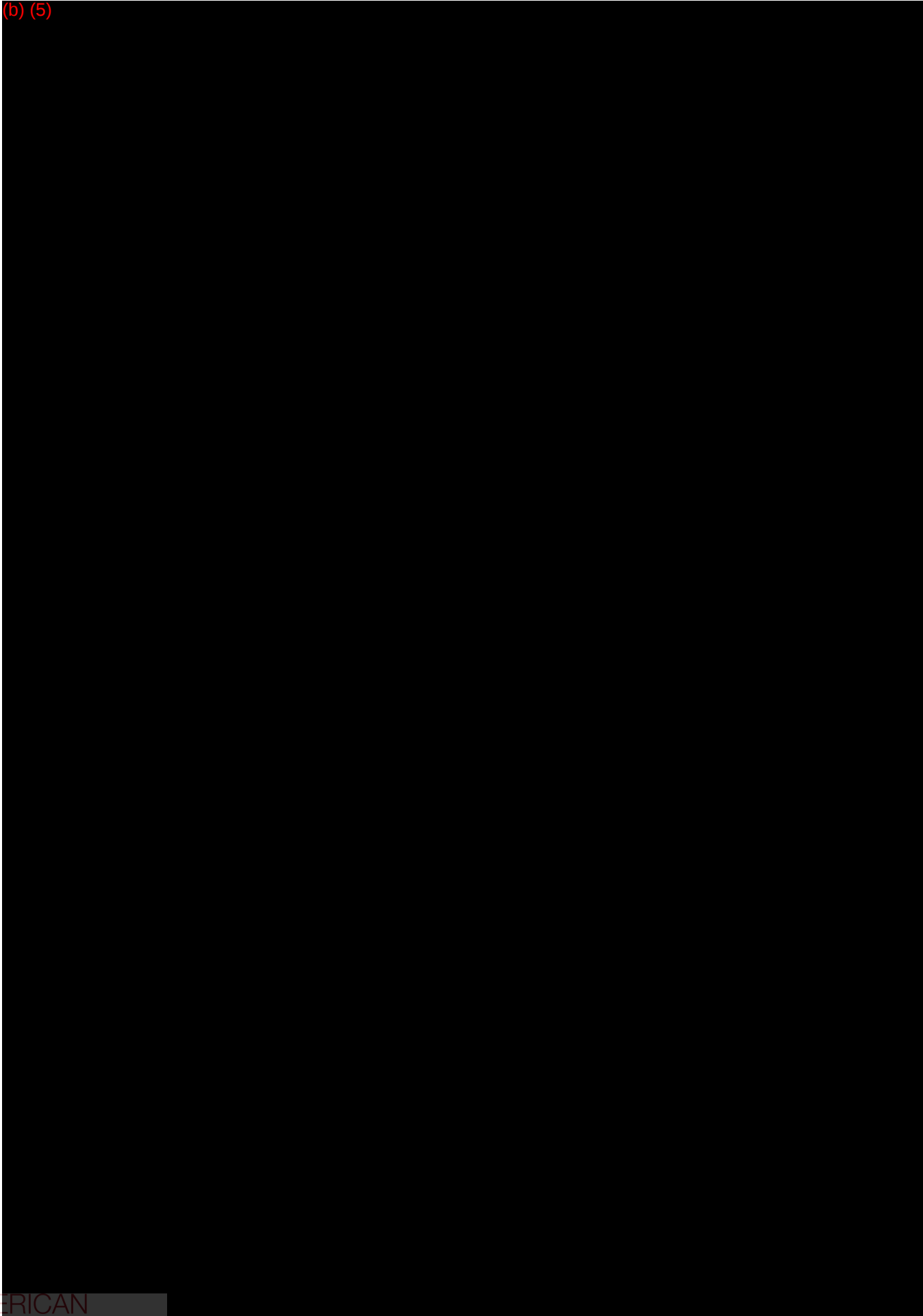
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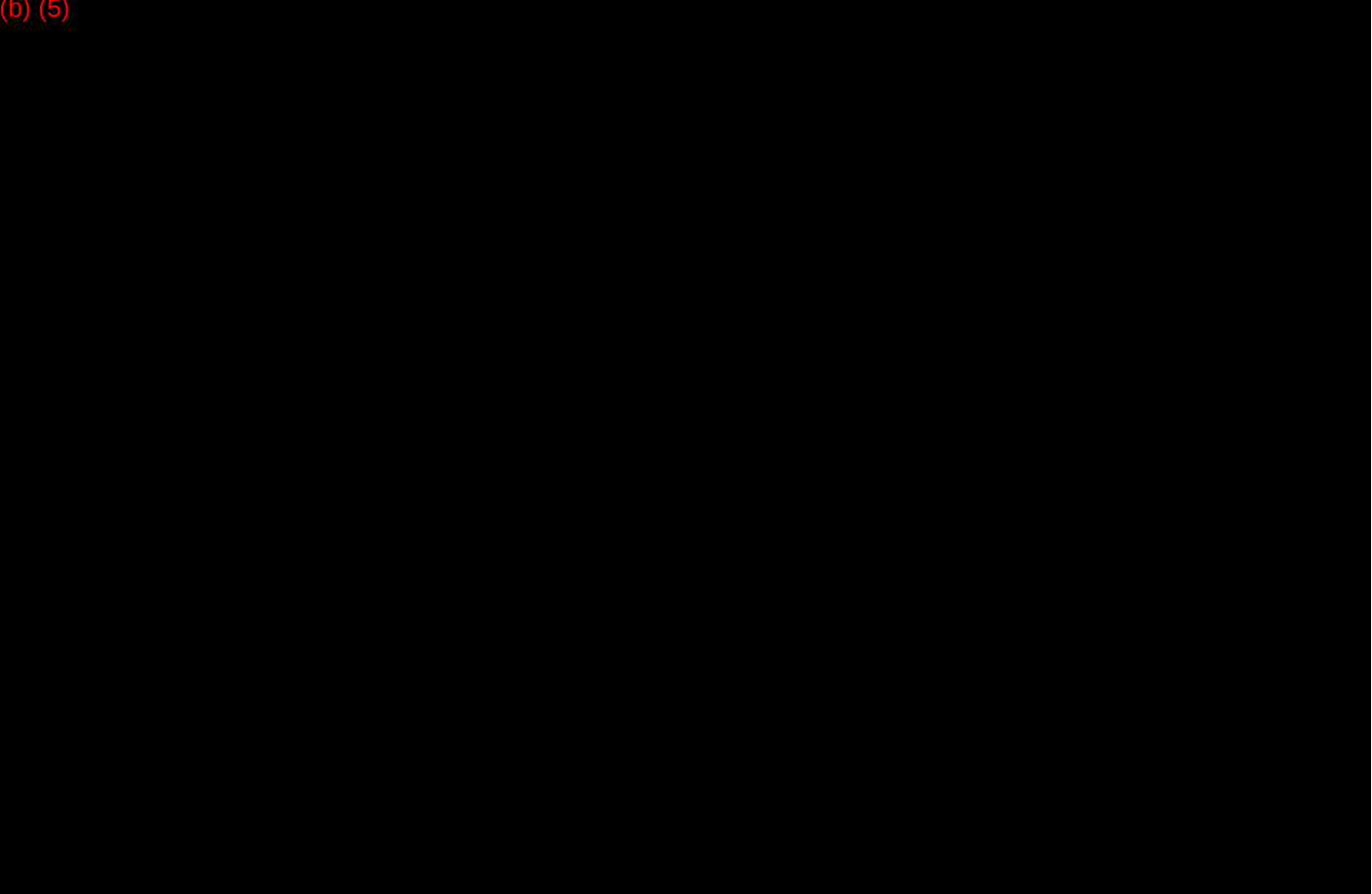


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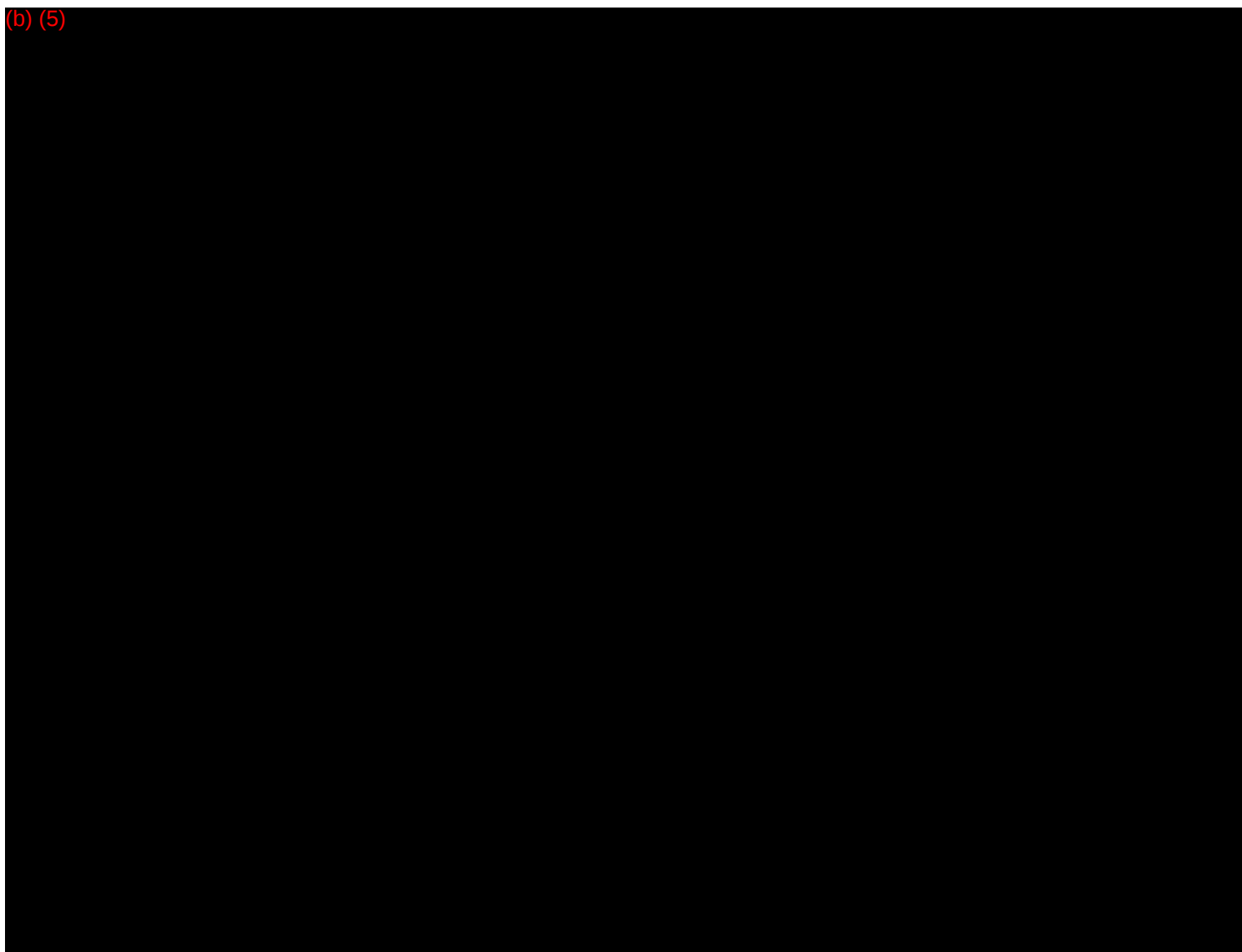
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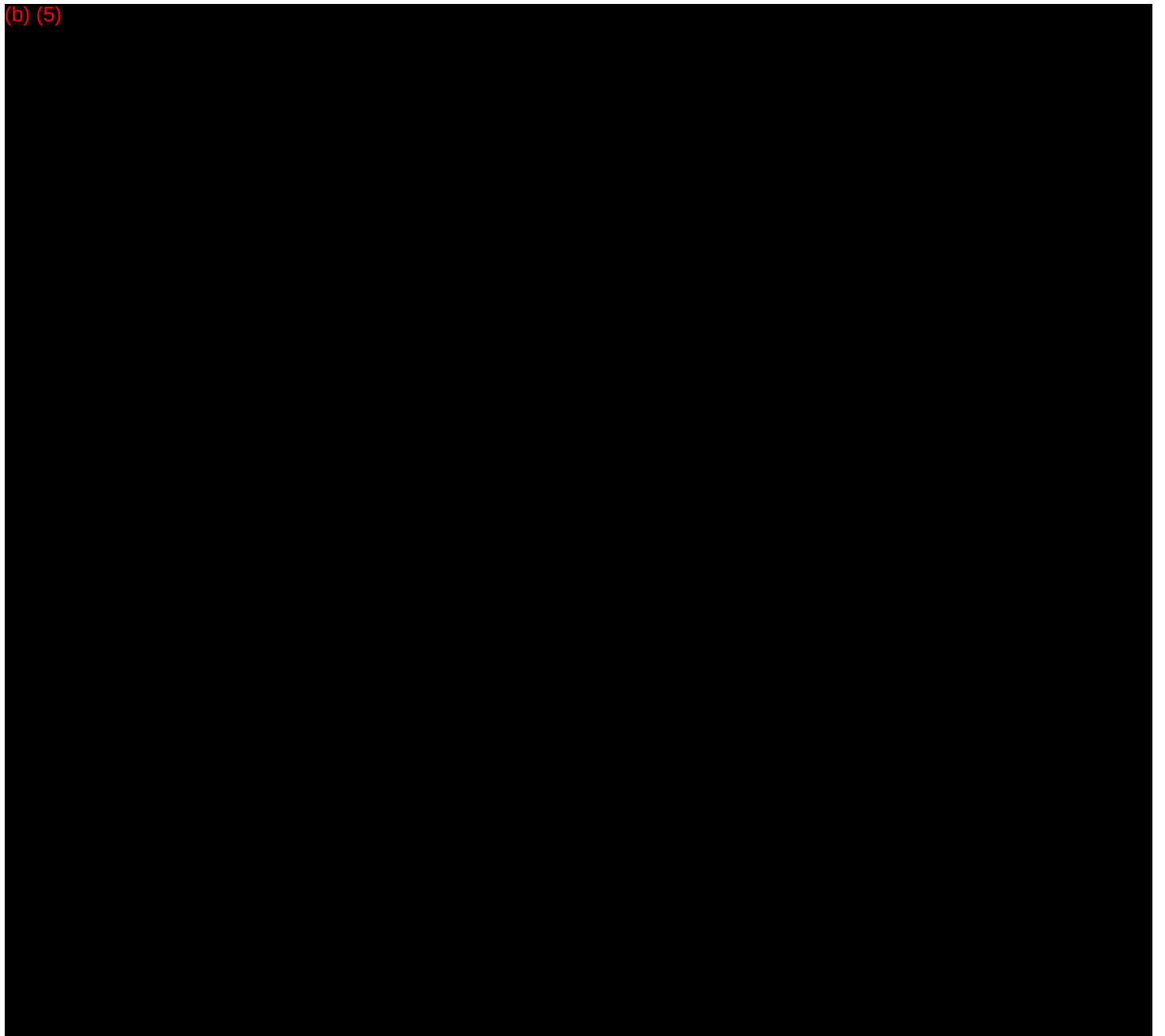
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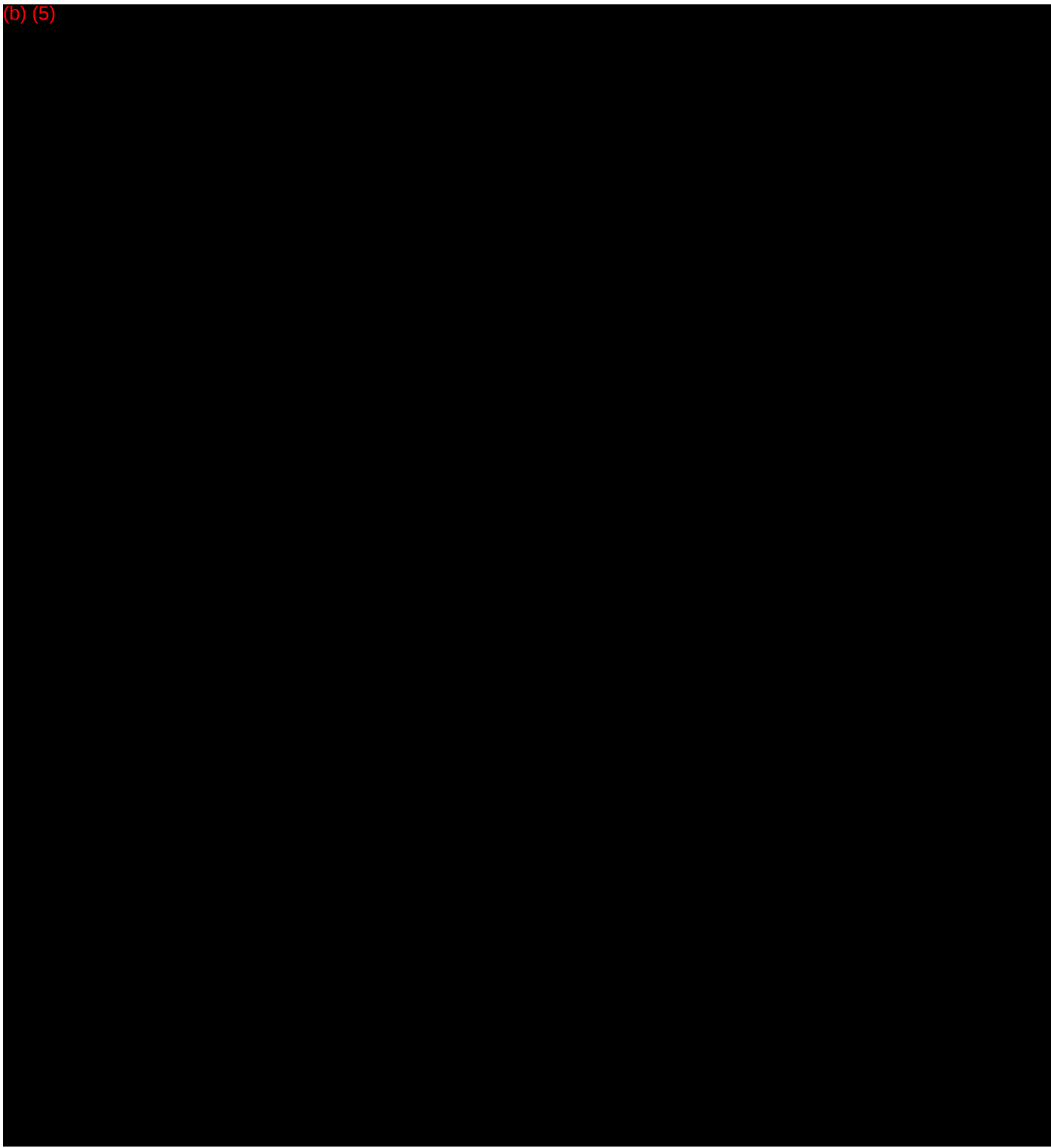
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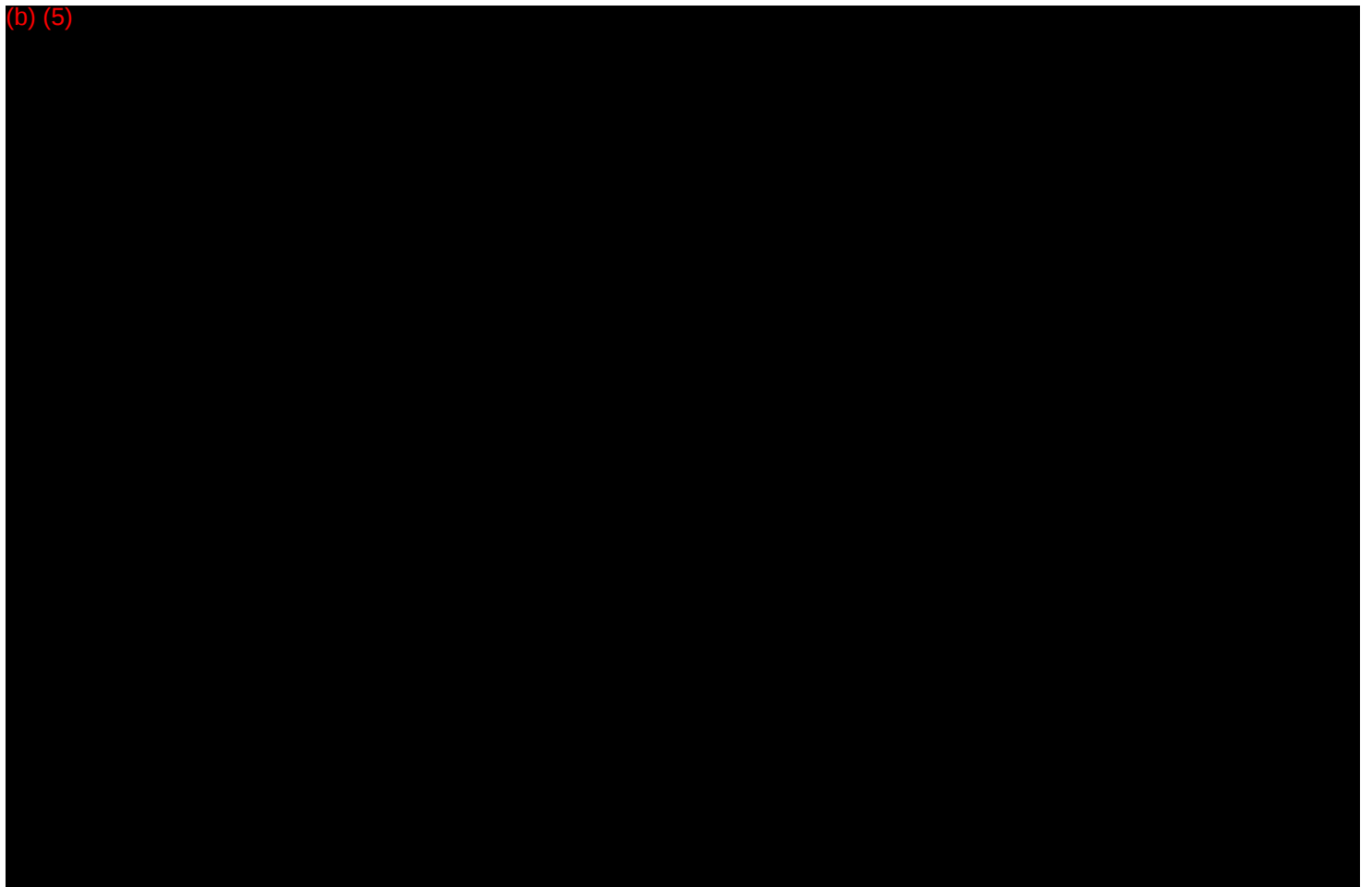
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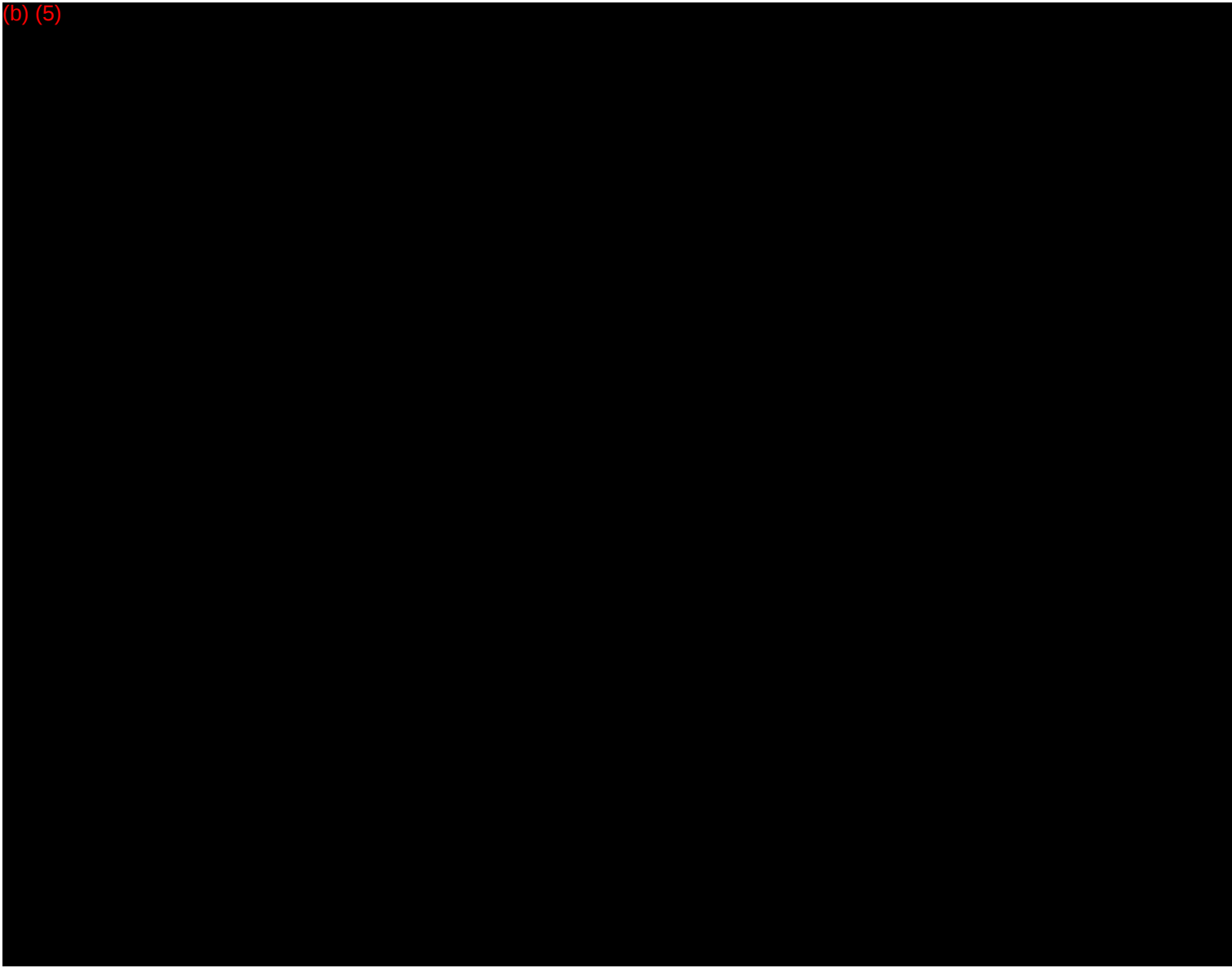
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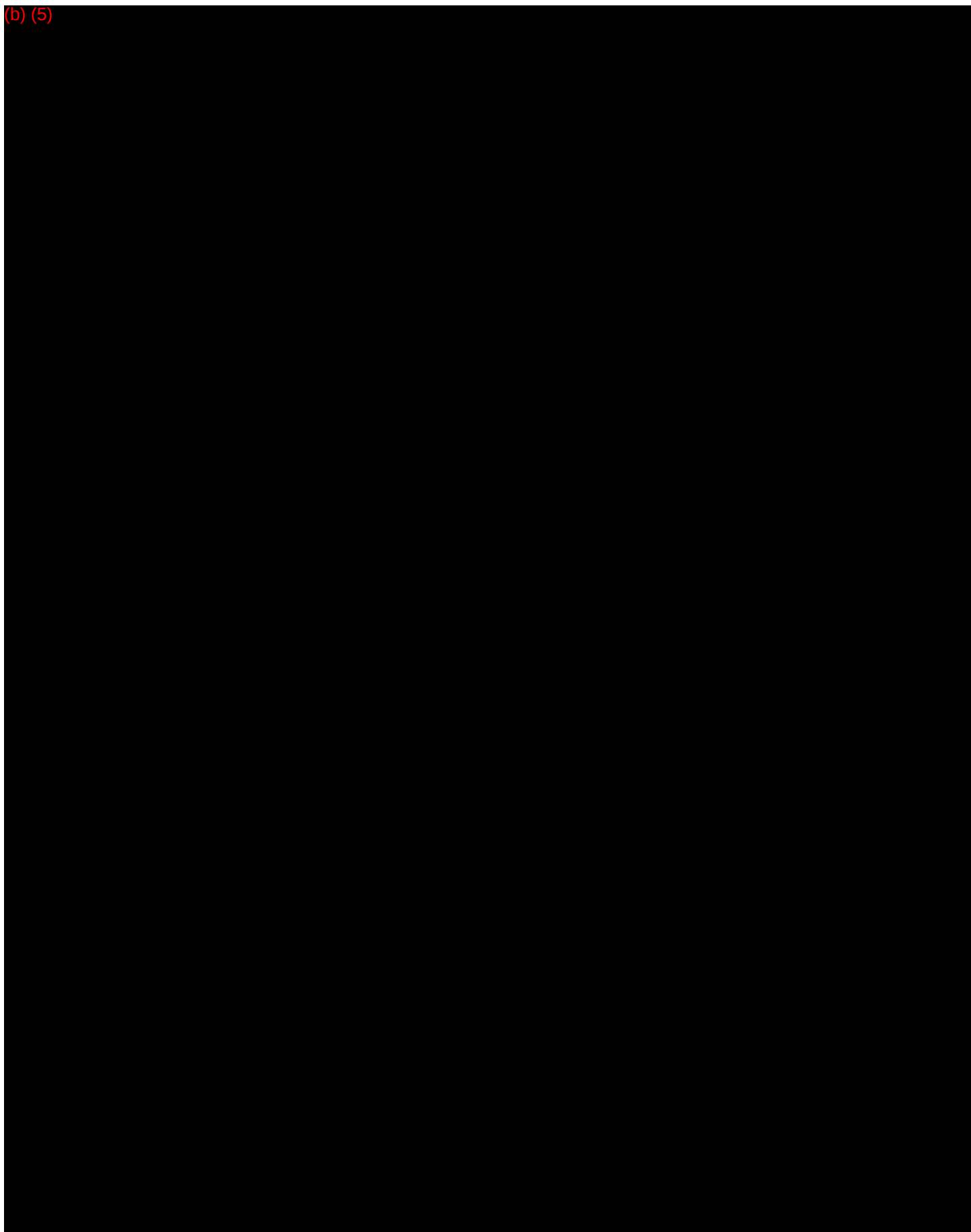
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(b) (5)

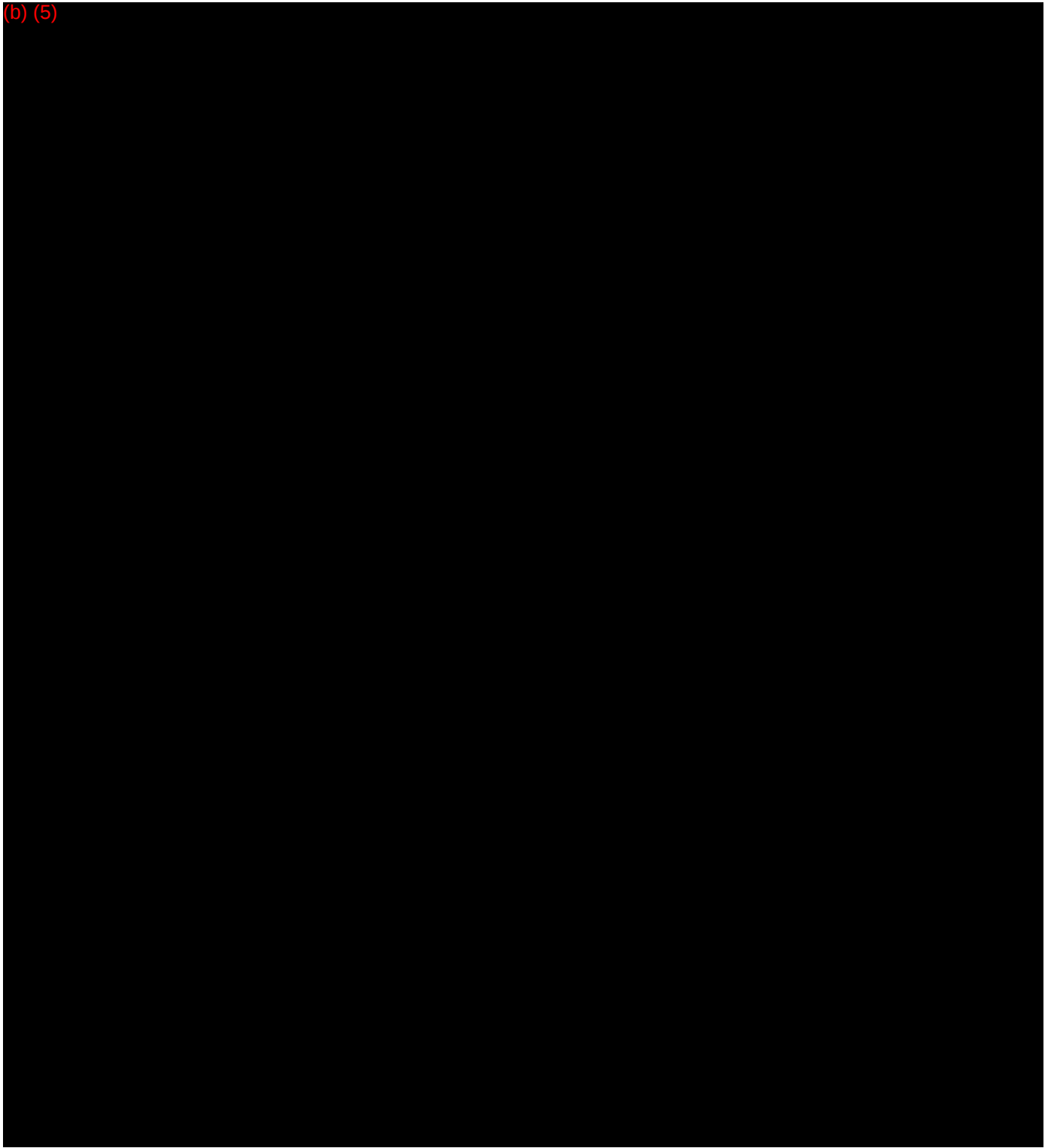
(b) (5)



(b) (5)



(b) (5)



**From:** [Good-Cohn, Meredith \(CMS/OA\)](#)  
**To:** [Hahn, Stephen](#); [Adams, Jerome \(HHS/OASH\)](#); [Debi Birx](#); [Giroir, Brett \(HHS/OASH\)](#); [Fauci, Anthony \(NIH/NIAID\)](#) [E]; [Joe Grogan](#); [Redfield, Robert R. \(CDC/OD\)](#); CMS b 6  
**Cc:** [Shah, Anand \(FDA/OC\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Lenihan, Keagan \(FDA/OC\)](#)  
**Subject:** RE: Call with serology test CEOs  
**Date:** Monday, April 6, 2020 1:47:01 PM

---

+Adm Verma's correct email address – b 6 . Thank you.

---

**From:** Hahn, Stephen <SH1@fda.hhs.gov>  
**Sent:** Monday, April 6, 2020 1:35 PM  
**To:** Adams, Jerome (HHS/OASH) <Jerome.Adams@hhs.gov>; Debi Birx  
(b)(6) Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Verma, Seema  
(CMS/OA) <Seema.Verma@cms.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>;  
Joe Grogan (b)(6) ; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>  
**Cc:** Shah, Anand (FDA/OC) <Anand.Shah@fda.hhs.gov>; Shuren, Jeff (FDA/CDRH)  
<Jeff.Shuren@fda.hhs.gov>; Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>  
**Subject:** RE: Call with serology test CEOs

(b)(5)

Steve

---

**From:** Adams, Jerome (HHS/OASH) <[Jerome.Adams@hhs.gov](#)>  
**Date:** April 6, 2020 at 1:08:18 PM EDT  
**To:** Hahn, Stephen <[SH1@fda.hhs.gov](#)>, Debi Birx <(b)(6)>, Giroir,  
Brett (OS) <[Brett.Giroir@hhs.gov](#)>, Verma, Seema (CMS) <[Seema.Verma@cms.hhs.gov](#)>,  
Fauci, Anthony S (NIH) <[afauci@niaid.nih.gov](#)>, Joe Grogan  
(b)(6) Redfield, Robert R (CDC) <[olx1@cdc.gov](#)>  
**Cc:** Shah, Anand <[Anand.Shah@fda.hhs.gov](#)>, Shuren, Jeff <[Jeff.Shuren@fda.hhs.gov](#)>,  
Lenihan, Keagan <[Keagan.Lenihan@fda.hhs.gov](#)>  
**Subject:** RE: Call with serology test CEOs

(b)(5)

*Jerome*

VADM Jerome Adams, MD, MPH  
20<sup>th</sup> U.S. Surgeon General

---

**From:** Hahn, Stephen <[SH1@fda.hhs.gov](mailto:SH1@fda.hhs.gov)>

**Sent:** Monday, April 6, 2020 1:02 PM

**To:** Debi Birx (b)(6) ; Giroir, Brett (HHS/OASH) <[Brett.Giroir@hhs.gov](mailto:Brett.Giroir@hhs.gov)>;  
Verma, Seema (CMS/OA) <[Seema.Verma@cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov)>; Adams, Jerome (HHS/OASH)  
<[Jerome.Adams@hhs.gov](mailto:Jerome.Adams@hhs.gov)>; Fauci, Anthony (NIH/NIAID) [E] <[afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)>; Joe Grogan  
(b)(6) ; Redfield, Robert R. (CDC/OD) <[olx1@cdc.gov](mailto:olx1@cdc.gov)>

**Cc:** Shah, Anand (FDA/OC) <[Anand.Shah@fda.hhs.gov](mailto:Anand.Shah@fda.hhs.gov)>; Shuren, Jeff (FDA/CDRH)  
<[Jeff.Shuren@fda.hhs.gov](mailto:Jeff.Shuren@fda.hhs.gov)>; Lenihan, Keagan (FDA/OC) <[Keagan.Lenihan@fda.hhs.gov](mailto:Keagan.Lenihan@fda.hhs.gov)>

**Subject:** Call with serology test CEOs

Colleagues,

Great call today with the CEOs.

A couple of issues were flagged that I wanted to bring to your attention.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Any help you could provide, particularly with the first 3 items would be appreciated. I can be the point of contact with the AvaMedDX group.

Best  
Steve

**From:** [Hahn, Stephen](#)  
**To:** CMS b 6 [Good-Cohn, Meredith \(CMS/OA\)](#); [Adams, Jerome \(HHS/OASH\)](#); [Debi Birx](#); [Giroir, Brett \(HHS/OASH\)](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Joe Grogan](#); [Redfield, Robert R. \(CDC/OD\)](#)  
**Cc:** [Shah, Anand \(FDA/OC\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Lenihan, Keagan \(FDA/OC\)](#)  
**Subject:** RE: Call with serology test CEOs  
**Date:** Monday, April 6, 2020 5:58:16 PM

---

Thanks, Seema

---

**From:** CMS b 6 [@cms.hhs.gov](#)  
**Date:** April 6, 2020 at 5:34:26 PM EDT  
**To:** Good-Cohn, Meredith (CMS) <[Meredith.Good-Cohn@cms.hhs.gov](mailto:Meredith.Good-Cohn@cms.hhs.gov)>, Hahn, Stephen <[SH1@fda.hhs.gov](mailto:SH1@fda.hhs.gov)>, Adams, Jerome (OS) <[Jerome.Adams@hhs.gov](mailto:Jerome.Adams@hhs.gov)>, Debi Birx (b)(6), Giroir, Brett (OS) <[Brett.Giroir@hhs.gov](mailto:Brett.Giroir@hhs.gov)>, Fauci, Anthony S (NIH) <[afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)>, Joe Grogan (b)(6), Redfield, Robert R (CDC) <[olx1@cdc.gov](mailto:olx1@cdc.gov)>  
**Cc:** Shah, Anand <[Anand.Shah@fda.hhs.gov](mailto:Anand.Shah@fda.hhs.gov)>, Shuren, Jeff <[Jeff.Shuren@fda.hhs.gov](mailto:Jeff.Shuren@fda.hhs.gov)>, Lenihan, Keagan <[Keagan.Lenihan@fda.hhs.gov](mailto:Keagan.Lenihan@fda.hhs.gov)>  
**Subject:** RE: Call with serology test CEOs

(b) (5)

---

**From:** Good-Cohn, Meredith (CMS/OA)  
**Sent:** Monday, April 6, 2020 1:47 PM  
**To:** Hahn, Stephen <[SH1@fda.hhs.gov](mailto:SH1@fda.hhs.gov)>; Adams, Jerome (HHS/OASH) <[Jerome.Adams@hhs.gov](mailto:Jerome.Adams@hhs.gov)>; Debi Birx <[Deborah.L.Birx@nsc.eop.gov](mailto:Deborah.L.Birx@nsc.eop.gov)>; Giroir, Brett (HHS/OASH) <[Brett.Giroir@hhs.gov](mailto:Brett.Giroir@hhs.gov)>; Fauci, Anthony (NIH/NIAID) [E] <[afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)>; Joe Grogan <[Joseph.J.Grogan@who.eop.gov](mailto:Joseph.J.Grogan@who.eop.gov)>; Redfield, Robert R. (CDC/OD) <[olx1@cdc.gov](mailto:olx1@cdc.gov)>; CM b 6 [@cms.hhs.gov](#)  
**Cc:** Shah, Anand (FDA/OC) <[Anand.Shah@fda.hhs.gov](mailto:Anand.Shah@fda.hhs.gov)>; Shuren, Jeff (FDA/CDRH) <[Jeff.Shuren@fda.hhs.gov](mailto:Jeff.Shuren@fda.hhs.gov)>; Lenihan, Keagan (FDA/OC) <[Keagan.Lenihan@fda.hhs.gov](mailto:Keagan.Lenihan@fda.hhs.gov)>  
**Subject:** RE: Call with serology test CEOs

+Adm Verma's correct email address – b 6 Thank you.

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**Sent:** Monday, April 6, 2020 1:35 PM  
**To:** Adams, Jerome (HHS/OASH) <[Jerome.Adams@hhs.gov](mailto:Jerome.Adams@hhs.gov)>; Debi Birx (b)(6), Giroir, Brett (HHS/OASH) <[Brett.Giroir@hhs.gov](mailto:Brett.Giroir@hhs.gov)>; Verma, Seema (CMS/OA) <[Seema.Verma@cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov)>; Fauci, Anthony (NIH/NIAID) [E] <[afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)>; Joe Grogan <(b)(6)> Redfield, Robert R. (CDC/OD) <[olx1@cdc.gov](mailto:olx1@cdc.gov)>  
**Cc:** Shah, Anand (FDA/OC) <[Anand.Shah@fda.hhs.gov](mailto:Anand.Shah@fda.hhs.gov)>; Shuren, Jeff (FDA/CDRH) <[Jeff.Shuren@fda.hhs.gov](mailto:Jeff.Shuren@fda.hhs.gov)>; Lenihan, Keagan (FDA/OC) <[Keagan.Lenihan@fda.hhs.gov](mailto:Keagan.Lenihan@fda.hhs.gov)>  
**Subject:** RE: Call with serology test CEOs

(b)(5)

(b)(5)

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**To:** Hahn, Stephen <[SH1@fda.hhs.gov](mailto:SH1@fda.hhs.gov)>, Debi Birx (b)(6), Giroir, Brett (OS) <[Brett.Giroir@hhs.gov](mailto:Brett.Giroir@hhs.gov)>, Verma, Seema (CMS) <[Seema.Verma@cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov)>, Fauci, Anthony S (NIH) <[afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)>, Joe Grogan (b)(6) Redfield, Robert R (CDC) <[olx1@cdc.gov](mailto:olx1@cdc.gov)>  
**Cc:** Shah, Anand <[Anand.Shah@fda.hhs.gov](mailto:Anand.Shah@fda.hhs.gov)>, Shuren, Jeff <[Jeff.Shuren@fda.hhs.gov](mailto:Jeff.Shuren@fda.hhs.gov)>, Lenihan, Keagan <[Keagan.Lenihan@fda.hhs.gov](mailto:Keagan.Lenihan@fda.hhs.gov)>  
**Subject:** RE: Call with serology test CEOs

(b)(5)

*Jerome*

VADM Jerome Adams, MD, MPH  
20<sup>th</sup> U.S. Surgeon General

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**From:** Hahn, Stephen <[SH1@fda.hhs.gov](mailto:SH1@fda.hhs.gov)>  
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**To:** Debi Birx (b)(6) Giroir, Brett (HHS/OASH) <[Brett.Giroir@hhs.gov](mailto:Brett.Giroir@hhs.gov)>; Verma, Seema (CMS/OA) <[Seema.Verma@cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov)>; Adams, Jerome (HHS/OASH) <[Jerome.Adams@hhs.gov](mailto:Jerome.Adams@hhs.gov)>; Fauci, Anthony (NIH/NIAID) [E] <[afauci@niaid.nih.gov](mailto:afauci@niaid.nih.gov)>; Joe Grogan (b)(6); Redfield, Robert R. (CDC/OD) <[olx1@cdc.gov](mailto:olx1@cdc.gov)>  
**Cc:** Shah, Anand (FDA/OC) <[Anand.Shah@fda.hhs.gov](mailto:Anand.Shah@fda.hhs.gov)>; Shuren, Jeff (FDA/CDRH) <[Jeff.Shuren@fda.hhs.gov](mailto:Jeff.Shuren@fda.hhs.gov)>; Lenihan, Keagan (FDA/OC) <[Keagan.Lenihan@fda.hhs.gov](mailto:Keagan.Lenihan@fda.hhs.gov)>  
**Subject:** Call with serology test CEOs

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A couple of issues were flagged that I wanted to bring to your attention.

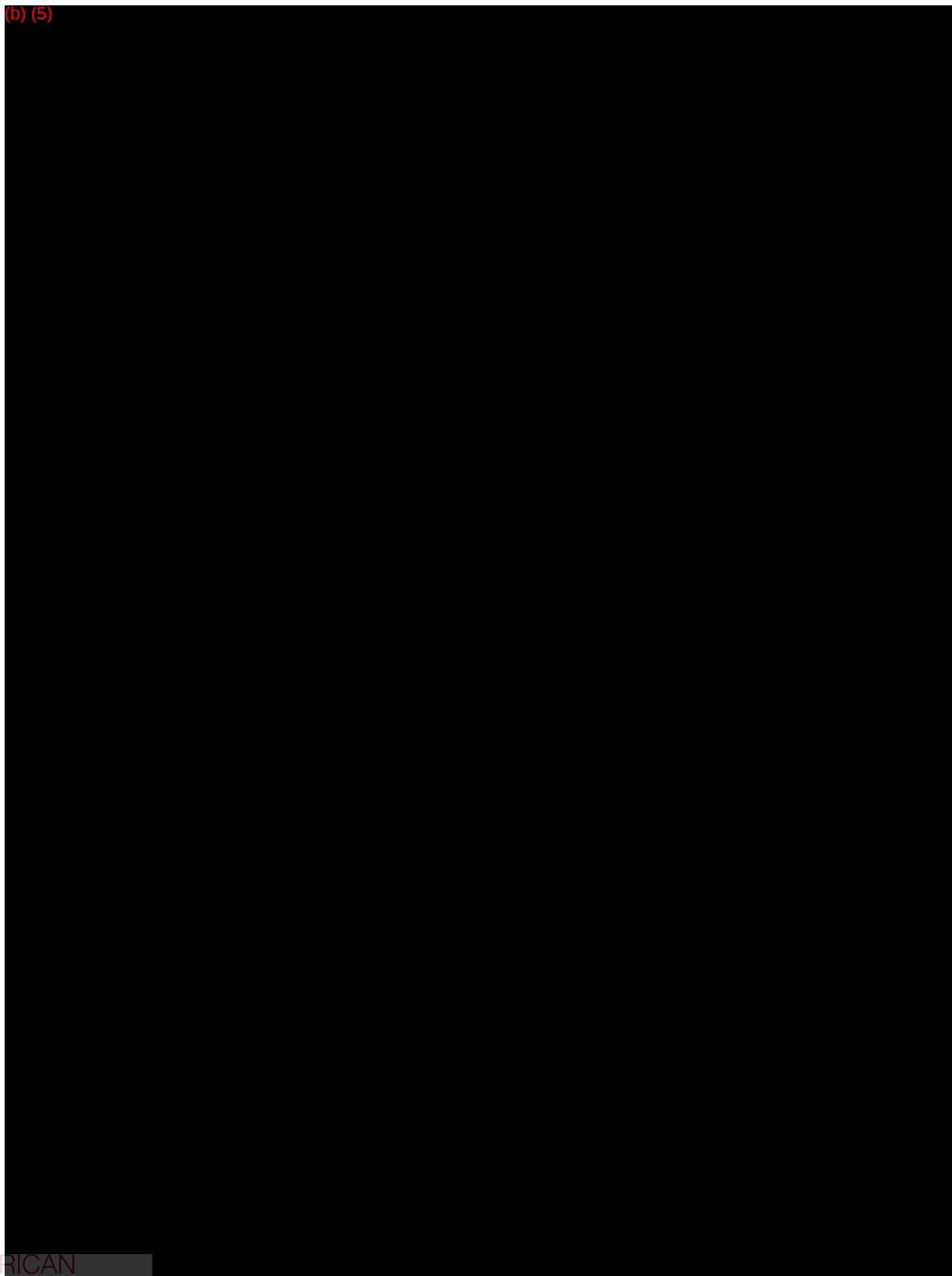
[REDACTED]

(b) (5)

Any help you could provide, particularly with the first 3 items would be appreciated. I can be the point of contact with the AvaMedDX group.

Best  
Steve

(b) (5)



(b) (5)

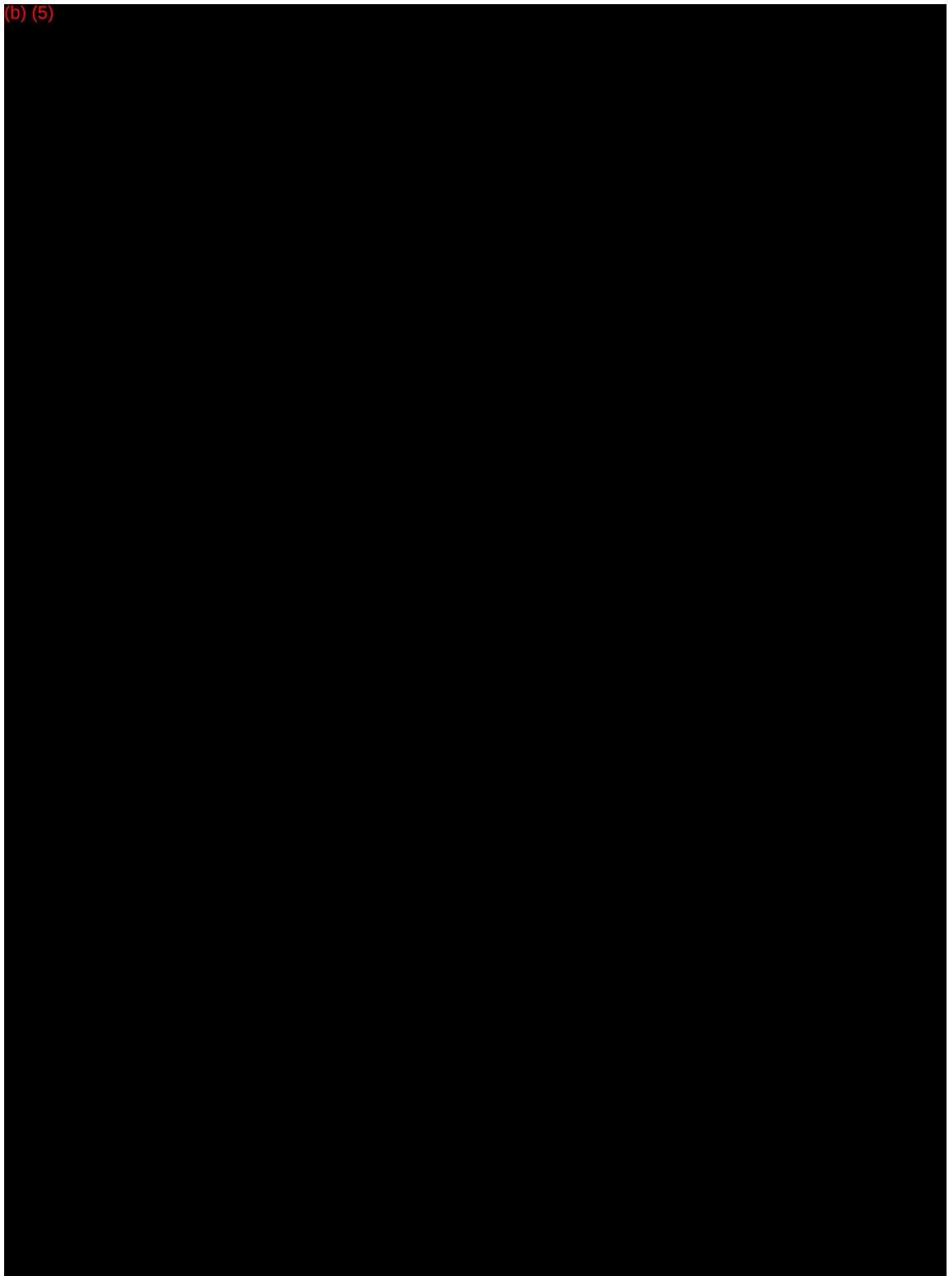


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(b) (5)



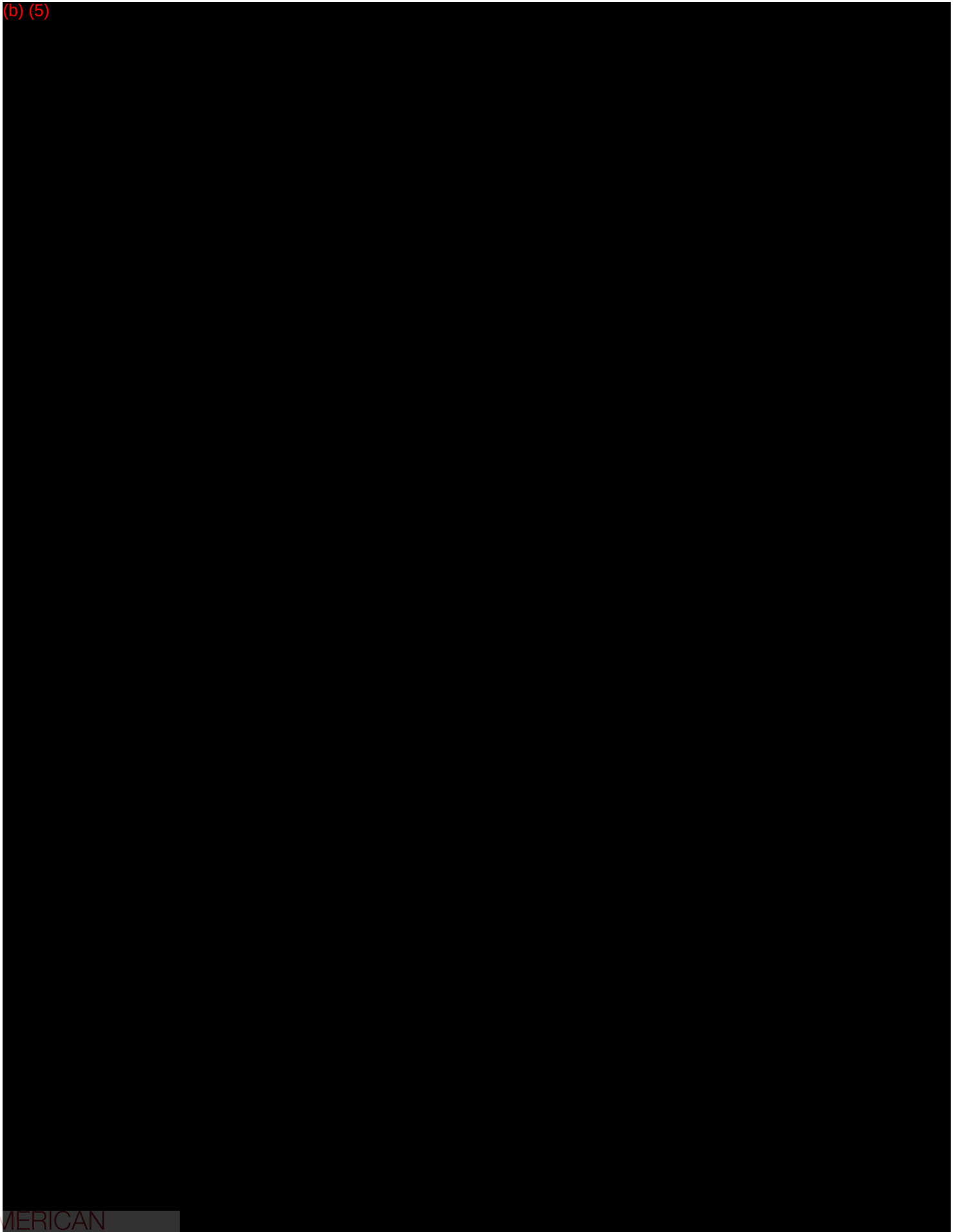
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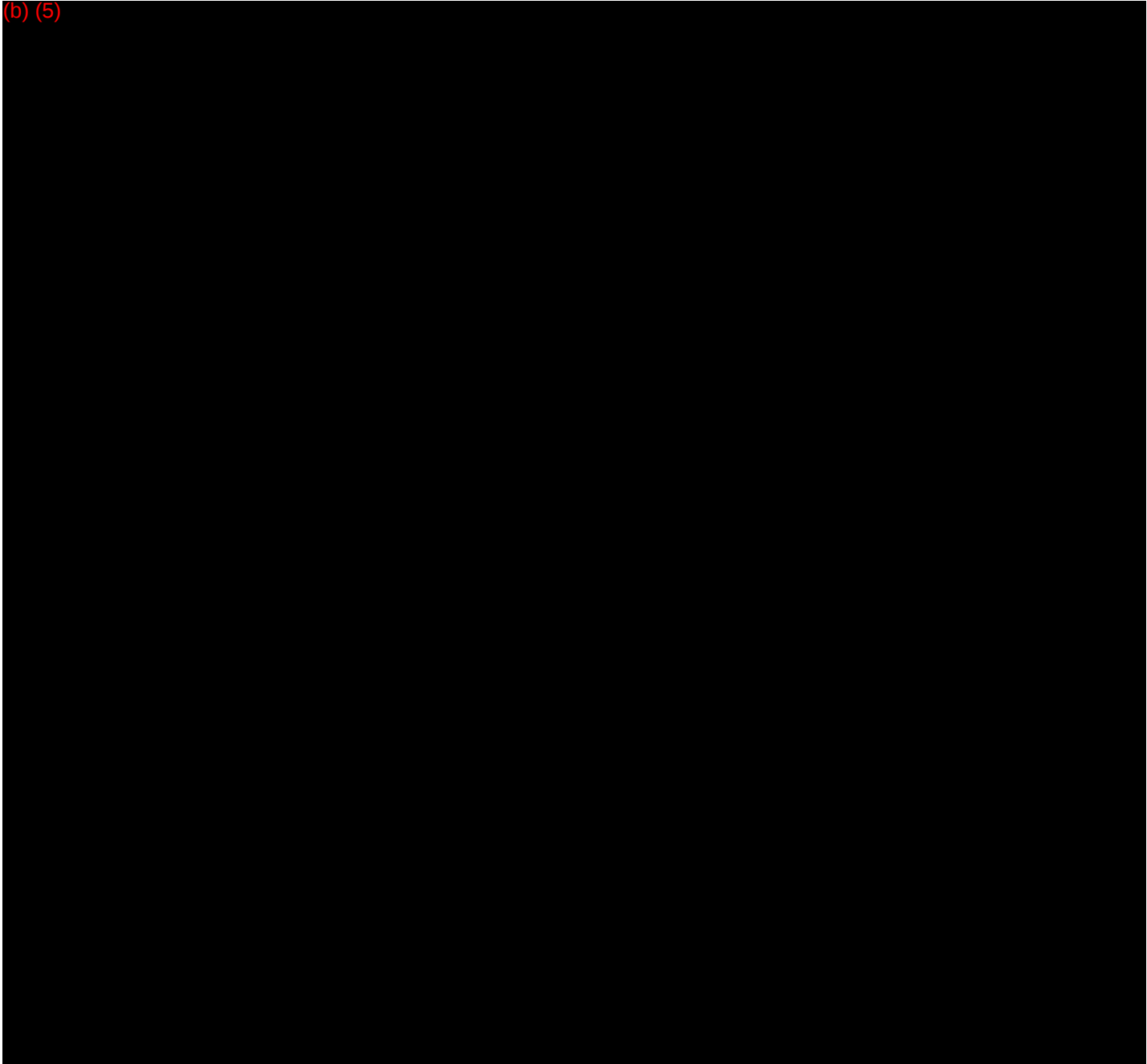
(b) (5)



(b) (5)



(b) (5)



(b) (5)

(b) (5)



**From:** [Birx, Deborah L. EOP/NSC](#)  
**To:** CMS b 6 [Short, Marc T. EOP/OVP](#); [Troye, Olivia \(nsc.eop.gov\)](#); [Kushner, Jared C. EOP/WHO](#); [Grogan, Joseph J. EOP/WHO](#); [Gaynor, Pete \(fema.dhs.gov\)](#); [O'Malley, Devin M. EOP/OVP](#); [Troye, Olivia \(nsc.eop.gov\)](#); [Hicks, Hope C. EOP/WHO](#); [Miller, Katie R. \(ovp.eop.gov\)](#); [Kushner, Jared C. EOP/WHO](#)  
**Subject:** Re: CMS Updates  
**Date:** Thursday, March 26, 2020 6:01:56 AM

---

Seema

(b)(5)

(b)(6)

deb

---

**From:** CMS b 6 @cms.hhs.gov>

**Date:** Wednesday, March 25, 2020 at 8:48 PM

**To:** "Short, Marc T. EOP/OVP" (b)(6) "Troye, Nsc"  
(b)(6) "Birx, Deborah L. EOP/NSC" (b)(6)  
"Kushner, Jared C. EOP/WHO" (b)(6) , "Grogan, Joseph J. EOP/WHO"  
(b)(6) "Gaynor, Pete (fema.dhs.gov)"

<pete.gaynor@fema.dhs.gov>, "O'Malley, Devin M. EOP/OVP"

(b)(6) , "Troye, Nsc" (b)(6) "Hicks, Hope C.  
EOP/WHO" (b)(6) "Miller, Ovp" (b)(6) , "Kushner,  
Jared C. EOP/WHO" (b)(6)

**Subject:** CMS Updates

Team,

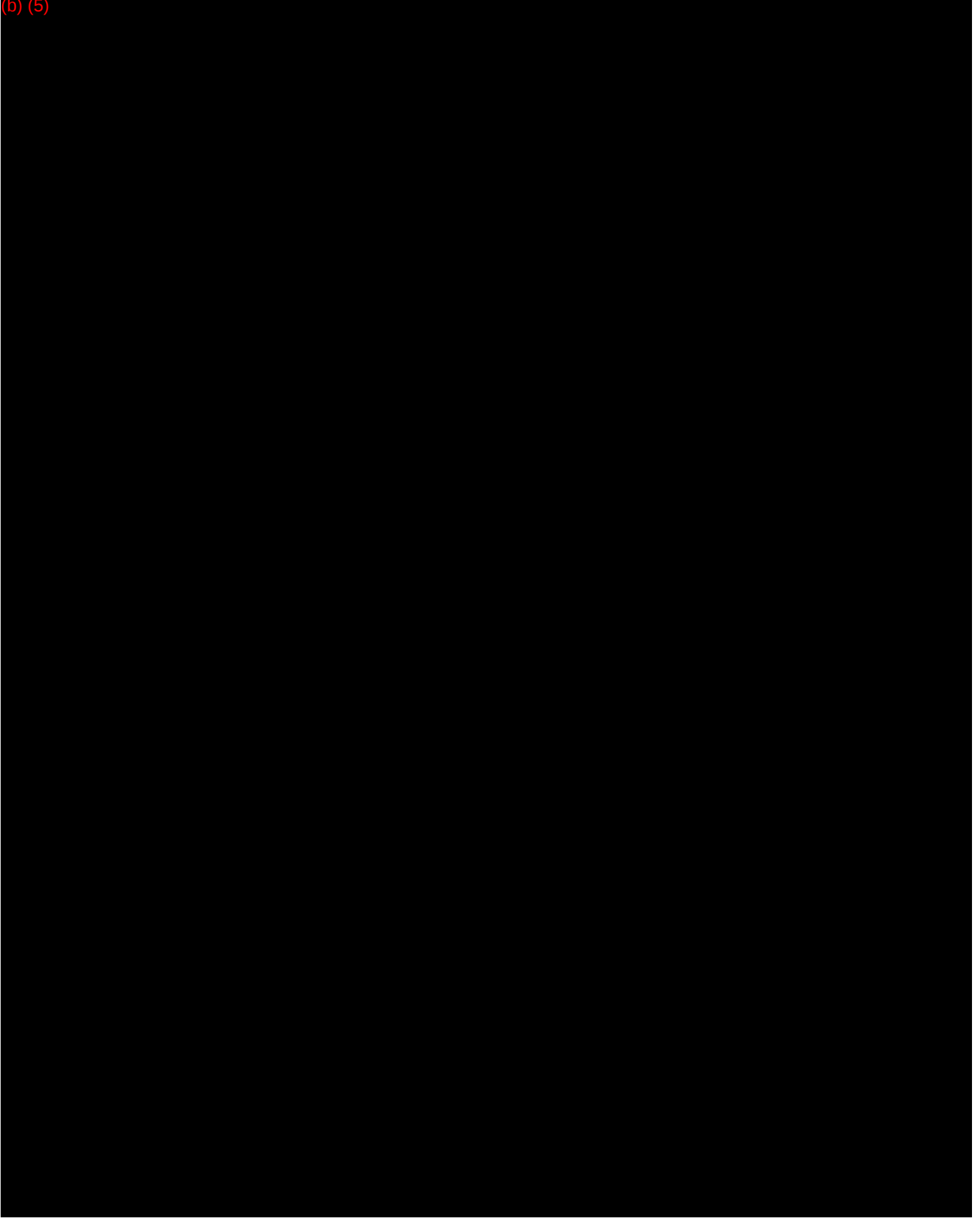
(b)(5)

Thanks.

(b) (5)

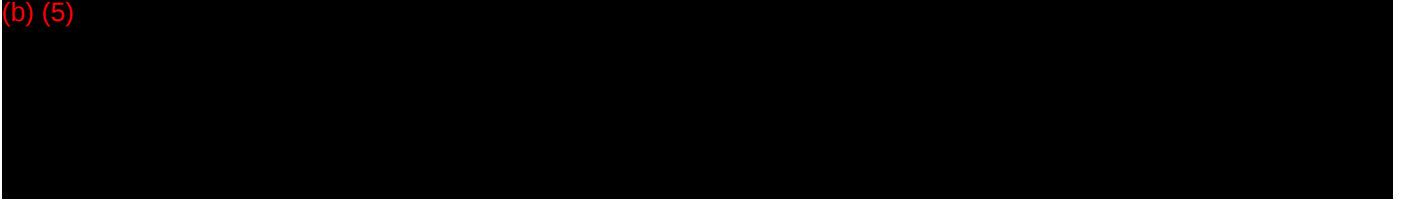
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(b) (5)



(b) (5)

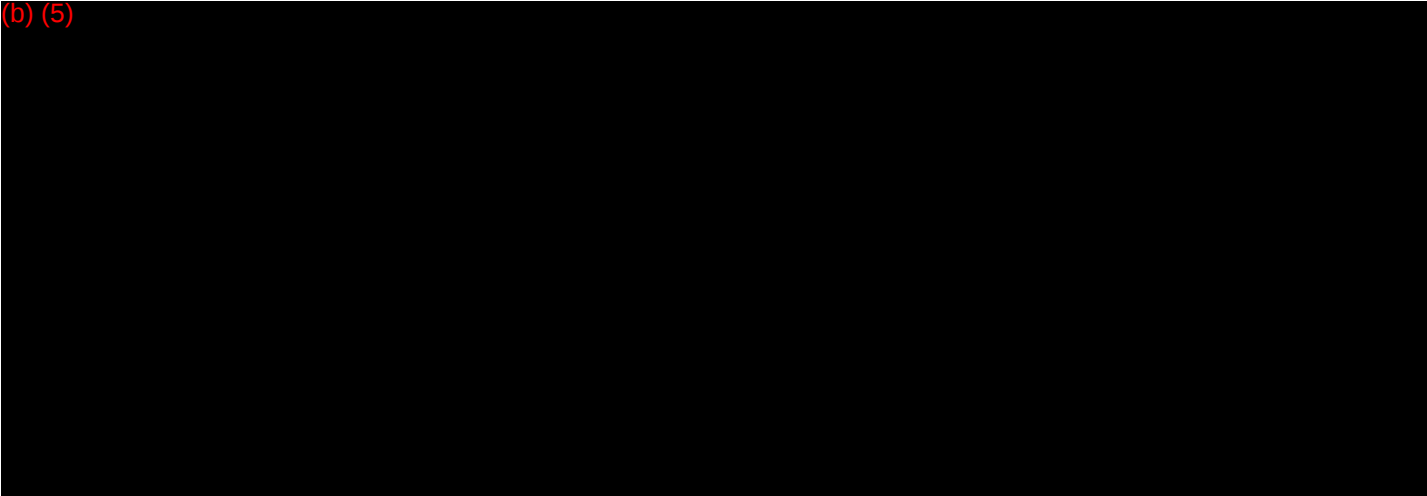
(b) (5)



(b) (5)

(b) (5)

(b) (5)



**From:** [Giroir, Brett \(HHS/OASH\)](#)  
**To:** [Grogan, Joseph J. EOP/WHO](#); [CMS](#) b 6  
**Cc:** [Birn, Deborah L. EOP/NSC](#)  
**Subject:** RE: Concerns About Testing Priority for LTC Facilities  
**Date:** Monday, March 30, 2020 8:47:45 PM  
**Attachments:** [priority-testing-patients.pdf](#)

---

**Brett P. Giroir, MD**

ADM, US Public Health Service  
Assistant Secretary for Health (ASH)  
200 Independence Avenue, SW  
Washington, DC 20201  
Office Phone: 202-690-7694

---

**From:** Grogan, Joseph J. EOP/WHO · (b)(6)  
**Sent:** Monday, March 30, 2020 8:19 PM  
**To:** CMS b 6 [@cms.hhs.gov](#)>  
**Cc:** Giroir, Brett (HHS/OASH) <[Brett.Giroir@hhs.gov](mailto:Brett.Giroir@hhs.gov)>; Birn, Deborah L. EOP/NSC · (b)(6)  
**Subject:** Re: Concerns About Testing Priority for LTC Facilities

(b) ( )  
[REDACTED]

Sent from my iPhone

On Mar 30, 2020, at 6:32 PM, CMS b 6 [@cms.hhs.gov](#)> wrote:

(b) (5)  
[REDACTED]

Sent from my iPhone

Begin forwarded message:

**From:** Scott Tittle · (b)(6) [@NCAL.org](#)>  
**Date:** March 30, 2020 at 5:44:38 PM EDT  
**To:** b 6 [@cms.hhs.gov](#)" b 6 [@cms.hhs.gov](#)>  
**Subject:** Concerns About Testing Priority for LTC Facilities

Administrator Verma – Please find attached a letter from AHCA/NCAL President and CEO Mark Parkinson to Vice President Pence regarding very concerning information we have learned that private labs are telling long term care operators that they are not a top priority for COVID-19 testing.

This is a very urgent matter as long term care operators are not able to best prevent and contain the virus without being able to properly identify it. Mark Parkinson and Dr. David Gifford, SVP of Quality and Regulatory Affairs, are available for any additional information or questions. Thank you, Scott

Scott B. Tittle  
American Health Care Association (AHCA) / National Center for Assisted Living (NCAL)  
Executive Director, NCAL  
1201 L Street, NW  
Washington, DC 20005  
(b)(6)

**Improving Lives by Delivering Solutions for Quality Care**

<image001.png>

Get the latest updates: <https://protect2.fireeye.com/url?k=6bc494c0-3790bdeb-6bc4a5ff-0cc47a6d17cc-4b2f99cd21f7371e&u=https://protect2.fireeye.com/url?k=827602c8-de230b18-827633f7-0cc47a6a52de-68de8610cf92e53f&u=http://www.ahcancal.org/coronavirus>  
Email: [COVID19@ahca.org](mailto:COVID19@ahca.org)

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This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd.**

<LTC\_priority 1 testing request\_AHCA.pdf>

**From:** Giroir, Brett (HHS/OASH)  
**To:** CMS b 6 Grogan, Joseph J. EOP/WHO  
**Cc:** Birx, Deborah L. EOP/NSC; Redfield, Robert R. (CDC/OD)  
**Subject:** RE: Concerns About Testing Priority for LTC Facilities  
**Date:** Monday, March 30, 2020 8:51:43 PM

---

(b) (5)

**Brett P. Giroir, MD**

ADM, US Public Health Service  
Assistant Secretary for Health (ASH)  
200 Independence Avenue, SW  
Washington, DC 20201  
Office Phone: 202-690-7694

---

**From:** CMS b 6 @cms.hhs.gov>  
**Sent:** Monday, March 30, 2020 8:51 PM  
**To:** Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Grogan, Joseph J. EOP/WHO  
(b)(6)  
**Cc:** Birx, Deborah L. EOP/NSC (b)(6) ; Redfield, Robert R. (CDC/OD)  
<olx1@cdc.gov>  
**Subject:** RE: Concerns About Testing Priority for LTC Facilities

(b)(5)

---

**From:** Giroir, Brett (HHS/OASH)  
**Sent:** Monday, March 30, 2020 8:48 PM  
**To:** Grogan, Joseph J. EOP/WHO (b)(6) CMS b 6 @cms.hhs.gov>  
**Cc:** Birx, Deborah L. EOP/NSC (b)(6)  
**Subject:** RE: Concerns About Testing Priority for LTC Facilities

**Brett P. Giroir, MD**

ADM, US Public Health Service  
Assistant Secretary for Health (ASH)  
200 Independence Avenue, SW  
Washington, DC 20201  
Office Phone: 202-690-7694

---

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**Sent:** Monday, March 30, 2020 8:19 PM

**To:** CMS (b)6 @cms.hhs.gov>

**Cc:** Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Birx, Deborah L. EOP/NSC

(b)(6)

**Subject:** Re: Concerns About Testing Priority for LTC Facilities

(b) (5)

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(b) (5)

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Scott B. Tittle  
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1201 L Street, NW  
Washington, DC 20005

(b)(6)

**Improving Lives by Delivering Solutions for Quality Care**

<image001.png>

Get the latest updates: <https://protect2.fireeye.com/url?k=6bc494c0-3790bdeb-6bc4a5ff-0cc47a6d17cc-4b2f99cd21f7371e&u=https://protect2.fireeye.com/url?k=827602c8-de230b18-827633f7-0cc47a6a52de-68de8610cf92e53f&u=http://www.ahcancal.org/coronavirus>  
Email: [COVID19@ahca.org](mailto:COVID19@ahca.org)

#### Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd.**

<LTC\_priority 1 testing request\_AHCA.pdf>

**From:** [Grogan, Joseph J. EOP/WHO](#)  
**To:** [CMS](#) b 6  
**Cc:** [Giroir, Brett \(HHS/OASH\)](#); [Birx, Deborah L. EOP/NSC](#)  
**Subject:** Re: Concerns About Testing Priority for LTC Facilities  
**Date:** Monday, March 30, 2020 8:19:34 PM

---

(b) (5)

Sent from my iPhone

On Mar 30, 2020, at 6:32 PM, CMS b 6 @cms.hhs.gov> wrote:

(b) (5)

Sent from my iPhone

Begin forwarded message:

**From:** Scott Tittle (b)(6) [@NCAL.org](#)>  
**Date:** March 30, 2020 at 5:44:38 PM EDT  
**To:** ' b 6 [@cms.hhs.gov](#)' < b 6 [@cms.hhs.gov](#)>  
**Subject:** **Concerns About Testing Priority for LTC Facilities**

Administrator Verma – Please find attached a letter from AHCA/NCAL President and CEO Mark Parkinson to Vice President Pence regarding very concerning information we have learned that private labs are telling long term care operators that they are not a top priority for COVID-19 testing. This is a very urgent matter as long term care operators are not able to best prevent and contain the virus without being able to properly identify it. Mark Parkinson and Dr. David Gifford, SVP of Quality and Regulatory Affairs, are available for any additional information or questions. Thank you, Scott

Scott B. Tittle  
American Health Care Association (AHCA) / National Center for Assisted Living (NCAL)  
Executive Director, NCAL  
1201 L Street, NW  
Washington, DC 20005  
(b)(6)

**Improving Lives by Delivering Solutions for Quality Care**

<image001.png>

Get the latest updates: <https://protect2.fireeye.com/url?k=398e2d85-65db2455-398e1cba-0cc47a6a52de-3de6596e8a780ff0&u=https://protect2.fireeye.com/url?k=827602c8-de230b18-827633f7-0cc47a6a52de-68de8610cf92e53f&u=http://www.ahcancal.org/coronavirus>  
Email: [COVID19@ahca.org](mailto:COVID19@ahca.org)

#### Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

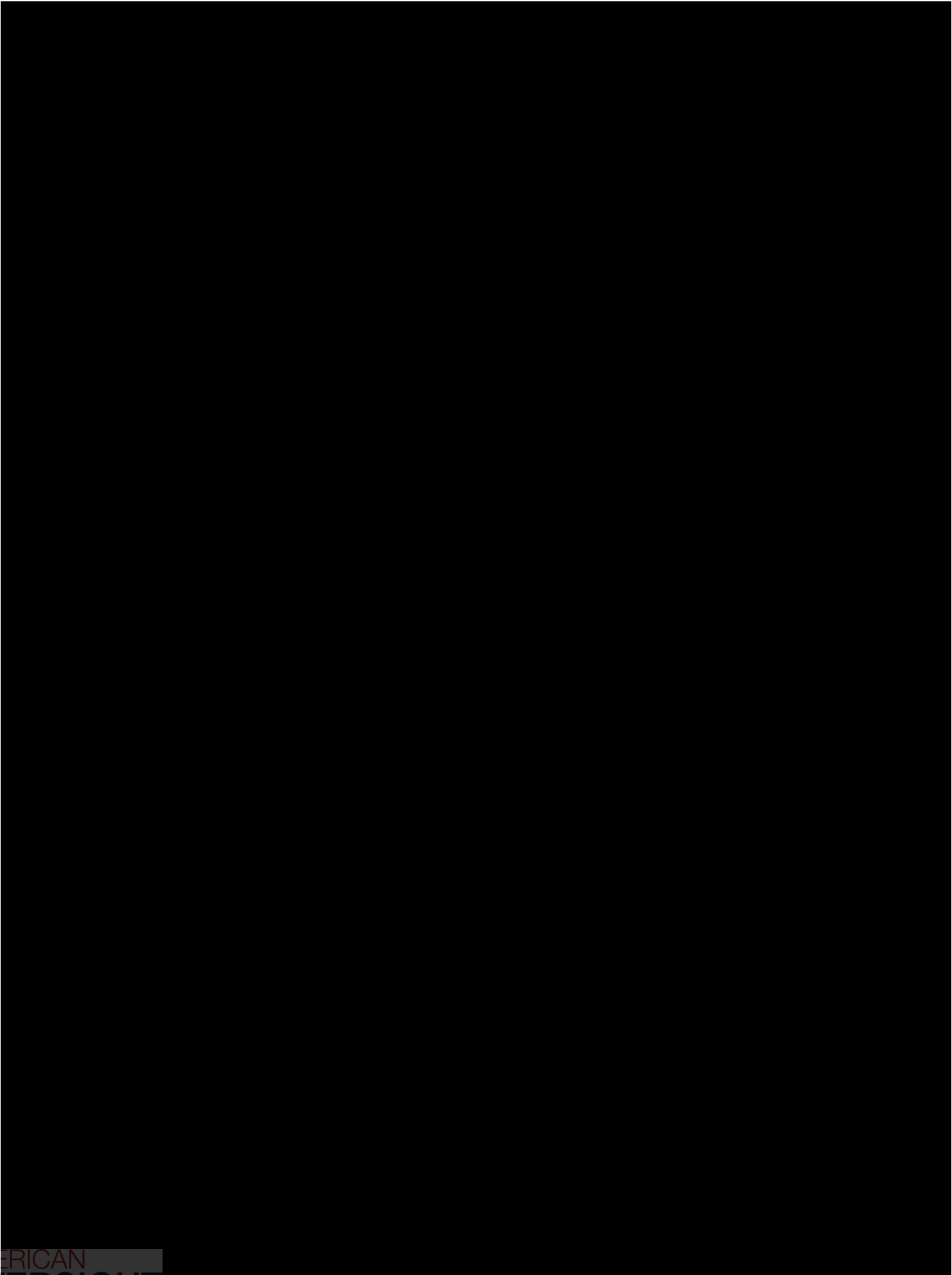
This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd.**

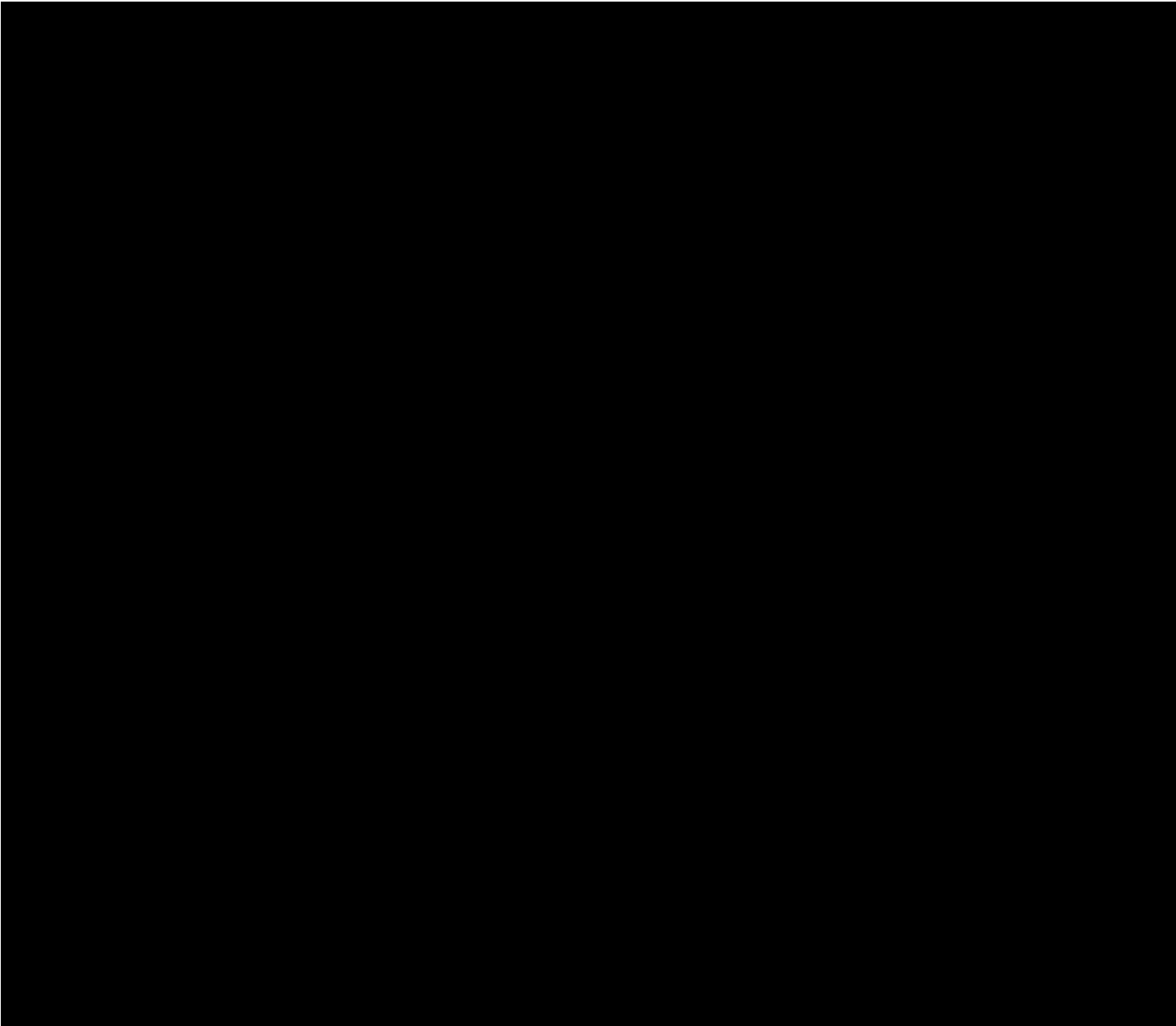
<LTC\_priority 1 testing request\_AHCA.pdf>

(b) (5)

(b) (5)







**From:** [McLane-Beyrle, Angela D. CTR WHMO/WHCA](#)  
**To:** [McLane-Beyrle, Angela D. CTR WHMO/WHCA](#); [Hittle, Matthew \(CMS/OA\)](#); [Payne, Rebecca L. \(CDC/DDID/NCHHSTP/DASH\)](#); [SH1@fda.hhs.gov](#); [Wright, David R. \(CMS/CCSQ\)](#); [Shulman, Evan T. \(CMS/CCSQ\)](#); [McGuffee, Tyler Ann A. EOP/OVP](#); [\(b\) \(6\)](#); [Shuren, Jeff \(FDA/CDRH\)](#); [Alexander, Jonathan J. CIV WHMO/WHCA](#); [Brandt, Kimberly \(CMS/OA\)](#); [Meier, Patricia A. \(CMS/COISCO\)](#); [Jernigan, Daniel B. \(CDC/DDID/NCIRD/ID\)](#); [Grogan, Joseph J. EOP/WHO](#); [Moody-Williams, Jean D. \(CMS/CCSQ\)](#); [Redfield, Robert R. \(CDC/OD\)](#); [White House Executive Conference Center](#); [Birx, Deborah L. EOP/NSC](#); [Bresee, Joseph \(CDC/DDID/NCIRD/ID\)](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Aerts, Robert S. CTR WHMO/WHCA](#); [Ling, Shari \(CMS/CCSQ\)](#)  
**Subject:** Re: Confirmed - Video Conference with Dr. Birx  
**Date:** Monday, April 13, 2020 9:16:08 AM

---

[david.entner@fema.dhs.gov](mailto:david.entner@fema.dhs.gov)

*Regards and best,*

*Angela D. McLane Beyrle*  
*WHCA/VIC/EP*  
*White House Executive Conference Center, EEOB*  
*O: [202-757-1357](tel:202-757-1357)*  
*C: (b)(6)*  
*[WHExecutiveConferenceCenter@whmo.mil](mailto:WHExecutiveConferenceCenter@whmo.mil)*

(b)(6)

On Apr 13, 2020, at 9:13 AM, McLane-Beyrle, Angela D. CTR WHMO/WHCA  
(b)(6) wrote:

Plus WHCA VTC, FEMA VTC, Mr. Alexander.

Mr. Entner,

Can you please send us information needed to create a VTC bridge for multiple participants? Thank you.

**Confirmed - Video Conference with Dr. Birx**

Scheduled: Monday, Apr 13, 2020 from 1:45 PM to 3:00 PM

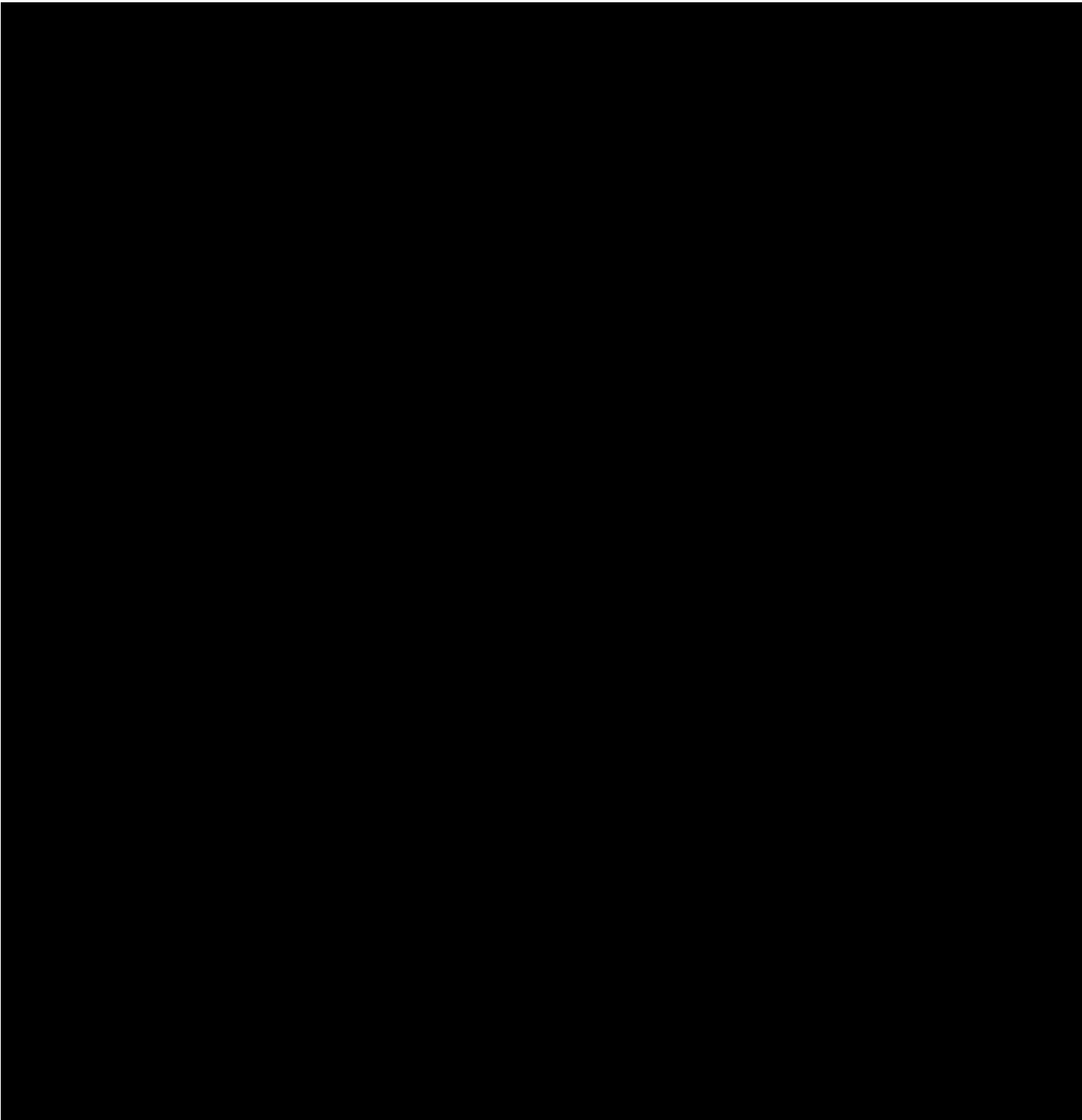
Location: EEOB 350; video information forthcoming

Invitees: [Kimberly.Brandt1@cms.hhs.gov](mailto:Kimberly.Brandt1@cms.hhs.gov), [Jeff.shuren@fda.hhs.gov](mailto:Jeff.shuren@fda.hhs.gov), [Jernigan, Daniel B. \(CDC/DDID/NCIRD/ID\)](#), [olx1@cdc.gov](mailto:olx1@cdc.gov), [jsb6 \(jsb6@cdc.gov\)](mailto:jsb6 (jsb6@cdc.gov)), [jean.moodywilliams@cms.hhs.gov](mailto:jean.moodywilliams@cms.hhs.gov), [Payne, Rebecca L. \(CDC/DDID/NCHHSTP/DASH\)](#), [Hahn, Stephen](#), [Patricia.meier@cms.hhs.gov](mailto:Patricia.meier@cms.hhs.gov), [Grogan, Joseph J. EOP/WHO](#), [McGuffee, Tyler Ann A. EOP/OVP](#), [\(b\) \(6\)](#), [David.Wright@cms.hhs.gov](mailto:David.Wright@cms.hhs.gov), [White House Executive Conference Center](#), [Matthew.Hittle@cms.hhs.gov](mailto:Matthew.Hittle@cms.hhs.gov), [Evan.Shulman@cms.hhs.gov](mailto:Evan.Shulman@cms.hhs.gov), [AFAUCI@niaid.nih.gov](mailto:AFAUCI@niaid.nih.gov), [Shari.Ling@cms.hhs.gov](mailto:Shari.Ling@cms.hhs.gov), [Birx, Deborah L. EOP/NSC](#)

*Regards and best,*

Angela D. McLane Beyrle  
WHCA/VIC/EP  
White House Executive Conference Center, EEOB  
O: [202-757-1357](tel:202-757-1357)  
C: (b)(6)  
[WHExecutiveConferenceCenter@whmo.mil](mailto:WHExecutiveConferenceCenter@whmo.mil)

(b)(6)



**From:** [Grogan, Joseph J. EOP/WHO](#)  
**To:** [AS1CFW](#)  
**Cc:** [Birx, Deborah L. EOP/NSC](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Redfield, Robert R. \(CDC/OD\)](#); [Adams, Jerome \(HHS/OASH\)](#); [sh1@fda.hhs.gov](#); [\(b\) \(6\)](#); [AMA2 \(OS/IOS\)](#); [Troye, Olivia \(nsc.eop.gov\)](#); [Short, Marc T. EOP/OVP](#); [Miller, Stephen EOP/WHO](#); [Gaynor, Pete \(fema.dhs.gov\)](#); [Kushner, Jared C. EOP/WHO](#); [Nevins, Kristan K. EOP/WHO](#); [Rader, John N. EOP/NSC](#); [Giroir, Brett \(HHS/OASH\)](#); [Kadlec, Robert \(OS/ASPR/IO\)](#); [Williams, Michael B. EOP/WHO](#); [Campana, Alexandra D. EOP/WHO](#); [william@whmo.mil](#)  
**Subject:** Re: COVID R&D from DHS  
**Date:** Wednesday, April 15, 2020 1:11:38 PM

---

Thank you. This is great practical research b 5  
. We'll reach to Bill Bryan.

Sent from my iPhone

On Apr 15, 2020, at 12:05 PM, AS1CFW <as1cfw@hq.dhs.gov> wrote:

b 5

S&T's Acting Undersecretary is Bill Bryan, who can be reached at (b)(6)  
[william.bryan@hq.dhs.gov](mailto:william.bryan@hq.dhs.gov)

(b)(5)

(b)(5)

<

b 5

---

**From:** Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

**Sent:** Saturday, March 28, 2020 7:43 PM

**To:** (b) (6)

**Subject:** Data Reporting to Hospitals

<https://www.cdc.gov/nhsn/acute-care-hospital/covid19/index.html>

*Confidential and deliberative, pre-decisional communication*

[REDACTED]

---

**From:** Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

**Sent:** Saturday, March 28, 2020 7:43 PM

**To:** (b) (6)

**Subject:** Data Reporting to Hospitals

<https://www.cdc.gov/nhsn/acute-care-hospital/covid19/index.html>

*Confidential and deliberative, pre-decisional communication*

b 5

---

**From:** Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

**Sent:** Saturday, March 28, 2020 7:43 PM

**To:** (b) (6)

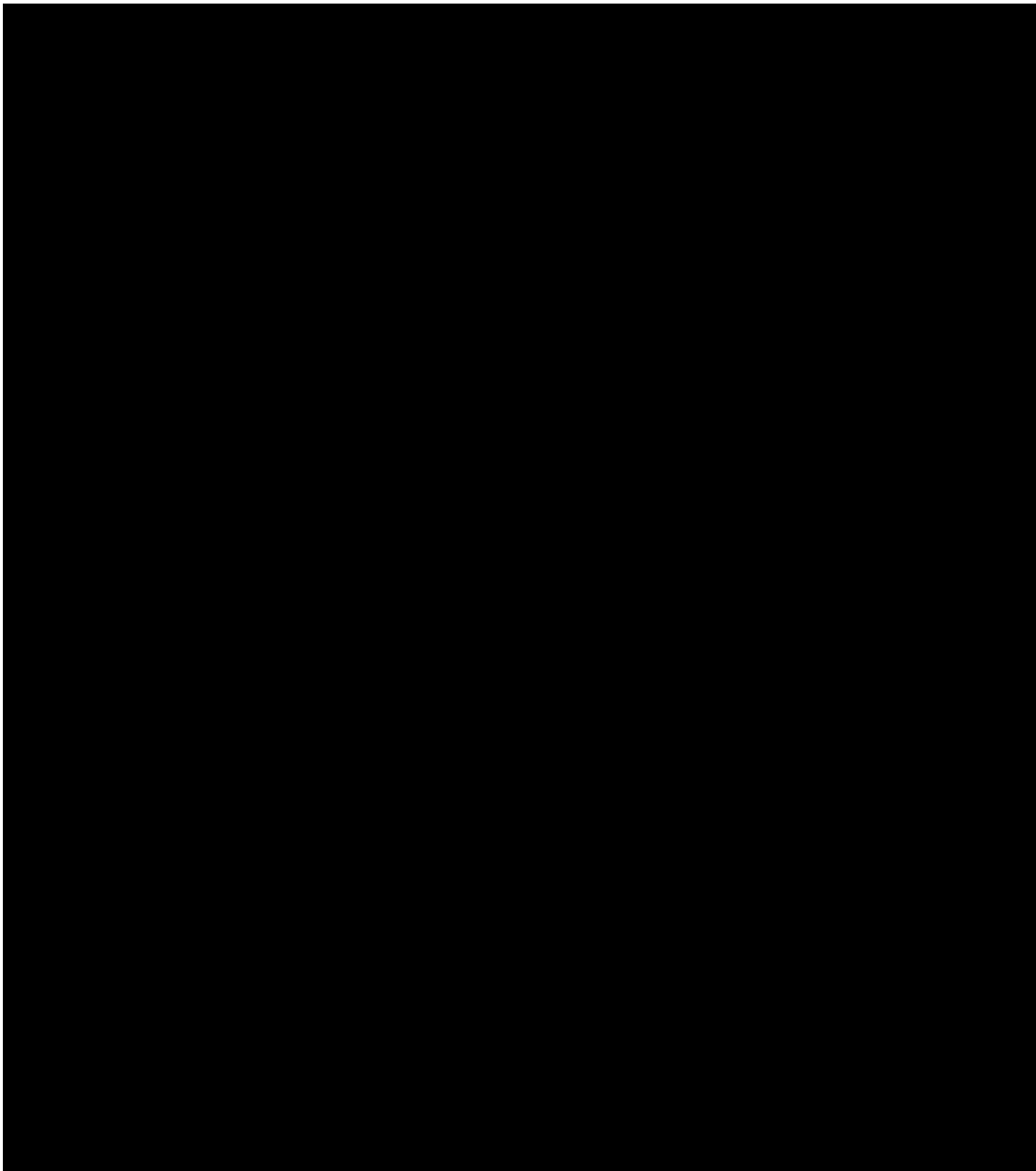
**Subject:** Data Reporting to Hospitals

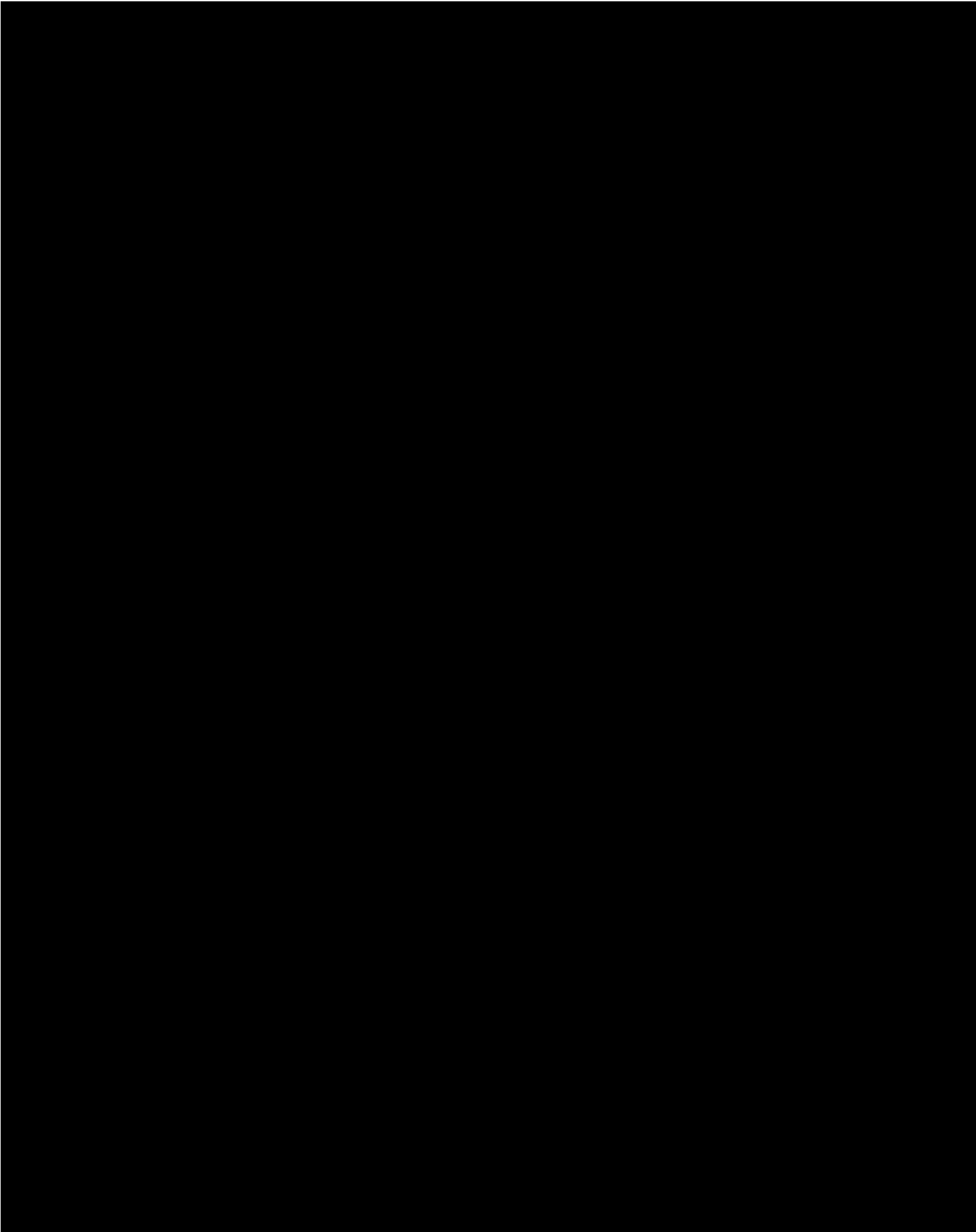
<https://www.cdc.gov/nhsn/acute-care-hospital/covid19/index.html>

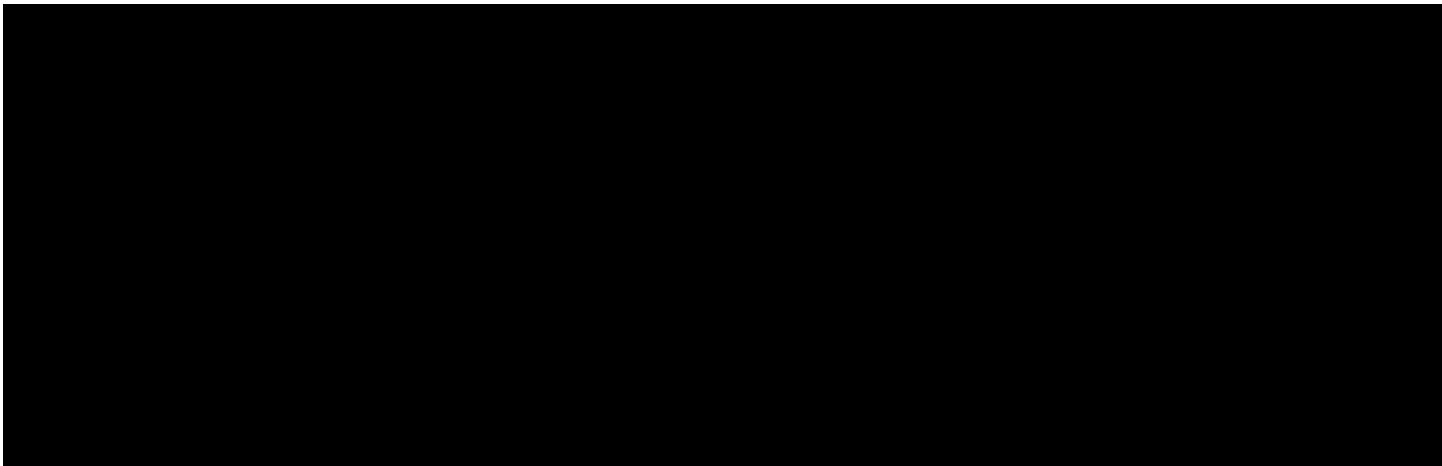
*Confidential and deliberative, pre-decisional communication*

b 5

[REDACTED]







**From:** [Birx, Deborah L. EOP/NSC](#)  
**To:** (b) (6)  
**Cc:** [Grogan, Joseph J. EOP/WHO](#); [Fauci, Anthony \(NIH/NIAID\) \[E\]](#); [Short, Marc T. EOP/OVP](#); [Giroir, Brett \(HHS/OASH\)](#)  
**Subject:** Re: [REDACTED]  
**Date:** Saturday, April 11, 2020 9:00:31 PM

---

Will send. You are amazing. Truly.

Sent from my iPhone

On Apr 11, 2020, at 8:39 PM, CMS b 6 @cms.hhs.gov> wrote:

(b)(5)

**From:** [D'Angelo, Gregory B. EOP/OMB](#)  
**To:** (b) (6)  
**Cc:** [Grogan, Joseph J. EOP/WHO](#)  
**Subject:** Re: Draft recommendations for Targeted Distribution of Funds in PRF  
**Date:** Sunday, April 12, 2020 7:44:25 AM

---

Thanks. (b)(5)

Sent from my iPhone

On Apr 11, 2020, at 11:55 PM, CMS SV1 <SV1@cms.hhs.gov> wrote:

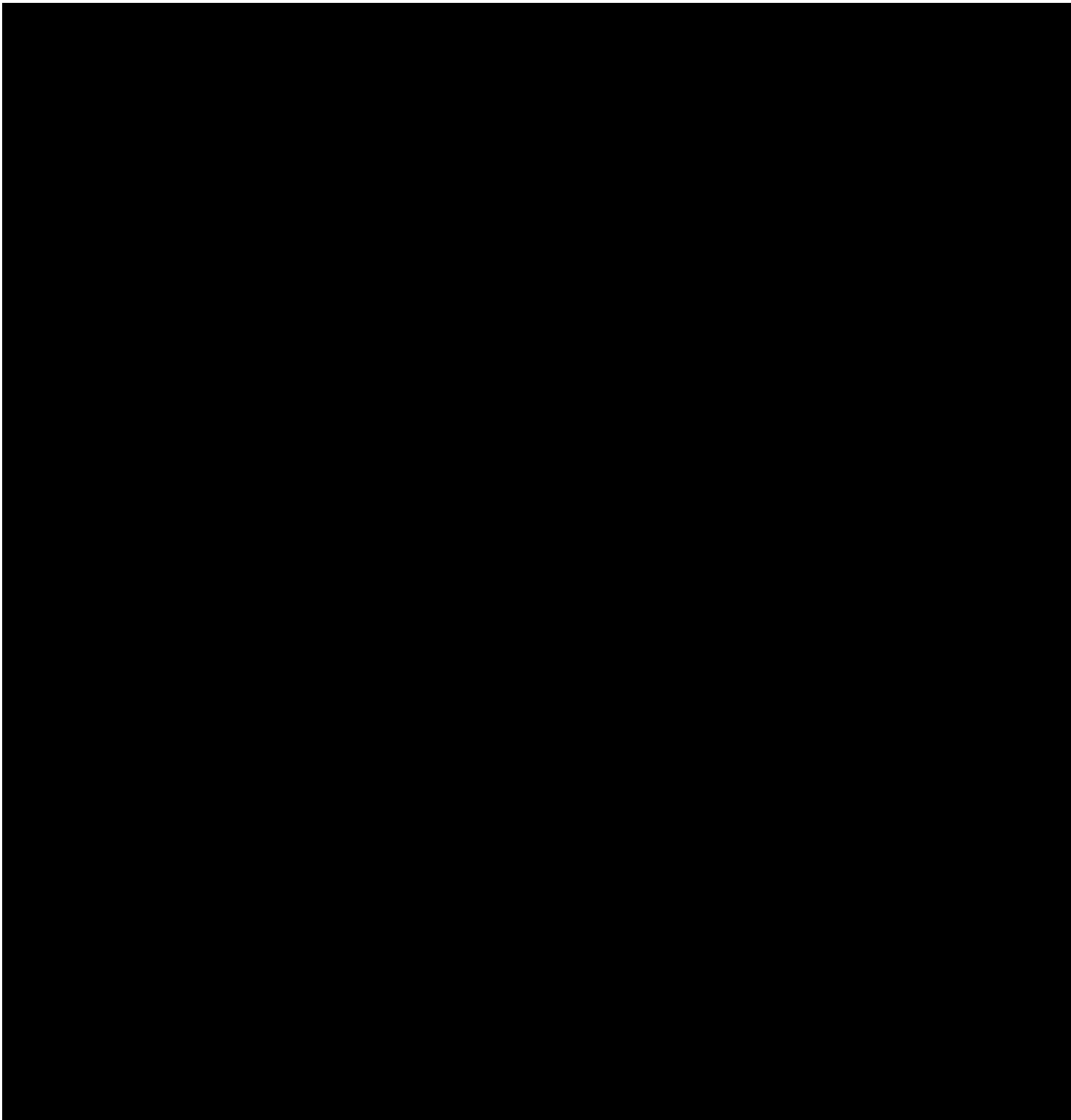
(b)(5)

---

**From:** (b) (6)  
**Sent:** Friday, April 10, 2020 11:10 AM  
**To:** Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>; (b)(6)  
**Cc:** Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>  
**Subject:** FW: Draft recommendations for Targeted Distribution of Funds in PRF

Team,

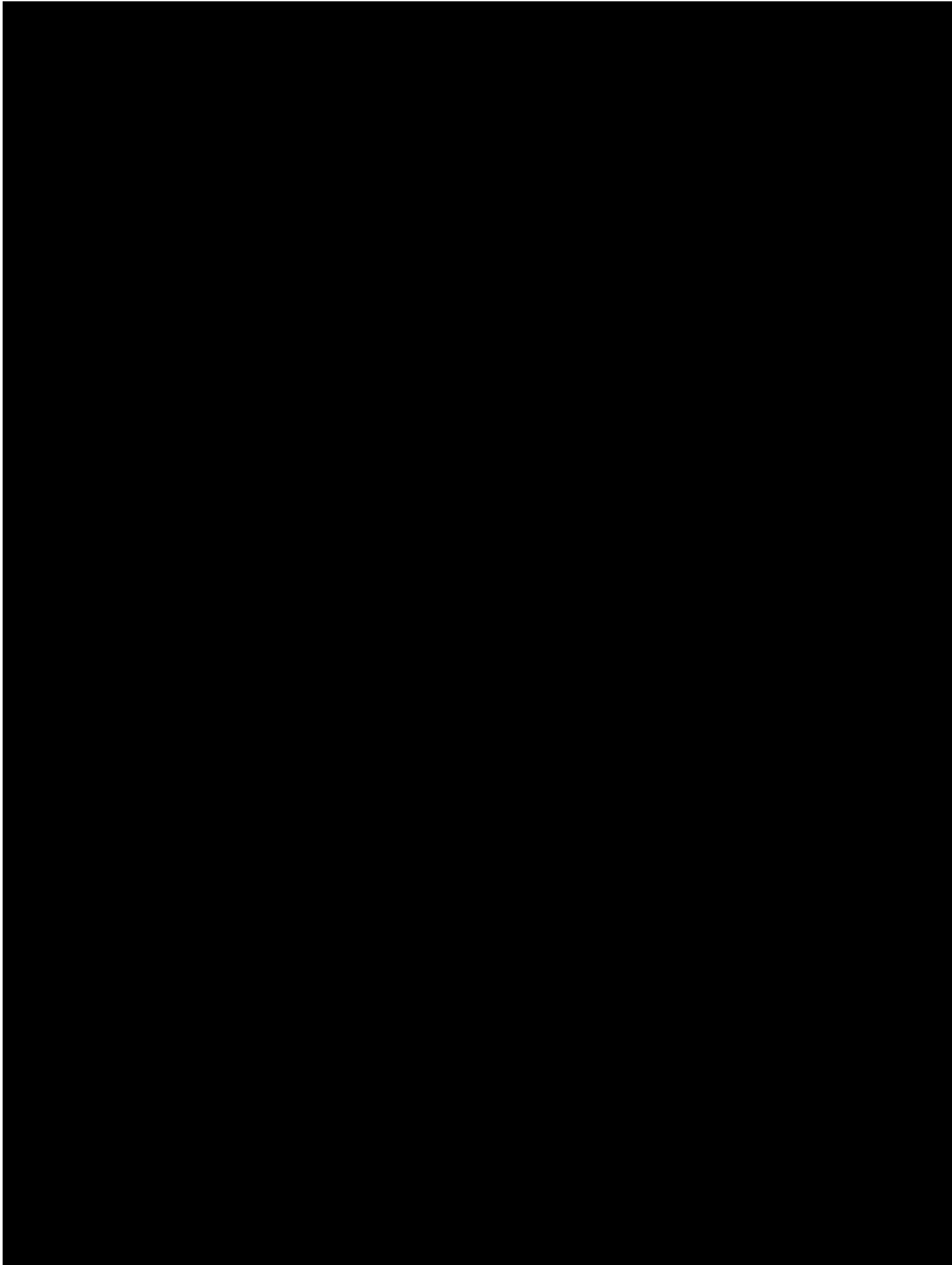
Nice work getting out the \$30B, I am sure providers across the nation are grateful for your efforts and it will make a real difference for many. Attached are some ideas on where you may want to focus next. I think this is consistent with the information and general ideas we have flagged earlier. Let us know if you have any questions.  
<Provider Relief Fund Summary 04 10 2020 ver 5.1.docx>



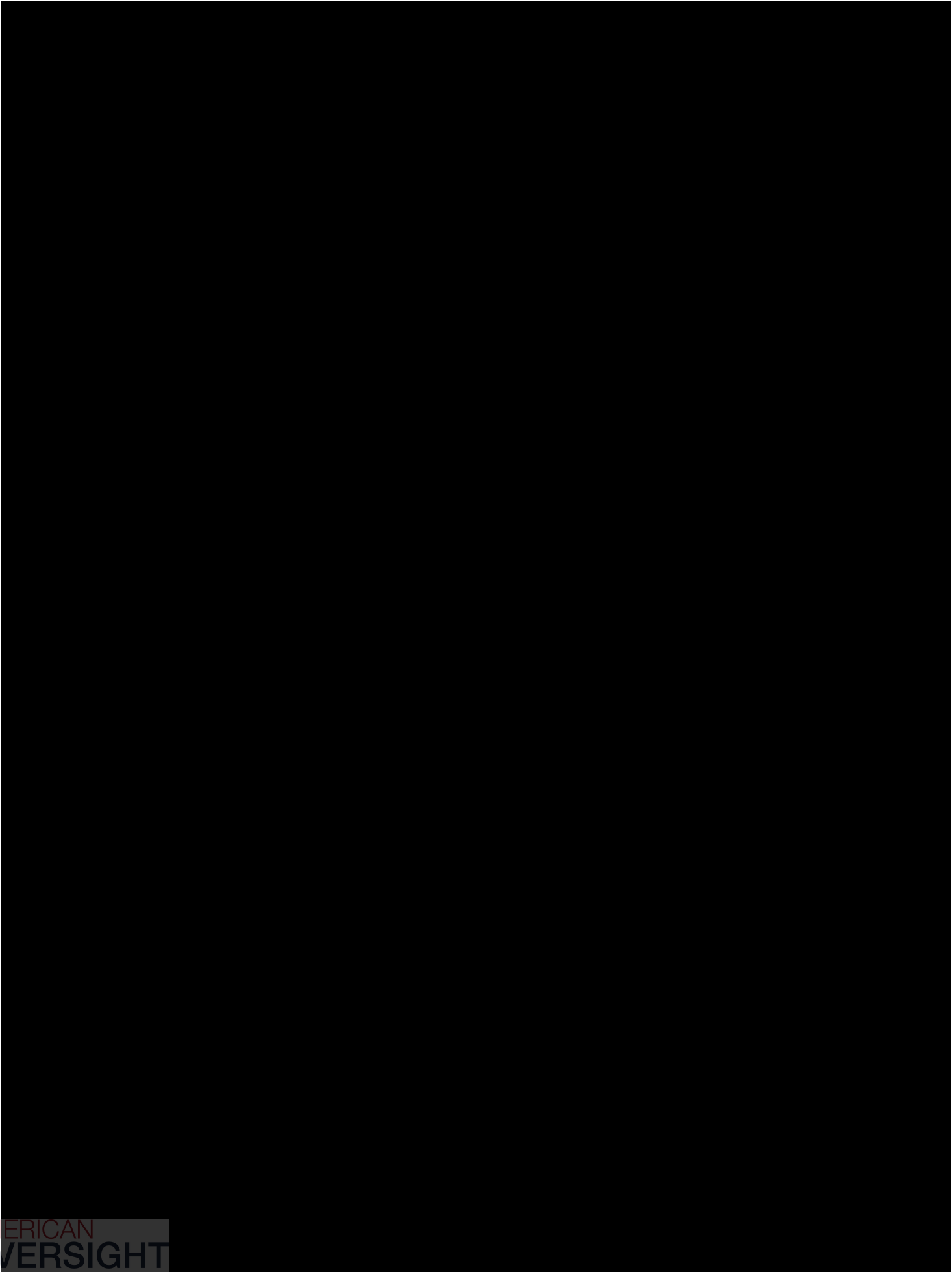
[REDACTED]

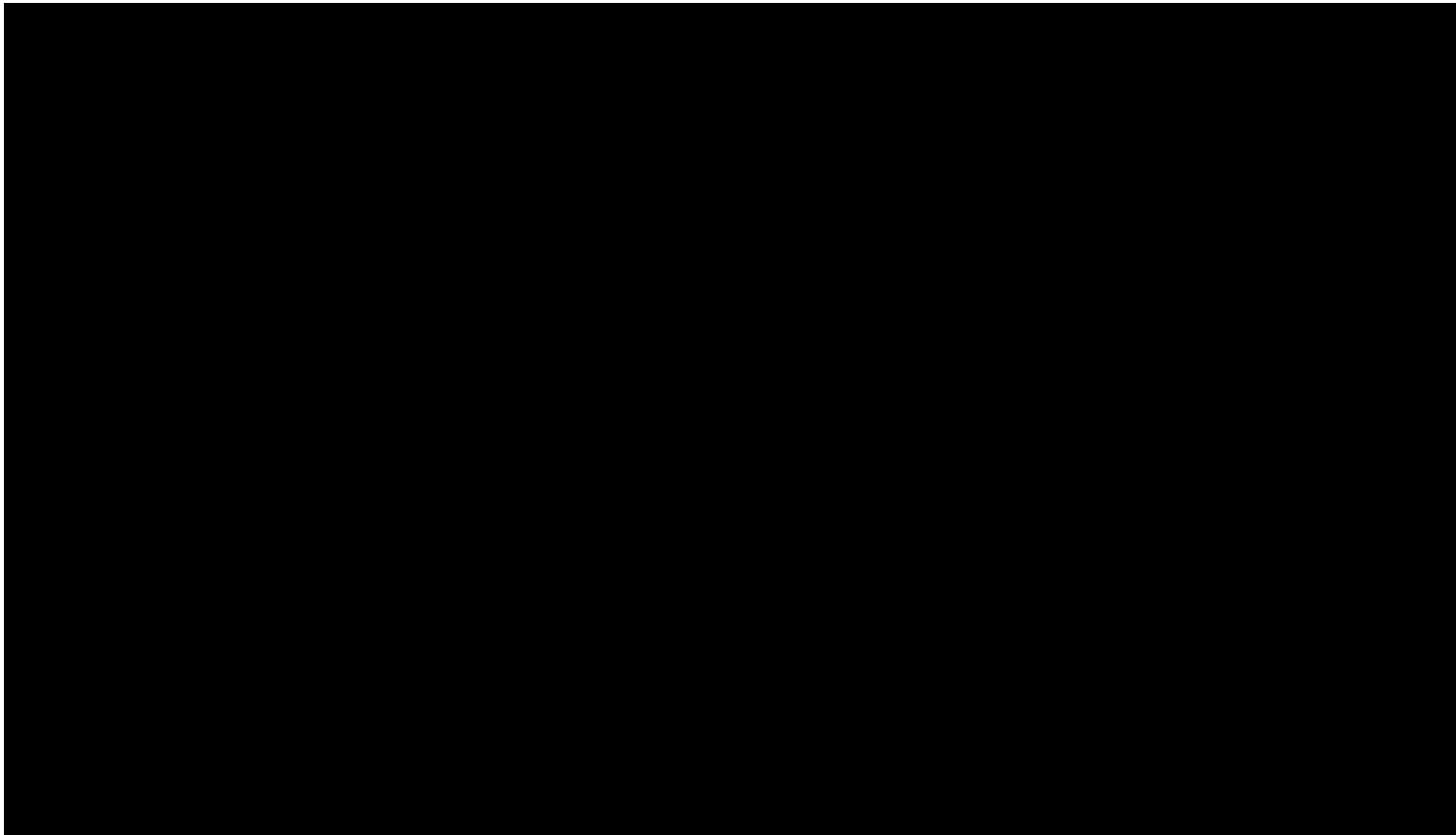


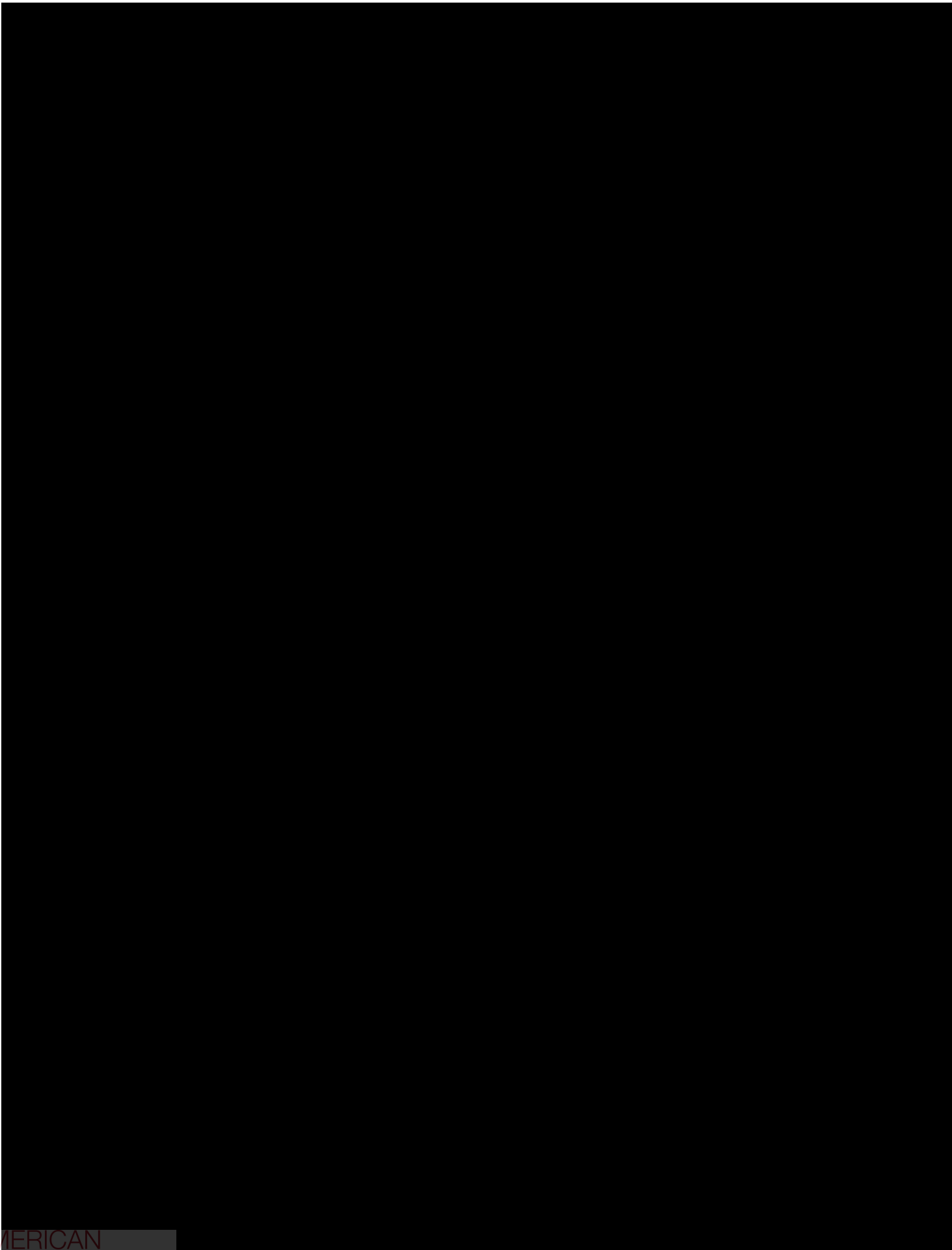
[REDACTED]



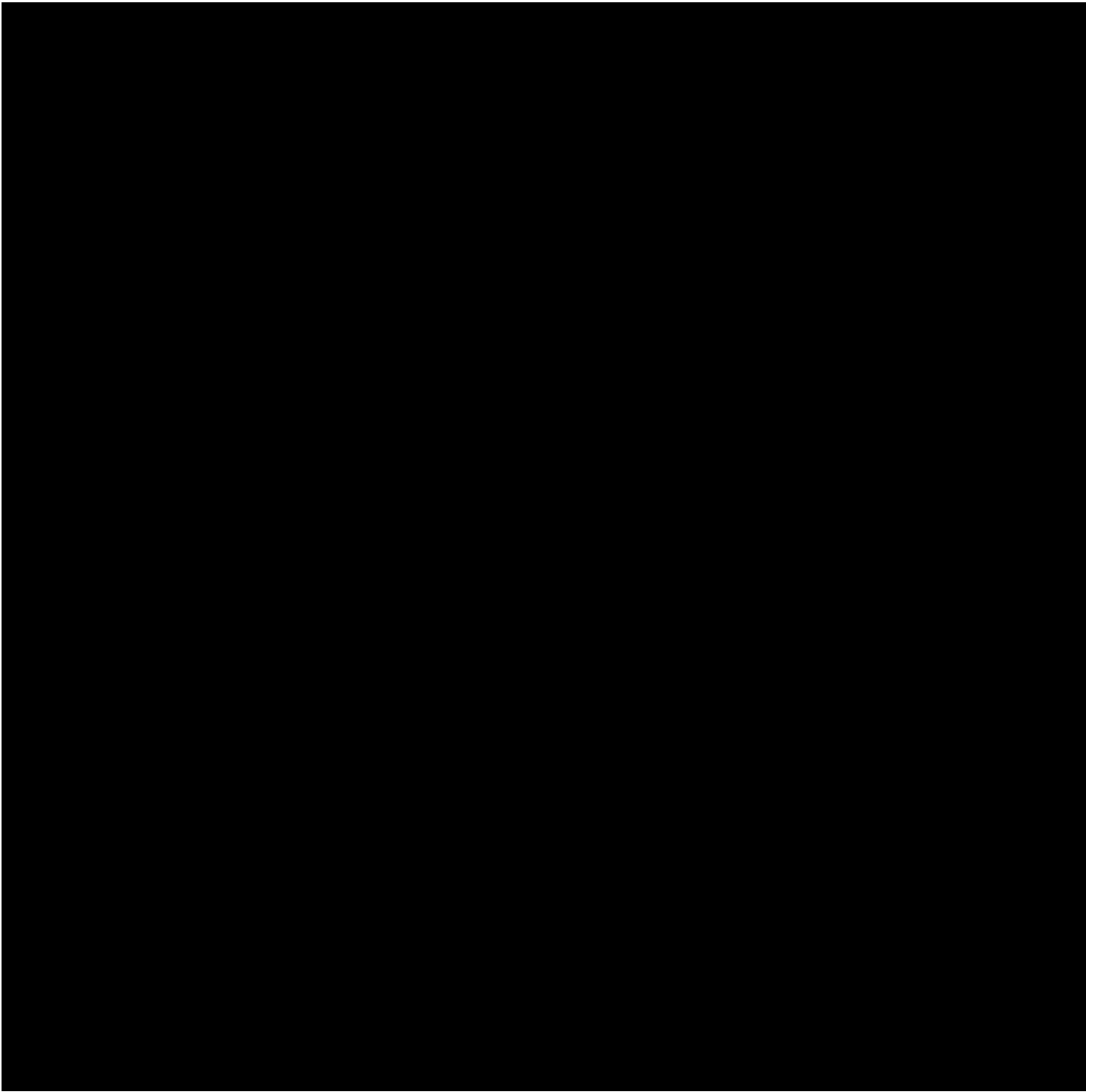








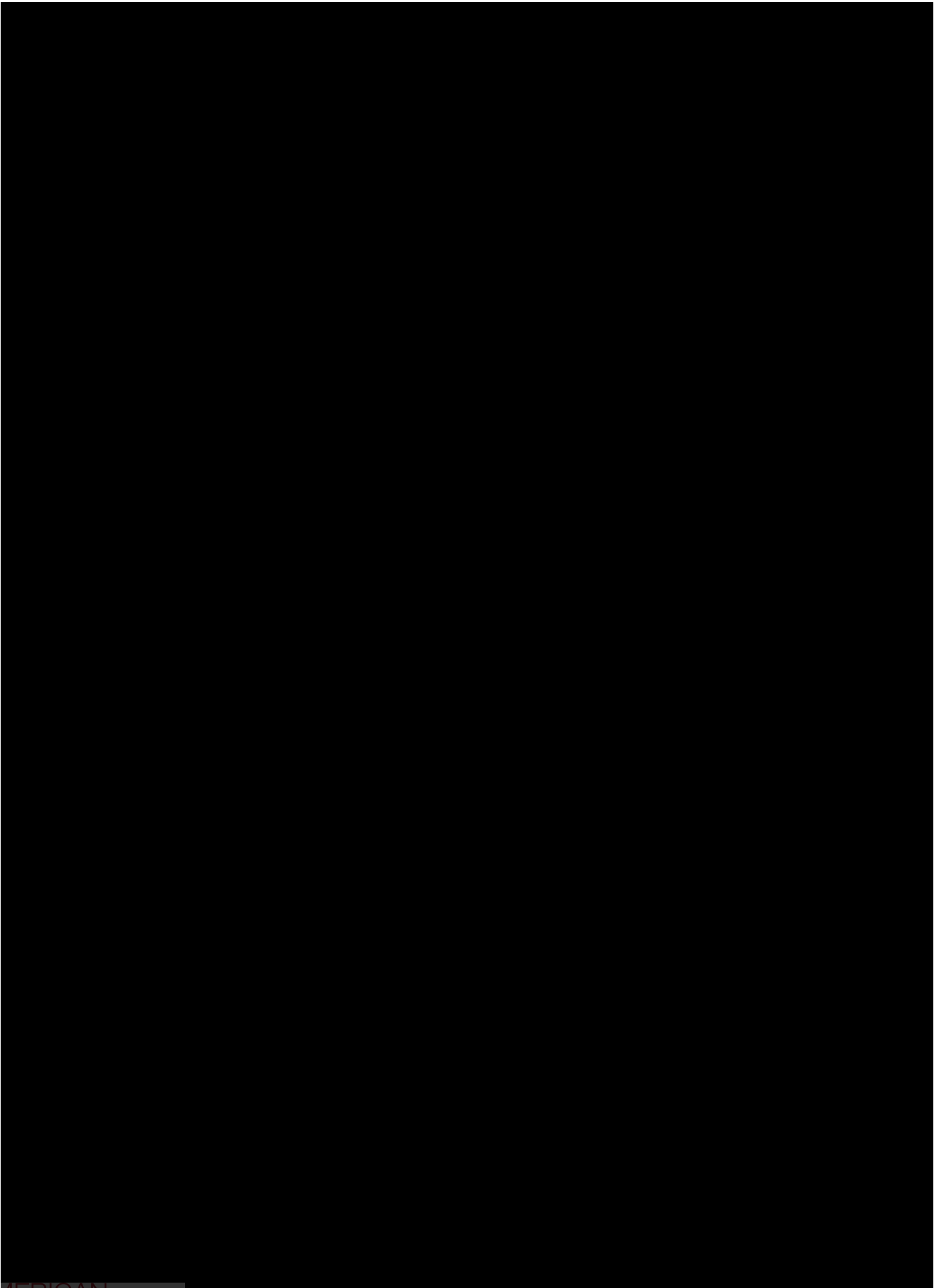


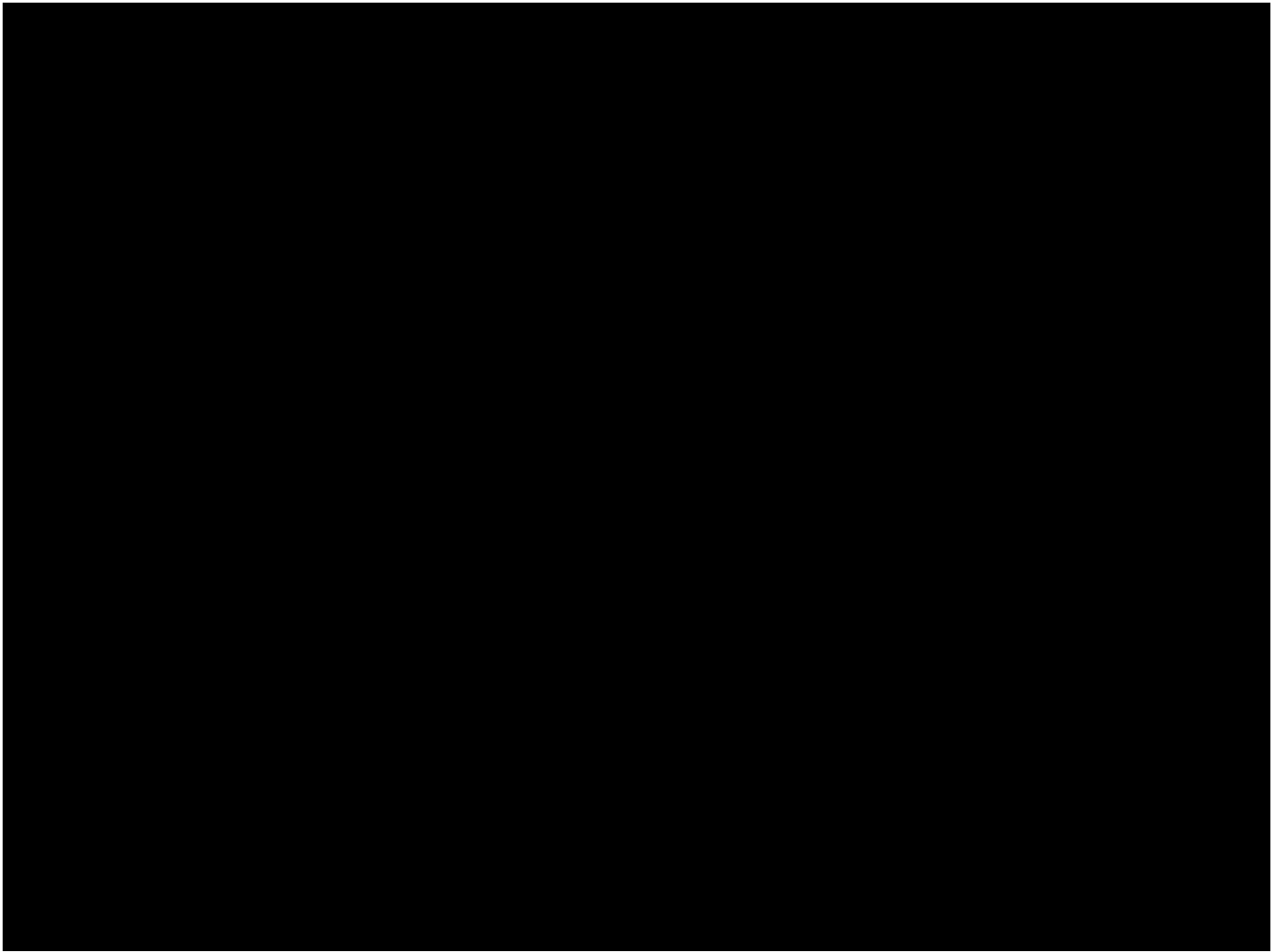




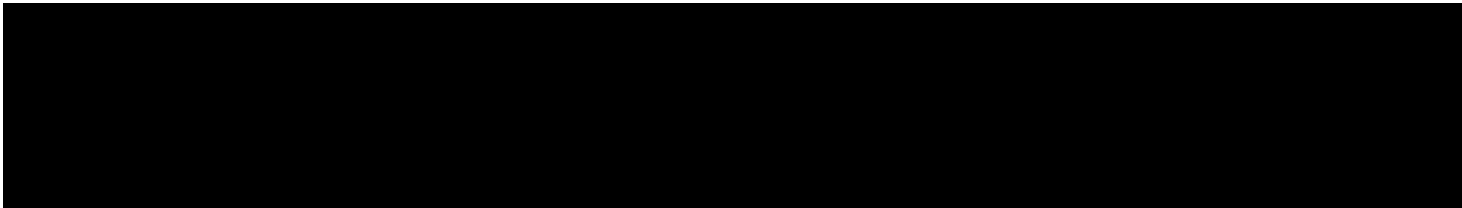


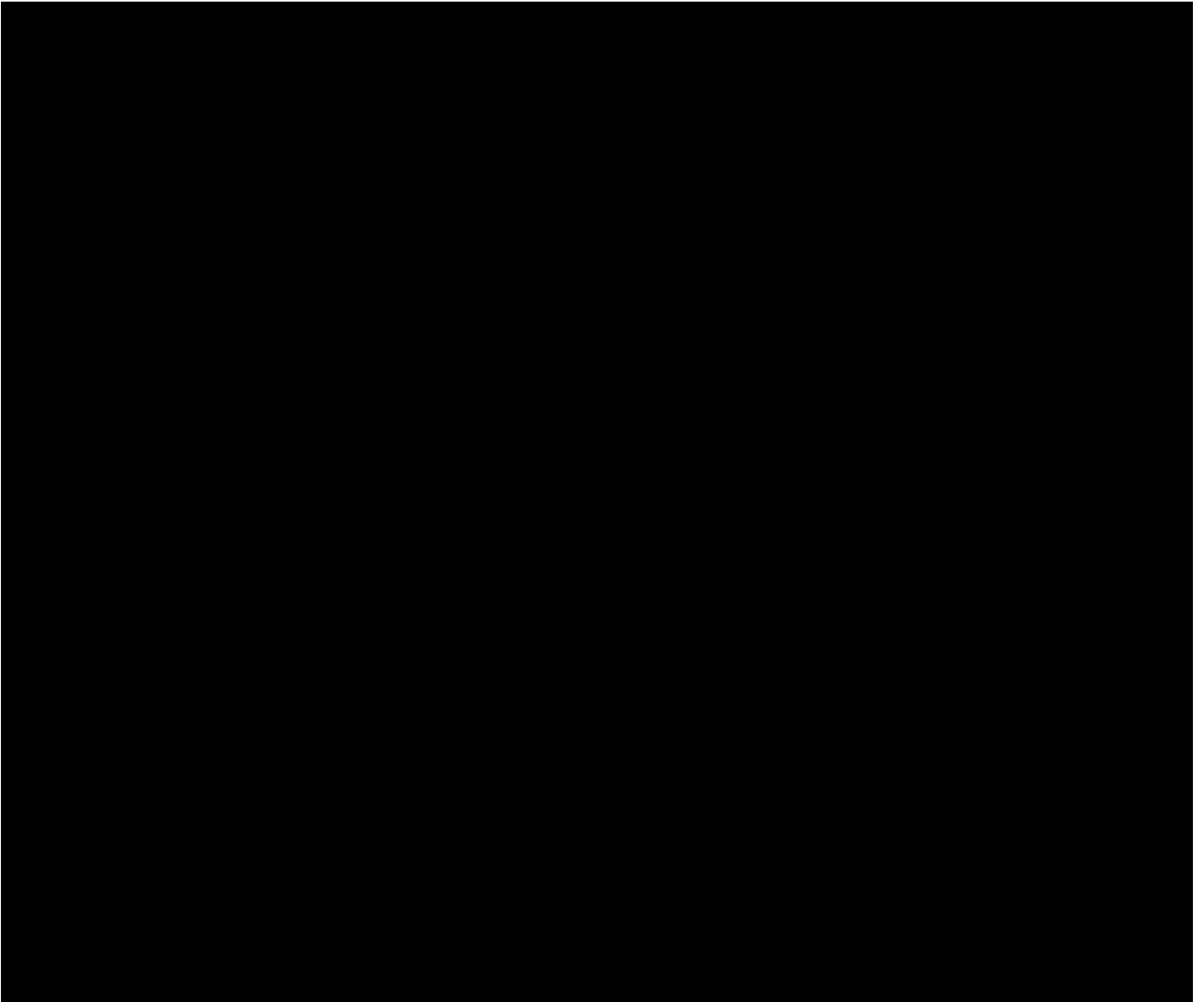


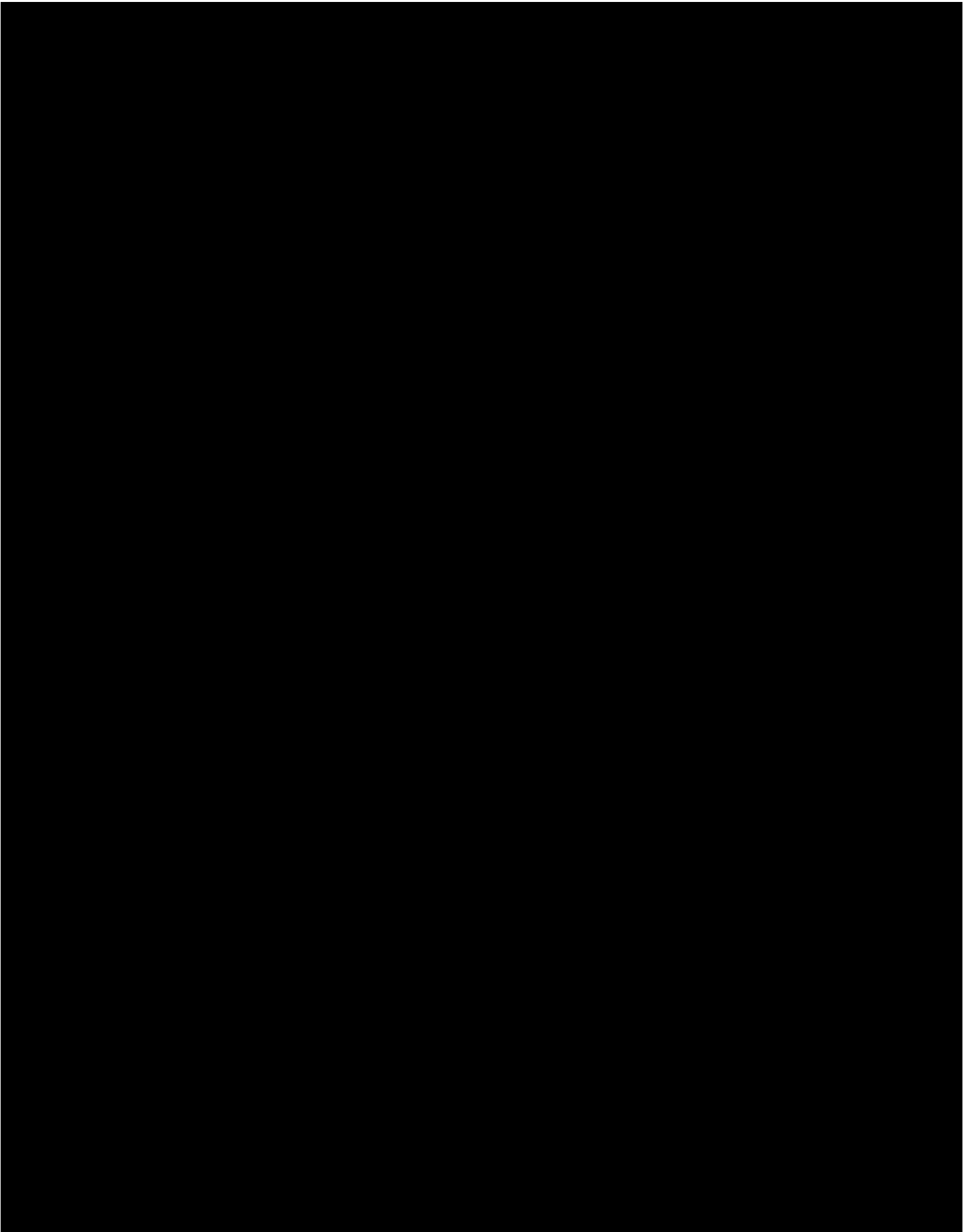




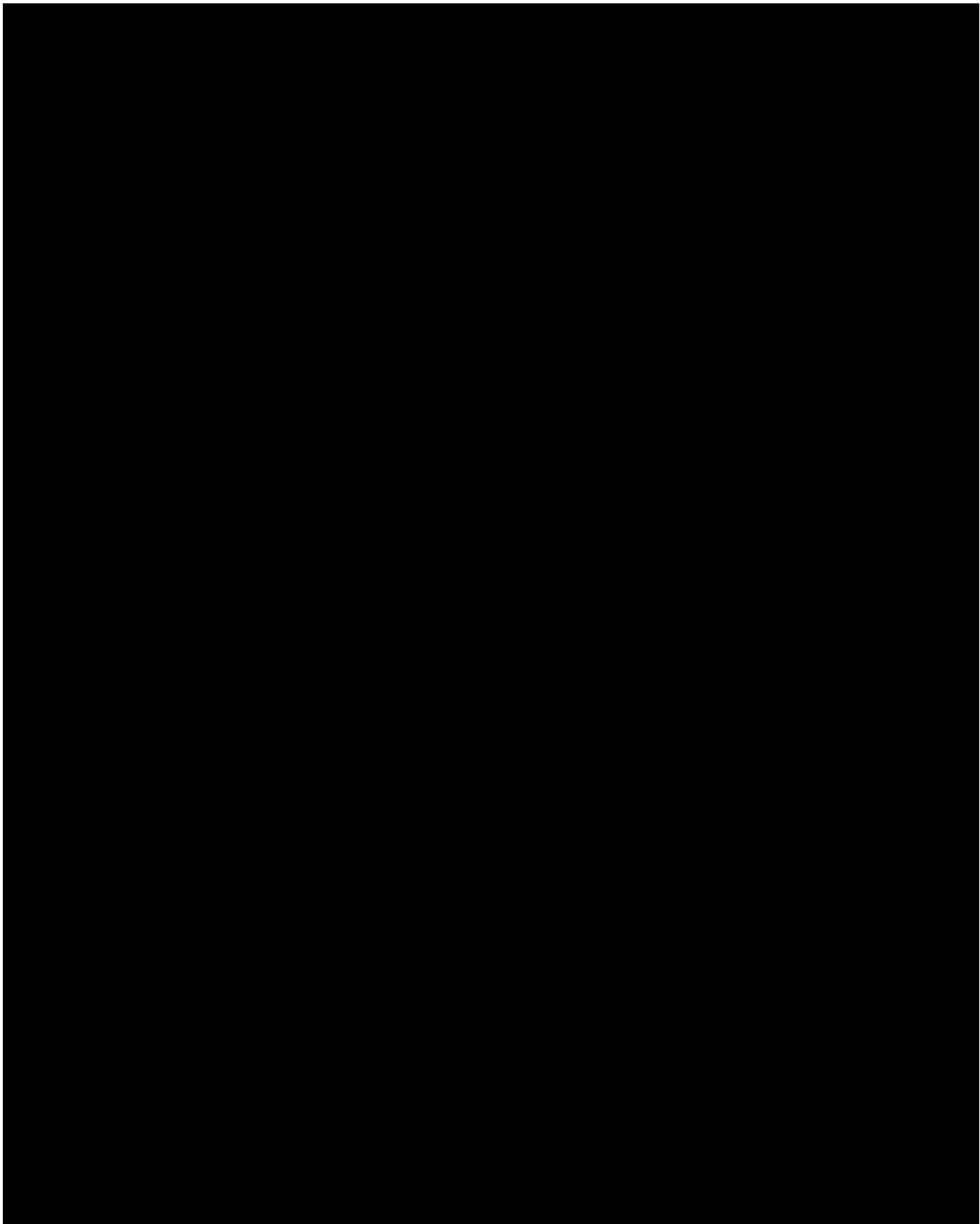








[REDACTED]



[REDACTED]





**From:** [Garverick, J. Robert](#)  
**To:** [\(b\) \(6\)](#); [Juster, Kenneth I](#); [AMA2 \(OS/IOS\)](#); [Christopher.P.Liddell@](#) (b)(6)  
[Nicholas.W.Butterfield@](#) (b)(6); [Charlotte.R.Riggs@](#) (U) [Curtis, Lisa A](#);  
[Deborah.L.Birx@](#) (b)(6); [rco84@](#) (b)(6); [MPottinger@](#) (b)(6); [Kagan, Edgard D](#)  
**Subject:** RE: Envision Health  
**Date:** Thursday, March 26, 2020 11:02:51 PM

---

Hello from New Delhi. I have been in direct contact with Jim Rehtin, CEO of Envision Health. He believes at [REDACTED]

Regards,  
Rob

**J. Robert Garverick**  
Minister-Counselor for Economic, Environment  
Science and Technology Affairs  
American Embassy New Delhi, India

---

Sent from [Workspace ONE Boxer](#)

On March 26, 2020 at 11:30:49 PM GMT+5:30, [\(b\) \(6\)](#) wrote:

b 5

[REDACTED]

---

**From:** Juster, Kenneth I <JusterKI2@state.gov>  
**Sent:** Thursday, March 26, 2020 10:19 AM  
**To:** [\(b\) \(6\)](#); [AMA2 \(OS/IOS\)](#) <AMA2@HHS.GOV>;  
[Christopher.P.Liddell@](#) (b)(6); [Nicholas.W.Butterfield@](#) (b)(6);  
[Charlotte.R.Riggs@](#) (b)(6); (U) [Curtis, Lisa A](#) <Lisa.A.Curtis@ (b)(6);  
[Deborah.L.Birx@](#) (b)(6); [rco84@](#) (b)(6); [MPottinger@](#) (b)(6);  
[Garverick, J. Robert](#) <GarverickJR@state.gov>; [Kagan, Edgard D](#) <KaganED@state.gov>  
**Subject:** RE: Envision Health

b 5

[REDACTED]

**From:** [Liddell, Christopher P. EOP/WHO](#)  
**To:** (b) (6)  
**Subject:** RE: Envision Health  
**Date:** Thursday, March 26, 2020 2:50:04 PM

---

(b)(5)

---

**From:** (b) (6)  
**Sent:** Thursday, March 26, 2020 2:36 PM  
**To:** Liddell, Christopher P. EOP/WHO (b)(6)  
**Subject:** Re: Envision Health

Done

Sent from my iPhone

On Mar 26, 2020, at 2:11 PM, Liddell, Christopher P. EOP/WHO  
(b)(6) wrote:

Jim Rehtin  
CEO  
Envision Health  
(b)(6) [@envisionhealth.com](mailto:@envisionhealth.com)  
(b)(6)

---

**From:** (b) (6) >  
**Sent:** Thursday, March 26, 2020 2:08 PM  
**To:** Liddell, Christopher P. EOP/WHO (b)(6)  
**Subject:** RE: Envision Health

Yup, just send his contact info.

---

**From:** Liddell, Christopher P. EOP/WHO (b)(6)  
**Sent:** Thursday, March 26, 2020 2:04 PM  
**To:** (b) (6) >  
**Subject:** RE: Envision Health

(b)(5)

---

**From:** (b) (6) >  
**Sent:** Thursday, March 26, 2020 2:00 PM  
**To:** Juster, Kenneth I <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>; AMA2 (OS/IOS) <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>;  
Liddell, Christopher P. EOP/WHO (b)(6) Butterfield,  
Nicholas W. EOP/WHO (b)(6) Riggs, Charlotte R.

[REDACTED]  
[REDACTED]

EOP/WHO (b)(6) Curtis, Lisa A. EOP/NSC  
(b)(6) Birx, Deborah L. EOP/NSC  
< (b)(6) O'Brien, Robert C. EOP/WHO (b)(6)  
Pottinger, Matthew F. EOP/WHO (b)(6) ; Garverick, J. Robert  
<[GarverickJR@state.gov](mailto:GarverickJR@state.gov)>; Kagan, Edgard D <[KaganED@state.gov](mailto:KaganED@state.gov)>  
**Subject:** RE: Envision Health

Let me know if you want me to explain to them how this will work.

b 5

---

**From:** Juster, Kenneth I <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>  
**Sent:** Thursday, March 26, 2020 10:19 AM  
**To:** (b) (6) AMA2 (OS/IOS) <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>;  
(b)(6) (b)(6)  
(b)(6) (U) Curtis, Lisa A < (b)(6)  
(b)(6) (b)(6) (b)(6)  
Garverick, J. Robert <[GarverickJR@state.gov](mailto:GarverickJR@state.gov)>; Kagan, Edgard D <[KaganED@state.gov](mailto:KaganED@state.gov)>  
**Subject:** RE: Envision Health

b 5

---

**From:** (b) (6) [REDACTED]  
**Sent:** Thursday, March [REDACTED]  
**To:** AMA2 (OS/IOS) <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>; (b)(6) Juster,  
Kenneth I <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>; (b)(6)  
(b)(6) (U) Curtis, Lisa A (b)(6)  
(b)(6) (b)(6) (b)(6)  
**Subject:** RE: Envision Health

Team,

b 5

---

**From:** AMA2 (OS/IOS)  
**Sent:** Thursday, March 26, 2020 9:51 AM  
**To:** [REDACTED] Parker, Jim (HHS/IOS) <[Jim.Parker@hhs.gov](mailto:Jim.Parker@hhs.gov)>  
**Cc:** Harrison, Brian (HHS/IOS) <[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>; Kadlec, Robert (OS/ASPR/IO)  
<[Robert.Kadlec@hhs.gov](mailto:Robert.Kadlec@hhs.gov)>  
**Subject:** Fwd: Envision Health

Begin forwarded message:

**From:** "Pottinger, Matthew F. EOP/WHO" <  
**Date:** March 26, 2020 at 9:46:01 AM EDT  
**To:** "Liddell, Christopher P. EOP/WHO" (b)(6)  
"Juster, Kenneth I" <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>, "Harrison, Brian (HHS/IOS)"  
<[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>, "AMA2 (OS/IOS)" <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>  
**Cc:** "Butterfield, Nicholas W. EOP/WHO"  
(b)(6) "Riggs, Charlotte R. EOP/WHO"  
(b)(6) "Curtis, Lisa A. EOP/NSC"  
(b)(6) "Birx, Deborah L. EOP/NSC"  
(b)(6) "O'Brien, Robert C. EOP/WHO"  
(b)(6)  
**Subject: RE: Envision Health**

+ Sec Azar's correct email.

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

From: Pottinger, Matthew F. EOP/WHO  
Sent: Thursday, March 26, 2020 9:41 AM  
To: Liddell, Christopher P. EOP/WHO (b)(6)  
'Juster, Kenneth I' <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>; 'Harrison, Brian (HHS/IOS)'  
<[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>  
Cc: Butterfield, Nicholas W. EOP/WHO  
(b)(6) ; Riggs, Charlotte R. EOP/WHO  
(b)(6) Curtis, Lisa A. EOP/NSC  
< (b)(6) Birx, Deborah L. EOP/NSC  
< (b)(6) ; Azar, Alex M. II EOP/WHO  
< (b)(6) O'Brien, Robert C. EOP/WHO  
< (b)(6)  
Subject: RE: Envision Health  
Importance: High

Chris,

(b)(5)

(b)(5)

Best,  
Matt

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

From: Liddell, Christopher P. EOP/WHO (b)(6)  
Sent: Thursday, March 26, 2020 9:27 AM  
To: Pottinger, Matthew F. EOP/WHO (b)(6)  
Cc: Butterfield, Nicholas W. EOP/WHO (b)(6); Riggs, Charlotte R. EOP/WHO  
Subject: FW: Envision Health (b)(6)

Matt

See below

b 5

Thanks  
Chris

On Mar 25, 2020, at 8:23 PM, Henry R. Kravis  
(b)(6) wrote:

Dear Chris

I need some help from you with an urgent issue we have with one of our US companies, Envision Health.

Envision does all of our billing for the health work we do in the US in INDIA, and now that INDIA has shut down, the company cannot get any of its medical bills processed for our procedures at the various hospitals where we work. If we can't resolve this quickly, the company will run out of money due to the substantial lost revenue from lack of billing.

Not surprising, a number of other hospital chains in the US have the same issue, such as HCA.

I would like for you to please speak with the CEO at Envision, Jim Rehtin. I am copying him on this email, so that he can connect with

you to explain in more detail the problem.

His contact information is:

Jim Rehtin

CEO

Envision Health

(b)(6)

(b)(6)

Thank you so much, Chris, for your help.

Best regards

Henry

Henry R Kravis

Sent from my iPhone

**From:** [Liddell, Christopher P. EOP/WHO](#)  
**To:** (b) (6)  
**Subject:** RE: Envision Health  
**Date:** Thursday, March 26, 2020 2:11:25 PM

---

Jim Rehtin  
CEO  
Envision Health

(b)(6)

(b)(6)

---

**From:** (b) (6)  
**Sent:** Thursday, March 26, 2020 2:08 PM  
**To:** Liddell, Christopher P. EOP/WHO (b)(6)  
**Subject:** RE: Envision Health

Yup, just send his contact info.

---

**From:** Liddell, Christopher P. EOP/WHO (b)(6)  
**Sent:** Thursday, March 26, 2020 2:04 PM  
**To:** (b) (6)  
**Subject:** RE: Envision Health

(b)(5)

---

**From:** (b) (6)  
**Sent:** Thursday, March 26, 2020 2:00 PM  
**To:** Juster, Kenneth I <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>; AMA2 (OS/IOS) <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>; Liddell, Christopher P. EOP/WHO (b)(6) Butterfield, Nicholas W. EOP/WHO (b)(6)  
Riggs, Charlotte R. EOP/WHO (b)(6)  
Curtis, Lisa A. EOP/NSC (b)(6) Birx, Deborah L. EOP/NSC (b)(6)  
O'Brien, Robert C. EOP/WHO (b)(6)  
Pottinger, Matthew F. EOP/WHO (b)(6) ; Garverick, J. Robert <[GarverickJR@state.gov](mailto:GarverickJR@state.gov)>; Kagan, Edgard D <[KaganED@state.gov](mailto:KaganED@state.gov)>  
**Subject:** RE: Envision Health

Let me know if you want me to explain to them how this will work. (b)(6)

---

**From:** Juster, Kenneth I <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>  
**Sent:** Thursday, March 26, 2020 10:19 AM  
**To:** (b) (6) AMA2 (OS/IOS) <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>; (b)(6) (b)(6)

(b)(6) (U) Curtis, Lisa A (b)(6)  
(b)(6) (b)(6) (b)(6) Garverick, J. Robert  
<[GarverickJR@state.gov](mailto:GarverickJR@state.gov)>; Kagan, Edgard D <[KaganED@state.gov](mailto:KaganED@state.gov)>  
**Subject:** RE: Envision Health

(b)(5)

---

**From:** (b) (6)  
**Sent:** Thursday, March 26, 2020 7:42 PM  
**To:** AMA2 (OS/IOS) <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>; (b)(6) Juster, Kenneth I  
<[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>; (b)(6) (b)(6) (U)  
Curtis, Lisa A (b)(6) ; (b)(6) (b)(6)  
(b)(6)  
**Subject:** RE: Envision Health

Team,

b 5

---

**From:** AMA2 (OS/IOS)  
**Sent:** Thursday, March 26, 2020 9:51 AM  
**To:** (b) (6) Parker, Jim (HHS/IOS) <[Jim.Parker@hhs.gov](mailto:Jim.Parker@hhs.gov)>  
**Cc:** Harrison, Brian (HHS/IOS) <[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>; Kadlec, Robert (OS/ASPR/IO)  
<[Robert.Kadlec@hhs.gov](mailto:Robert.Kadlec@hhs.gov)>  
**Subject:** Fwd: Envision Health

Begin forwarded message:

**From:** "Pottinger, Matthew F. EOP/WHO" <  
**Date:** March 26, 2020 at 9:46:01 AM EDT  
**To:** "Liddell, Christopher P. EOP/WHO" (b)(6) "Juster,  
Kenneth I" <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>, "Harrison, Brian (HHS/IOS)"  
<[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>, "AMA2 (OS/IOS)" <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>  
**Cc:** "Butterfield, Nicholas W. EOP/WHO" (b)(6) , "Riggs,  
Charlotte R. EOP/WHO" (b)(6) "Curtis, Lisa A. EOP/NSC"  
(b)(6) , "Birx, Deborah L. EOP/NSC"  
(b)(6) , "O'Brien, Robert C. EOP/WHO" (b)(6)  
**Subject:** RE: Envision Health

+ Sec Azar's correct email.

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

From: Pottinger, Matthew F. EOP/WHO

Sent: Thursday, March 26, 2020 9:41 AM

To: Liddell, Christopher P. EOP/WHO

Kenneth I' <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>; 'Harrison, Brian (HHS/IOS)' <[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>

Cc: Butterfield, Nicholas W. EOP/WHO

Charlotte R. EOP/WHO

(b)(6) ; Birx, Deborah L. EOP/NSC

Azar, Alex M. II EOP/WHO <

(b)(6)  
Subject: RE: Envision Health  
Importance: High

Chris,

(b)(5)

Best,  
Matt

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

From: Liddell, Christopher P. EOP/WHO

Sent: Thursday, March 26, 2020 9:27 AM

To: Pottinger, Matthew F. EOP/WHO

Cc: Butterfield, Nicholas W. EOP/WHO

Charlotte R. EOP/WHO

Subject: FW: Envision Health

Matt

See below

b 5

Thanks  
Chris

On Mar 25, 2020, at 8:23 PM, Henry R. Kravis (b)(6) wrote:

Dear Chris

I need some help from you with an urgent issue we have with one of our US companies, Envision Health.

Envision does all of our billing for the health work we do in the US in INDIA, and now that INDIA has shut down, the company cannot get any of its medical bills processed for our procedures at the various hospitals where we work. If we can't resolve this quickly, the company will run out of money due to the substantial lost revenue from lack of billing.

Not surprising, a number of other hospital chains in the US have the same issue, such as HCA.

I would like for you to please speak with the CEO at Envision, Jim Rehtin. I am copying him on this email, so that he can connect with you to explain in more detail the problem.

His contact information is:

Jim Rehtin

CEO

Envision Health

(b)(6)

(b)(6)

Thank you so much, Chris, for your help.

Best regards

Henry

Henry R Kravis

Sent from my iPhone

**From:** [Liddell, Christopher P. EOP/WHO](#)  
**To:** (b) (6)  
**Subject:** RE: Envision Health  
**Date:** Thursday, March 26, 2020 2:03:57 PM

---

(b)(5)

---

**From:** (b) (6)  
**Sent:** Thursday, March 26, 2020 10:19 AM  
**To:** Juster, Kenneth I <JusterKI2@state.gov>; AMA2 (OS/IOS) <AMA2@HHS.GOV>; Liddell, Christopher P. EOP/WHO (b)(6) Butterfield, Nicholas W. EOP/WHO (b)(6) ; Riggs, Charlotte R. EOP/WHO (b)(6) ; Birx, Deborah L. EOP/NSC (b)(6) Curtis, Lisa A. EOP/NSC (b)(6) O'Brien, Robert C. EOP/WHO (b)(6) ; Pottinger, Matthew F. EOP/WHO (b)(6) ; Garverick, J. Robert <GarverickJR@state.gov>; Kagan, Edgard D <KaganED@state.gov>  
**Subject:** RE: Envision Health

Let me know if you want me to explain to them how this will work. b 5

---

**From:** Juster, Kenneth I <JusterKI2@state.gov>  
**Sent:** Thursday, March 26, 2020 10:19 AM  
**To:** (b) (6) AMA2 (OS/IOS) <AMA2@HHS.GOV>; (b)(6) (U) Curtis, Lisa A (b)(6) Garverick, J. Robert <GarverickJR@state.gov>; Kagan, Edgard D <KaganED@state.gov>  
**Subject:** RE: Envision Health

(b)(5)

---

**From:** (b) (6)  
**Sent:** Thursday, March 26, 2020 7:42 PM  
**To:** AMA2 (OS/IOS) <AMA2@HHS.GOV>; [Christopher.P.Liddell@who.eop.gov](#); Juster, Kenneth I <JusterKI2@state.gov>; (b)(6), (b)(6) (b)(6), (b)(6) (U) Curtis, Lisa A (b)(6) (b)(6) (b)(6)  
**Subject:** RE: Envision Health

Team,

b 5

---

**From:** AMA2 (OS/IOS)  
**Sent:** Thursday, March 26, 2020 9:51 AM  
**To:** (b) (6) Parker, Jim (HHS/IOS) <[Jim.Parker@hhs.gov](mailto:Jim.Parker@hhs.gov)>  
**Cc:** Harrison, Brian (HHS/IOS) <[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>; Kadlec, Robert (OS/ASPR/IO) <[Robert.Kadlec@hhs.gov](mailto:Robert.Kadlec@hhs.gov)>  
**Subject:** Fwd: Envision Health

Begin forwarded message:

**From:** "Pottinger, Matthew F. EOP/WHO" <  
**Date:** March 26, 2020 at 9:46:01 AM EDT  
**To:** "Liddell, Christopher P. EOP/WHO" (b)(6) "Juster, Kenneth I" <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>, "Harrison, Brian (HHS/IOS)" <[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>, "AMA2 (OS/IOS)" <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>  
**Cc:** "Butterfield, Nicholas W. EOP/WHO" (b)(6) "Riggs, Charlotte R. EOP/WHO" (b)(6), "Curtis, Lisa A. EOP/NSC" (b)(6) "Birx, Deborah L. EOP/NSC" (b)(6) "O'Brien, Robert C. EOP/WHO" (b)(6)  
**Subject: RE: Envision Health**

+ Sec Azar's correct email.

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

**From:** Pottinger, Matthew F. EOP/WHO  
**Sent:** Thursday, March 26, 2020 9:41 AM  
**To:** Liddell, Christopher P. EOP/WHO (b)(6) 'Juster, Kenneth I' <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>; 'Harrison, Brian (HHS/IOS)' <[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>  
**Cc:** Butterfield, Nicholas W. EOP/WHO (b)(6) Riggs, Charlotte R. EOP/WHO (b)(6) Curtis, Lisa A. EOP/NSC (b)(6) ; Birx, Deborah L. EOP/NSC (b)(6) O'Brien, Robert C. EOP/WHO (b)(6)  
**Subject:** RE: Envision Health  
**Importance:** High

Chris,

(b)(5)

(b)(5)

Best,  
Matt

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

From: Liddell, Christopher P. EOP/WHO

(b)(6)

Sent: Thursday, March 26, 2020 9:27 AM

To: Pottinger, Matthew F. EOP/WHO

(b)(6)

Cc: Butterfield, Nicholas W. EOP/WHO

(b)(6)

; Riggs,

Charlotte R. EOP/WHO

(b)(6)

Subject: FW: Envision Health

Matt

See below

b 5

Thanks  
Chris

On Mar 25, 2020, at 8:23 PM, Henry R. Kravis

(b)(6)

wrote:

Dear Chris

I need some help from you with an urgent issue we have with one of our US companies, Envision Health.

Envision does all of our billing for the health work we do in the US in INDIA, and now that INDIA has shut down, the company cannot get any of its medical bills processed for our procedures at the various hospitals where we work. If we can't resolve this quickly, the company will run out of money due to the substantial lost revenue from lack of billing.

Not surprising, a number of other hospital chains in the US have the same issue, such as HCA.

I would like for you to please speak with the CEO at Envision, Jim Rehtin. I am copying him on this email, so that he can connect with you to explain in more detail the problem.

His contact information is:

Jim Rehtin

CEO

Envision Health

(b)(6)

(b)(6)

Thank you so much, Chris, for your help.

Best regards

Henry

Henry R Kravis

Sent from my iPhone

[REDACTED]

**From:** [Juster, Kenneth I](#)  
**To:** (b) (6) [AMA2 \(OS/IOS\)](#); (b)(6) ; (b)(6)  
(b)(6) U) Curtis, Lisa A; (b)(6)  
(b)(6) [Garverick, J. Robert](#); [Kagan, Edgard D](#)  
**Subject:** RE: Envision Health  
**Date:** Thursday, March 26, 2020 10:19:47 AM

---

(b)(5)

---

**From:** (b) (6) >  
**Sent:** Thursday, March 26, 2020 7:42 PM  
**To:** [AMA2 \(OS/IOS\)](#) <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>; (b)(6) Juster, Kenneth I  
<[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>; (b)(6) (b)(6) (U)  
Curtis, Lisa A (b)(6) ; (b)(6) (b)(6)  
(b)(6)  
**Subject:** RE: Envision Health

Team,

b 5

---

**From:** [AMA2 \(OS/IOS\)](#)  
**Sent:** Thursday, March 26, 2020 9:51 AM  
**To:** (b) (6) >; Parker, Jim (HHS/IOS) <[Jim.Parker@hhs.gov](mailto:Jim.Parker@hhs.gov)>  
**Cc:** Harrison, Brian (HHS/IOS) <[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>; Kadlec, Robert (OS/ASPR/IO)  
<[Robert.Kadlec@hhs.gov](mailto:Robert.Kadlec@hhs.gov)>  
**Subject:** Fwd: Envision Health

Begin forwarded message:

**From:** "Pottinger, Matthew F. EOP/WHO" <  
**Date:** March 26, 2020 at 9:46:01 AM EDT  
**To:** "Liddell, Christopher P. EOP/WHO" (b)(6) "Juster,  
Kenneth I" <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>, "Harrison, Brian (HHS/IOS)"  
<[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>, "AMA2 (OS/IOS)" <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>  
**Cc:** "Butterfield, Nicholas W. EOP/WHO" (b)(6) "Riggs,  
Charlotte R. EOP/WHO" (b)(6) "Curtis, Lisa A. EOP/NSC"  
(b)(6) , "Birx, Deborah L. EOP/NSC"  
(b)(6) "O'Brien, Robert C. EOP/WHO" (b)(6)  
**Subject:** RE: Envision Health

+ Sec Azar's correct email.

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

From: Pottinger, Matthew F. EOP/WHO

Sent: Thursday, March 26, 2020 9:41 AM

To: Liddell, Christopher P. EOP/WHO

Kenneth I' <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>; 'Harrison, Brian (HHS/IOS)' <[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>

Cc: Butterfield, Nicholas W. EOP/WHO

Charlotte R. EOP/WHO

(b)(6)  
Azar, Alex M. II EOP/WHO

(b)(6) ; Riggs,  
(b)(6) ; Curtis, Lisa A. EOP/NSC  
(b)(6) ; O'Brien, Robert C. EOP/WHO

(b)(6)  
Subject: RE: Envision Health

Importance: High

Chris,

(b)(5)

Best,  
Matt

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

From: Liddell, Christopher P. EOP/WHO

Sent: Thursday, March 26, 2020 9:27 AM

To: Pottinger, Matthew F. EOP/WHO

Cc: Butterfield, Nicholas W. EOP/WHO

Charlotte R. EOP/WHO

Subject: FW: Envision Health

Matt

See below

b 5

Thanks  
Chris

On Mar 25, 2020, at 8:23 PM, Henry R. Kravis (b)(6) wrote:

Dear Chris

I need some help from you with an urgent issue we have with one of our US companies, Envision Health.

Envision does all of our billing for the health work we do in the US in INDIA, and now that INDIA has shut down, the company cannot get any of its medical bills processed for our procedures at the various hospitals where we work. If we can't resolve this quickly, the company will run out of money due to the substantial lost revenue from lack of billing.

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I would like for you to please speak with the CEO at Envision, Jim Rehtin. I am copying him on this email, so that he can connect with you to explain in more detail the problem.

His contact information is:

Jim Rehtin

CEO

Envision Health

(b)(6)

(b)(6)

Thank you so much, Chris, for your help.

Best regards

Henry

Henry R Kravis

Sent from my iPhone

**From:** [Liddell, Christopher P. EOP/WHO](#)  
**To:** (b) (6)  
**Subject:** RE: Envision Health  
**Date:** Thursday, March 26, 2020 10:18:41 AM

---

Hi Seema

b 5

Thanks for following up !

Chris

---

**From:** (b) (6)  
**Sent:** Thursday, March 26, 2020 10:12 AM  
**To:** AMA2 (OS/IOS) <AMA2@HHS.GOV>; Liddell, Christopher P. EOP/WHO  
(b)(6) JusterKI2@state.gov; Butterfield, Nicholas W. EOP/WHO  
(b)(6) Riggs, Charlotte R. EOP/WHO  
<Charlotte.R.Riggs@who.eop.gov>; Curtis, Lisa A. EOP/NSC (b)(6) Birx,  
Deborah L. EOP/NSC (b)(6) ; O'Brien, Robert C. EOP/WHO  
(b)(6) Pottinger, Matthew F. EOP/WHO (b)(6)  
**Subject:** RE: Envision Health

Team,

[REDACTED]

---

**From:** AMA2 (OS/IOS)  
**Sent:** Thursday, March 26, 2020 9:51 AM  
**To:** (b) (6); Parker, Jim (HHS/IOS) <Jim.Parker@hhs.gov>  
**Cc:** Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>  
**Subject:** Fwd: Envision Health

Begin forwarded message:

**From:** "Pottinger, Matthew F. EOP/WHO" <  
**Date:** March 26, 2020 at 9:46:01 AM EDT  
**To:** "Liddell, Christopher P. EOP/WHO" (b)(6) "Juster,  
Kenneth I" <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>, "Harrison, Brian (HHS/IOS)"  
<[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>, "AMA2 (OS/IOS)" <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>  
**Cc:** "Butterfield, Nicholas W. EOP/WHO" (b)(6) "Riggs,  
Charlotte R. EOP/WHO" (b)(6) "Curtis, Lisa A. EOP/NSC"

(b)(6) "Birx, Deborah L. EOP/NSC"  
(b)(6) "O'Brien, Robert C. EOP/WHO" (b)(6)  
**Subject: RE: Envision Health**

+ Sec Azar's correct email.

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

From: Pottinger, Matthew F. EOP/WHO  
Sent: Thursday, March 26, 2020 9:41 AM  
To: Liddell, Christopher P. EOP/WHO <(b)(6)>; 'Juster, Kenneth I' <[JusterKI2@state.gov](mailto:JusterKI2@state.gov)>; 'Harrison, Brian (HHS/IOS)' <[Brian.Harrison@hhs.gov](mailto:Brian.Harrison@hhs.gov)>  
Cc: Butterfield, Nicholas W. EOP/WHO <(b)(6)>; Riggs, Charlotte R. EOP/WHO <(b)(6)>; Curtis, Lisa A. EOP/NSC <(b)(6)>; Birx, Deborah L. EOP/NSC <(b)(6)>  
Azar, Alex M. II EOP/WHO <(b)(6)> O'Brien, Robert C. EOP/WHO <(b)(6)>  
Subject: RE: Envision Health  
Importance: High

Chris,

(b)(5)

Best,  
Matt

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

From: Liddell, Christopher P. EOP/WHO <(b)(6)>  
Sent: Thursday, March 26, 2020 9:27 AM  
To: Pottinger, Matthew F. EOP/WHO <(b)(6)>  
Cc: Butterfield, Nicholas W. EOP/WHO <(b)(6)>; Riggs, Charlotte R. EOP/WHO <(b)(6)>  
Subject: FW: Envision Health

Matt

See below

Thanks  
Chris

On Mar 25, 2020, at 8:23 PM, Henry R. Kravis (b)(6) wrote:

Dear Chris

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His contact information is:

Jim Rehtin

CEO

Envision Health

(b)(6)

(b)(6)

Thank you so much, Chris, for your help.

Best regards

Henry

Henry R Kravis

Sent from my iPhone

**From:** [Curtis, Lisa A. EOP/NSC](#)  
**To:** [Garverick, J. Robert](#)  
**Cc:** [\(b\) \(6\)](#); [Juster, Kenneth I; AMA2 \(OS/IOS\); Liddell, Christopher P. EOP/WHO; Butterfield, Nicholas W. EOP/WHO; Riggs, Charlotte R. EOP/WHO; Bix, Deborah L. EOP/NSC; O'Brien, Robert C. EOP/WHO; Pottinger, Matthew F. EOP/WHO; Kagan, Edgard D](#)  
**Subject:** Re: Envision Health  
**Date:** Thursday, March 26, 2020 11:21:25 PM

---

Rob - Thank you, it is good to hear they have a plan for working through the challenges. b 5

[REDACTED]

Thanks again, Lisa  
Sent from my iPhone

On Mar 26, 2020, at 11:02 PM, Garverick, J. Robert <GarverickJR@state.gov> wrote:

Hello from New Delhi. I have been in direct contact with Jim Rehtin, CEO of Envision Health. He believes b 5

[REDACTED]

Regards,  
Rob

**J. Robert Garverick**  
Minister-Counselor for Economic, Environment  
Science and Technology Affairs  
American Embassy New Delhi, India

---

Sent from [Workspace ONE Boxer](#)

On March 26, 2020 at 11:30:49 PM GMT+5:30, [\(b\) \(6\)](#) wrote:

Let me know if you want me to explain to them how this will work b 5

[REDACTED]

---

**From:** Juster, Kenneth I <JusterKI2@state.gov>  
**Sent:** Thursday, March 26, 2020 10:19 AM  
**To:** [\(b\) \(6\)](#) AMA2 (OS/IOS) <AMA2@HHS.GOV>;

(b)(6)

(b)(6)

(b)(6)

(U) Curtis, Lisa A

(b)(6)

(b)(6)

(b)(6)

(b)(6)

; Garverick, J. Robert <GarverickJR@state.gov>;

Kagan, Edgard D <KaganED@state.gov>

**Subject:** RE: Envision Health

(b)(5)

**From:** [Liddell, Christopher P. EOP/WHO](#)  
**To:** (b) (6); "Garverick, J. Robert"; Juster, Kenneth I; AMA2 (OS/IOS); Butterfield, Nicholas W. EOP/WHO; Riggs, Charlotte R. EOP/WHO; Curtis, Lisa A. EOP/NSC; Bix, Deborah L. EOP/NSC; O'Brien, Robert C. EOP/WHO; Pottinger, Matthew F. EOP/WHO; Kagan, Edgard D  
**Subject:** RE: Envision Health  
**Date:** Friday, March 27, 2020 6:09:28 AM

---

Thanks all

---

**From:** (b) (6)  
**Sent:** Thursday, March 26, 2020 11:22 PM  
**To:** 'Garverick, J. Robert' <GarverickJR@state.gov>; Juster, Kenneth I <JusterKI2@state.gov>; AMA2 (OS/IOS) <AMA2@HHS.GOV>; Liddell, Christopher P. EOP/WHO  
(b)(6) Butterfield, Nicholas W. EOP/WHO  
(b)(6) ; Riggs, Charlotte R. EOP/WHO  
(b)(6) ; Curtis, Lisa A. EOP/NSC (b)(6) ; Bix, Deborah L. EOP/NSC (b)(6) ; O'Brien, Robert C. EOP/WHO  
(b)(6) Pottinger, Matthew F. EOP/WHO (b)(6) Kagan, Edgard D <KaganED@state.gov>  
**Subject:** RE: Envision Health

I spoke with Jim today. We had a good conversation and I think

b 5

---

**From:** Garverick, J. Robert <GarverickJR@state.gov>  
**Sent:** Thursday, March 26, 2020 11:03 PM  
**To:** (b) (6) Juster, Kenneth I <JusterKI2@state.gov>; AMA2 (OS/IOS) <AMA2@HHS.GOV>; (b)(6) ; (b)(6)  
(b)(6) (U) Curtis, Lisa A (b)(6)  
(b)(6) ; (b)(6) ; (b)(6) Kagan, Edgard D <KaganED@state.gov>  
**Subject:** RE: Envision Health

Hello from New Delhi. I have been in direct contact with Jim Rehtin, CEO of Envision Health. He believes at this point

b 5

Regards,  
Rob

**J. Robert Garverick**  
Minister-Counselor for Economic, Environment  
Science and Technology Affairs  
American Embassy New Delhi, India

---

Sent from [Workspace ONE Boxer](#)

On March 26, 2020 at 11:30:49 PM GMT+5:30, (b) (6) > wrote:

Let me know if you want me to explain to them how this will work. Its hopefully going to go out today or tomorrow.

---

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**Sent:** Thursday, March 26, 2020 10:19 AM

**To:** (b) (6); AMA2 (OS/IOS) <[AMA2@HHS.GOV](mailto:AMA2@HHS.GOV)>;

(b)(6)

(b)(6)

(b)(6)

(U) Curtis, Lisa A <

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Garverick, J. Robert <[GarverickJR@state.gov](mailto:GarverickJR@state.gov)>; Kagan, Edgard D <[KaganED@state.gov](mailto:KaganED@state.gov)>

**Subject:** RE: Envision Health

(b)(5)

**From:** [Grogan, Joseph J. EOP/WHO](#)  
**To:** (b) (6)  
**Subject:** Re: EOP comment on SEP guidance  
**Date:** Wednesday, March 25, 2020 9:55:00 PM

---

Can you and I talk in the am? I can't right now as I'm on the phone, but [REDACTED]  
[REDACTED]

Sent from my iPhone

On Mar 25, 2020, at 8:35 PM, (b) (6) > wrote:

(b)(5)

---

**From:** Pate, Randy (CMS/CCIIO)  
**Sent:** Wednesday, March 25, 2020 7:47 PM  
**To:** (b) (6)  
**Cc:** Brookes, Brady (CMS/OA) <[Brady.Brookes@cms.hhs.gov](mailto:Brady.Brookes@cms.hhs.gov)>  
**Subject:** RE: EOP comment on SEP guidance

(b)(5)

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.  
Deliberative, pre-decisional communication.

---

**From:** (b) (6)  
**Sent:** Wednesday, March 25, 2020 7:46 PM  
**To:** Pate, Randy (CMS/CCIIO) <[Randy.Pate@cms.hhs.gov](mailto:Randy.Pate@cms.hhs.gov)>  
**Cc:** Brookes, Brady (CMS/OA) <[Brady.Brookes@cms.hhs.gov](mailto:Brady.Brookes@cms.hhs.gov)>  
**Subject:** Re: EOP comment on SEP guidance

(b)(5)

Sent from my iPhone

On Mar 25, 2020, at 7:39 PM, Pate, Randy (CMS/CCIIO) <[Randy.Pate@cms.hhs.gov](mailto:Randy.Pate@cms.hhs.gov)> wrote:

(b)(5)

(b)(5)

Randy

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**From:** Strauss, Emma (CMS/OA) <[Emma.Strauss@cms.hhs.gov](mailto:Emma.Strauss@cms.hhs.gov)>  
**Sent:** Wednesday, March 25, 2020 7:29 PM  
**To:** Wu, Jeff (CMS/CCIIO) <[Jeff.Wu@cms.hhs.gov](mailto:Jeff.Wu@cms.hhs.gov)>; Pate, Randy (CMS/CCIIO) <[Randy.Pate@cms.hhs.gov](mailto:Randy.Pate@cms.hhs.gov)>; Nelson, Peter (CMS/OA) <[Peter.Nelson@cms.hhs.gov](mailto:Peter.Nelson@cms.hhs.gov)>  
**Cc:** McLean, Rogelyn (CMS/CCIIO) <[Rogelyn.McLean@cms.hhs.gov](mailto:Rogelyn.McLean@cms.hhs.gov)>; Wilson, Lisa J. (CMS/CCIIO) <[lisa.wilson@cms.hhs.gov](mailto:lisa.wilson@cms.hhs.gov)>; Koltov, Michelle K. (CMS/CCIIO) <[Michelle.Koltov@cms.hhs.gov](mailto:Michelle.Koltov@cms.hhs.gov)>  
**Subject:** EOP comment on SEP guidance

Hi all,

(b)(5)

--

**Emma Strauss**

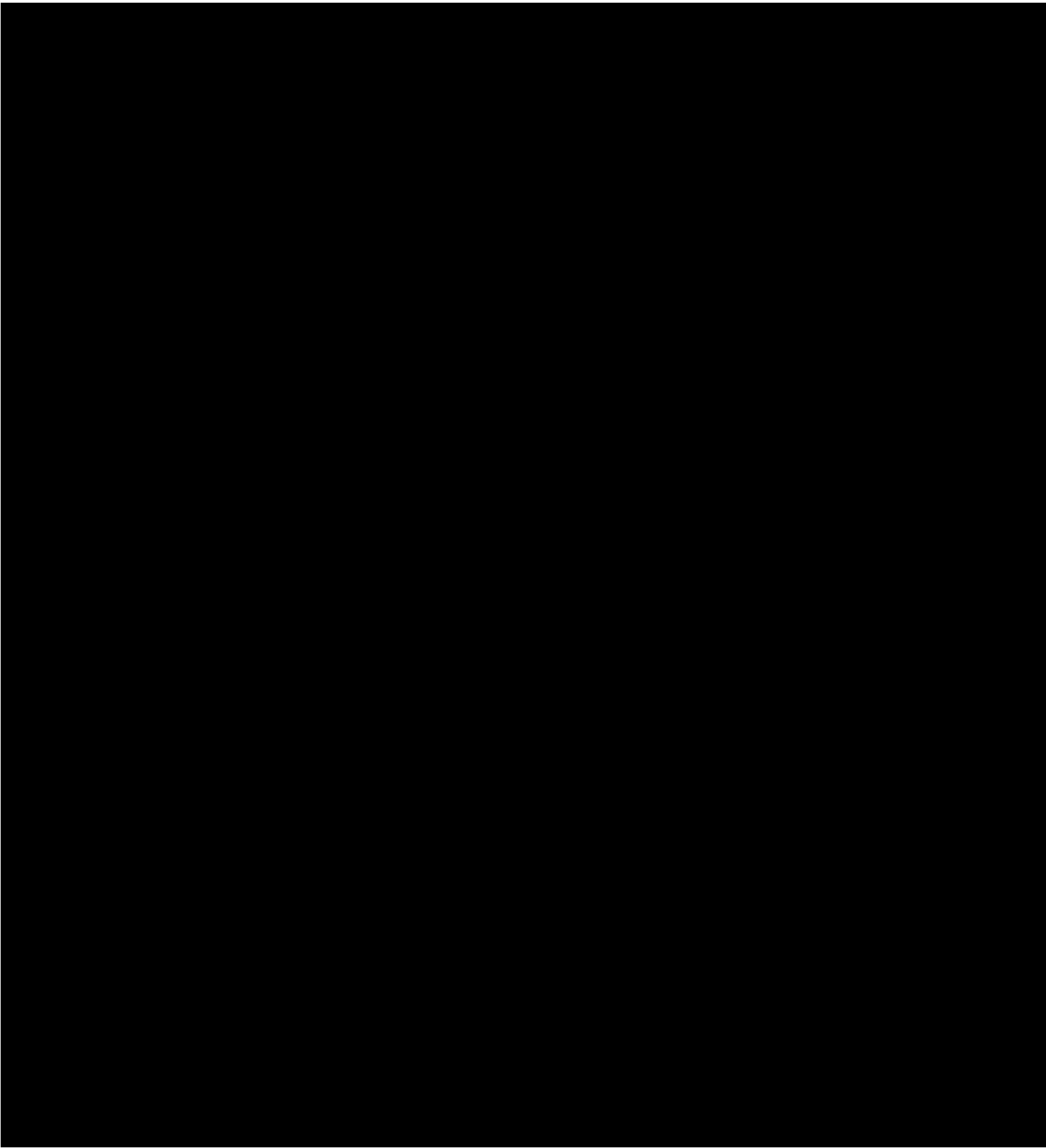
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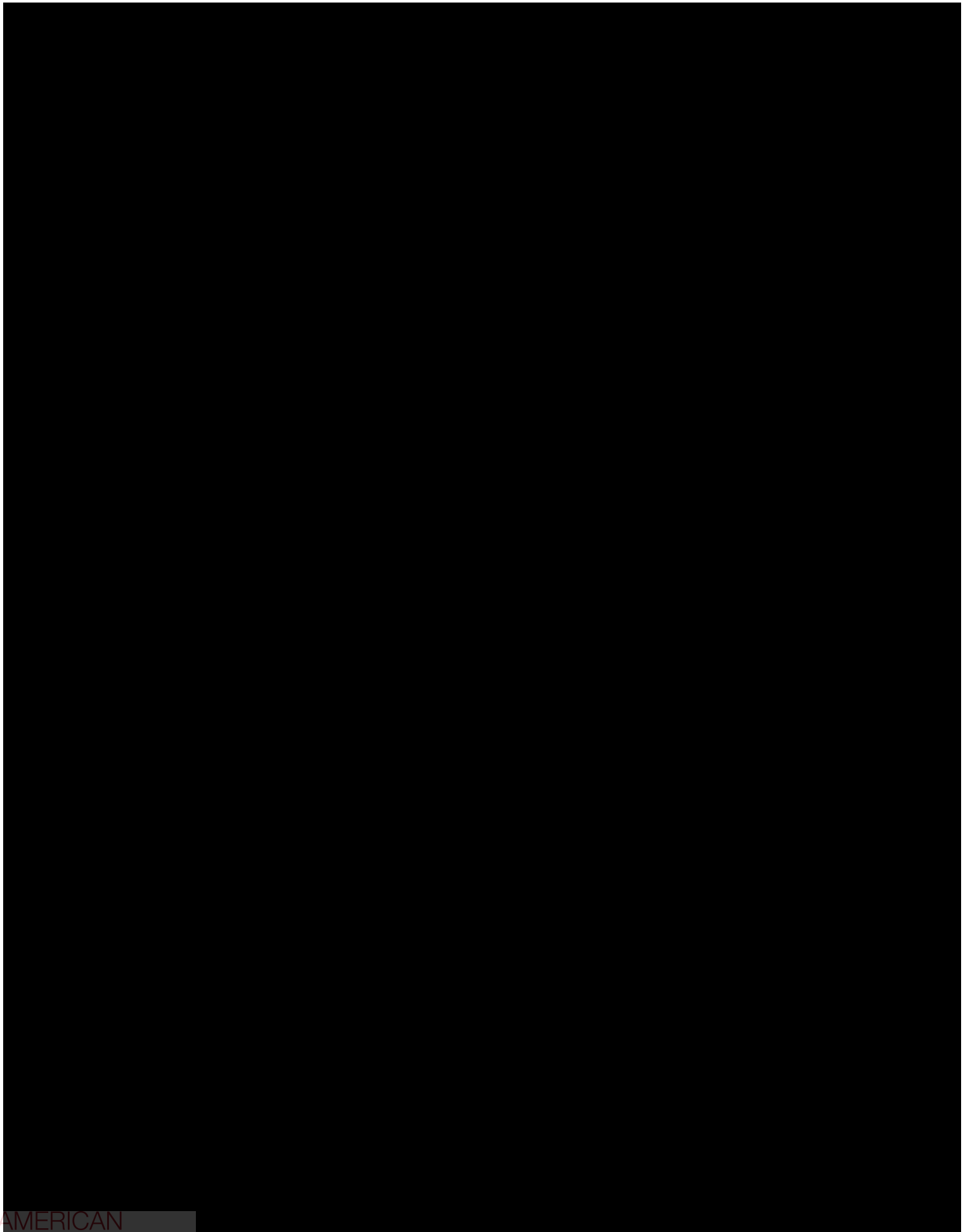
[emma.strauss@cms.hhs.gov](mailto:emma.strauss@cms.hhs.gov)

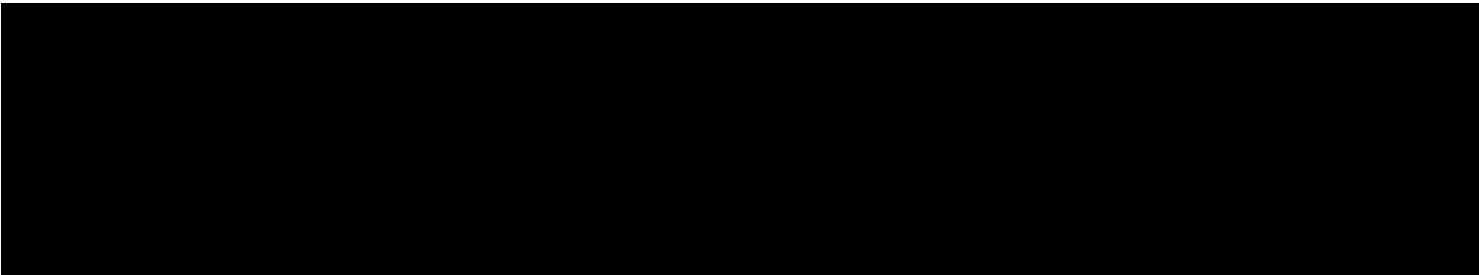
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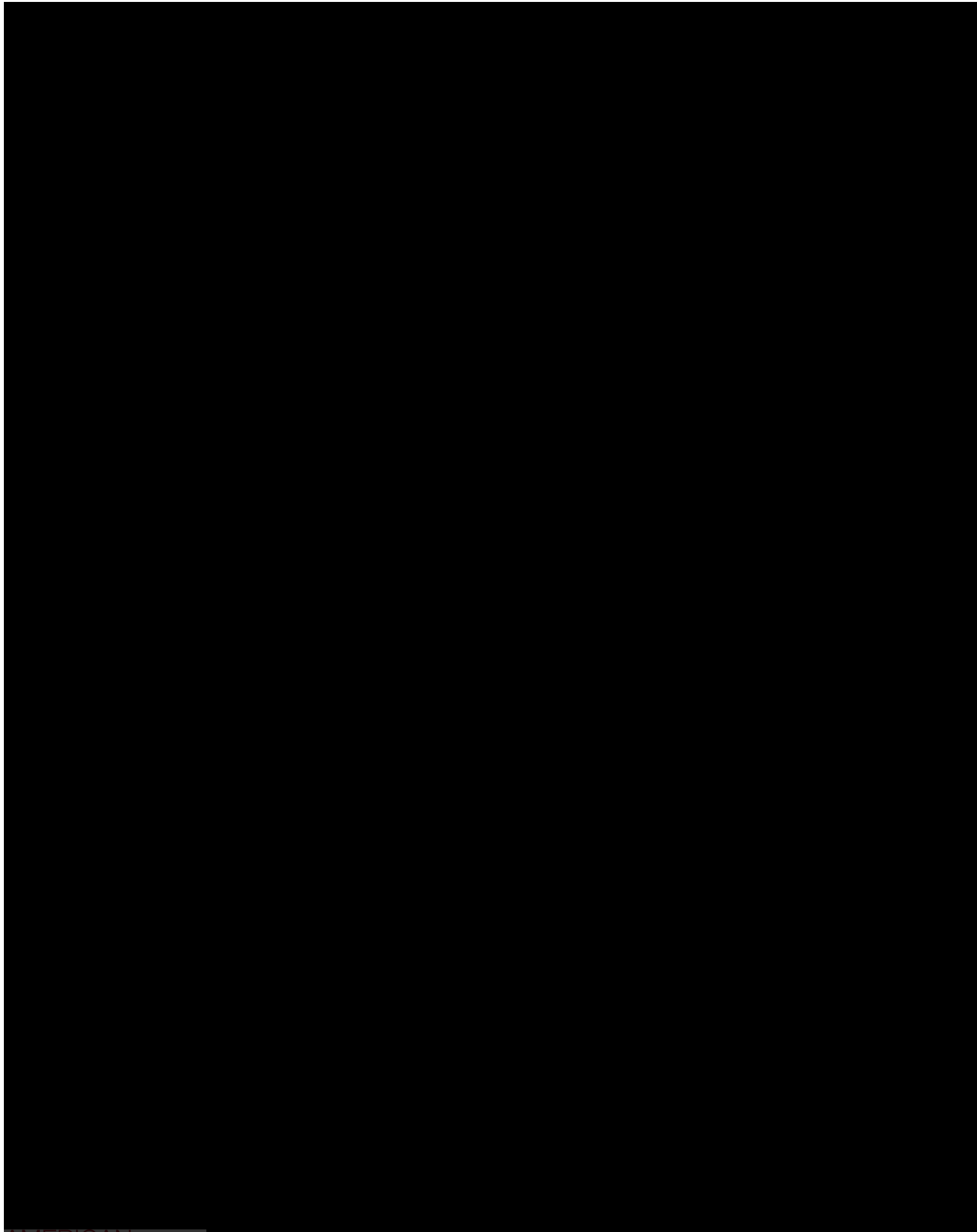




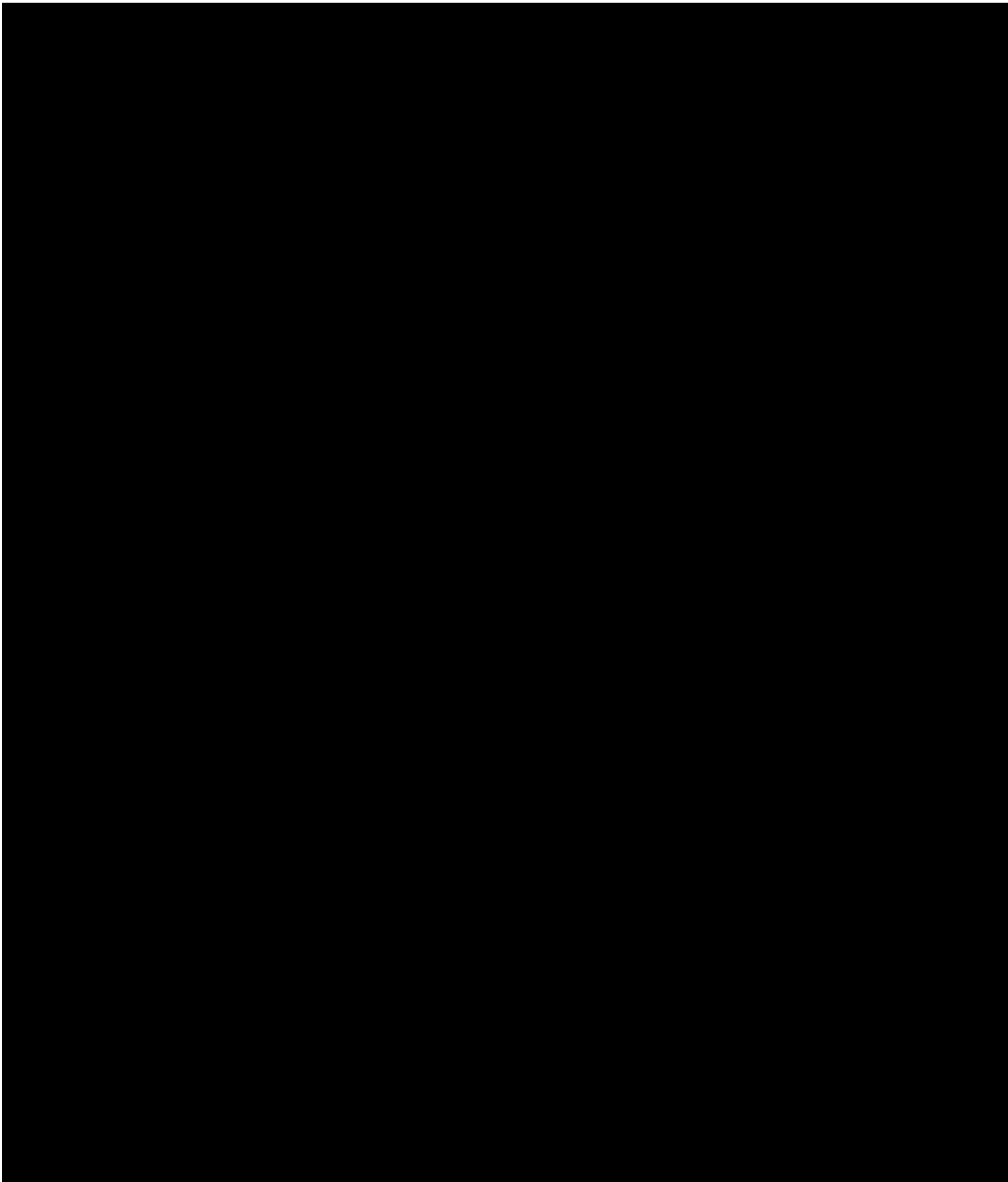




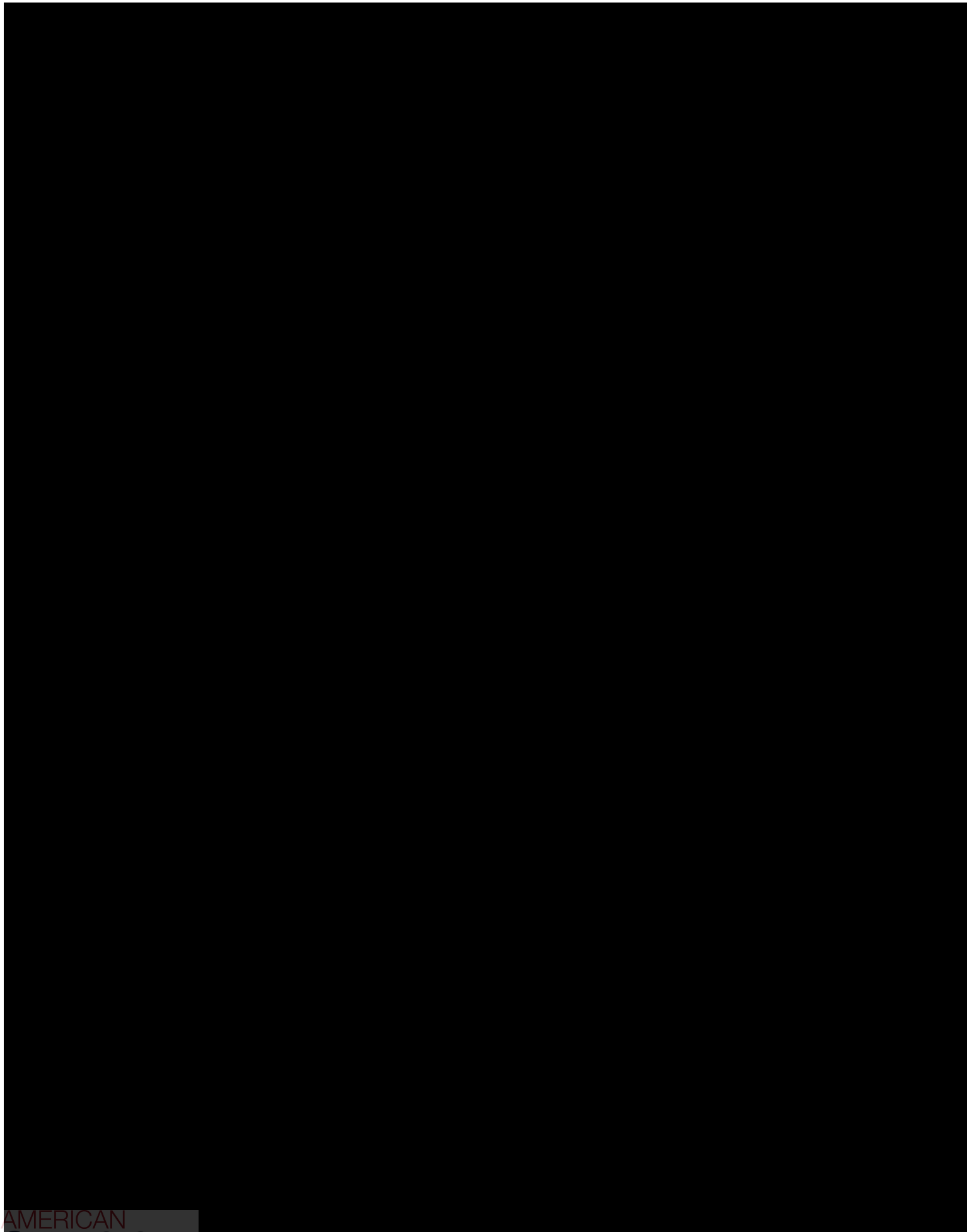


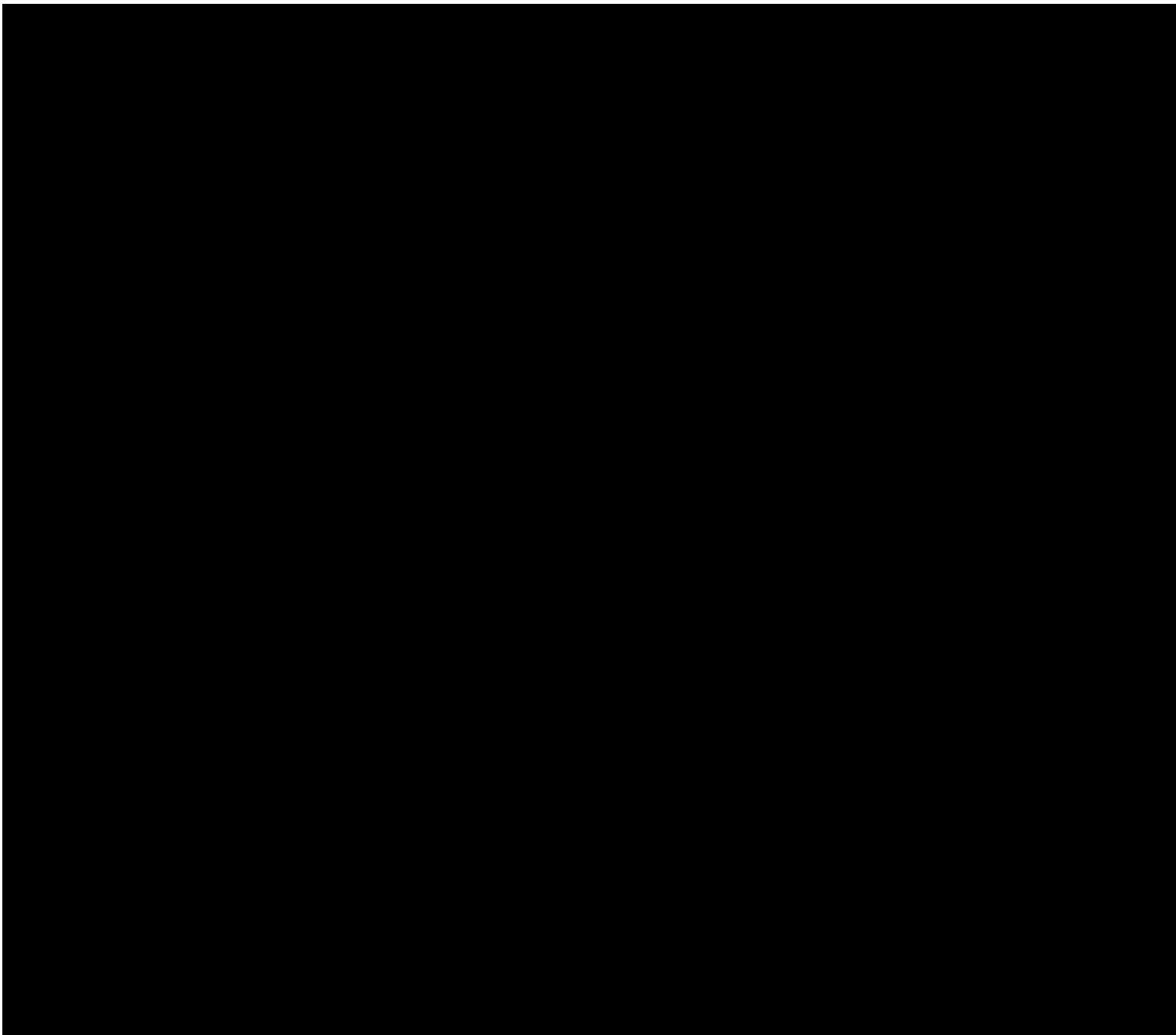






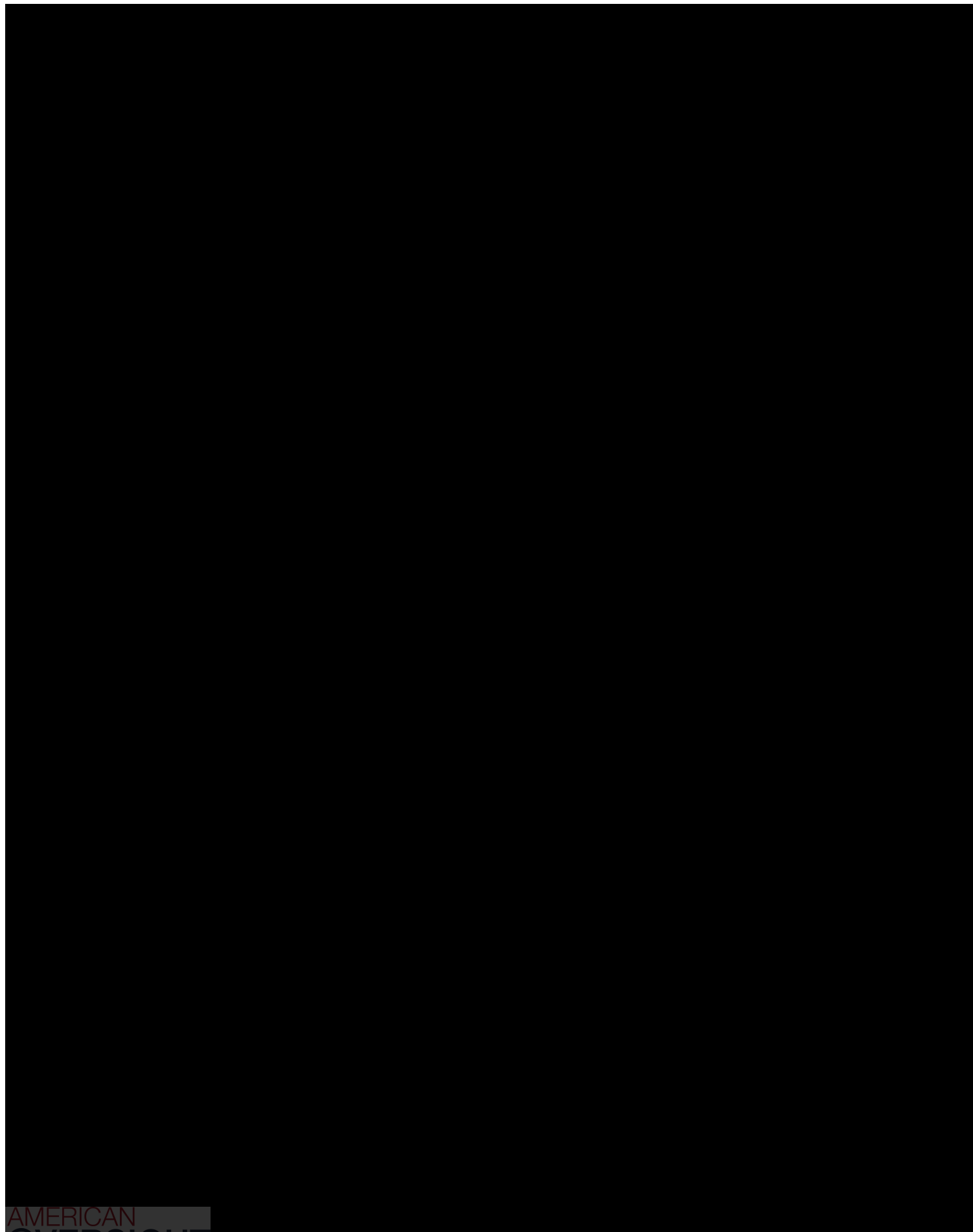






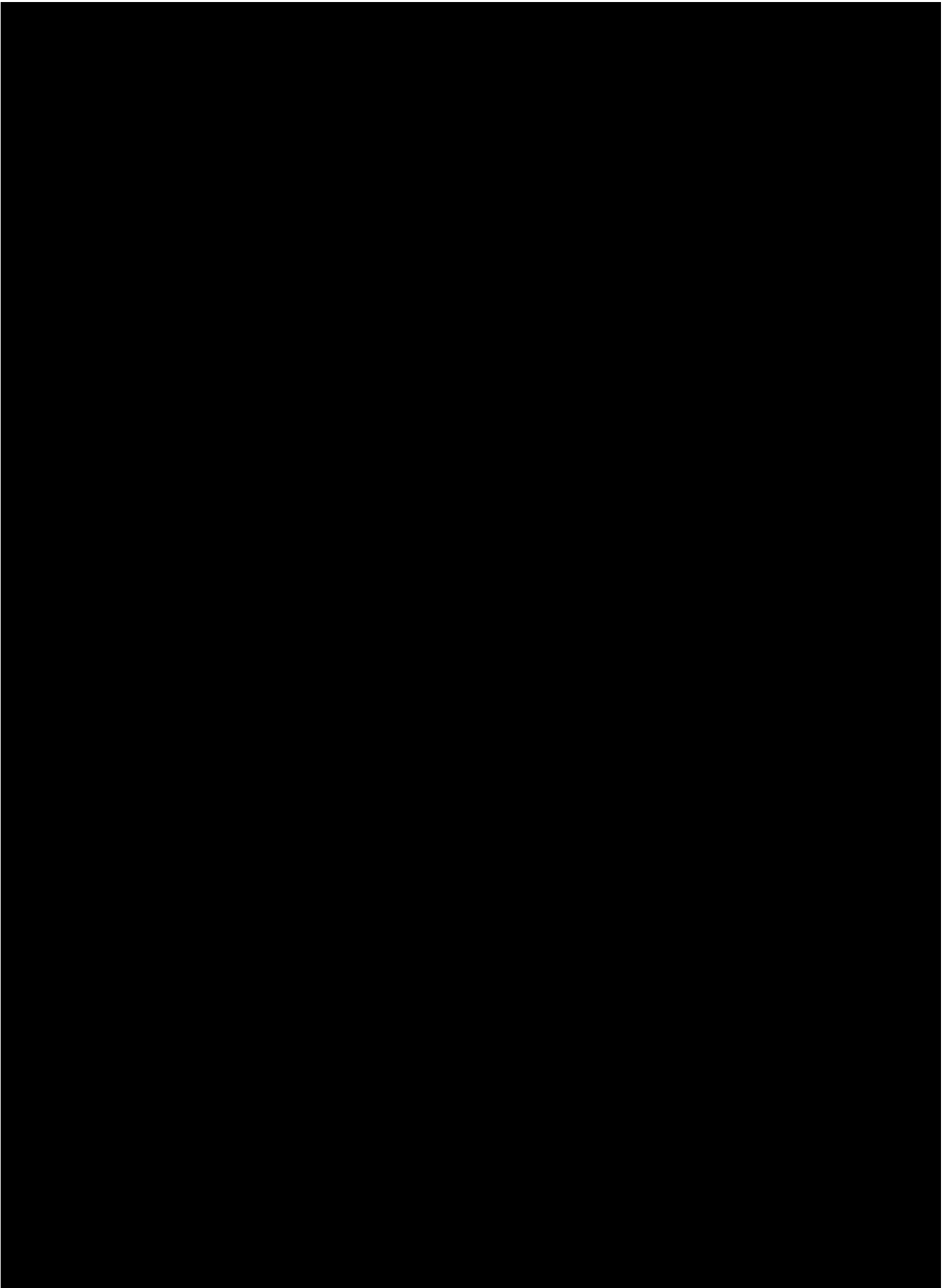


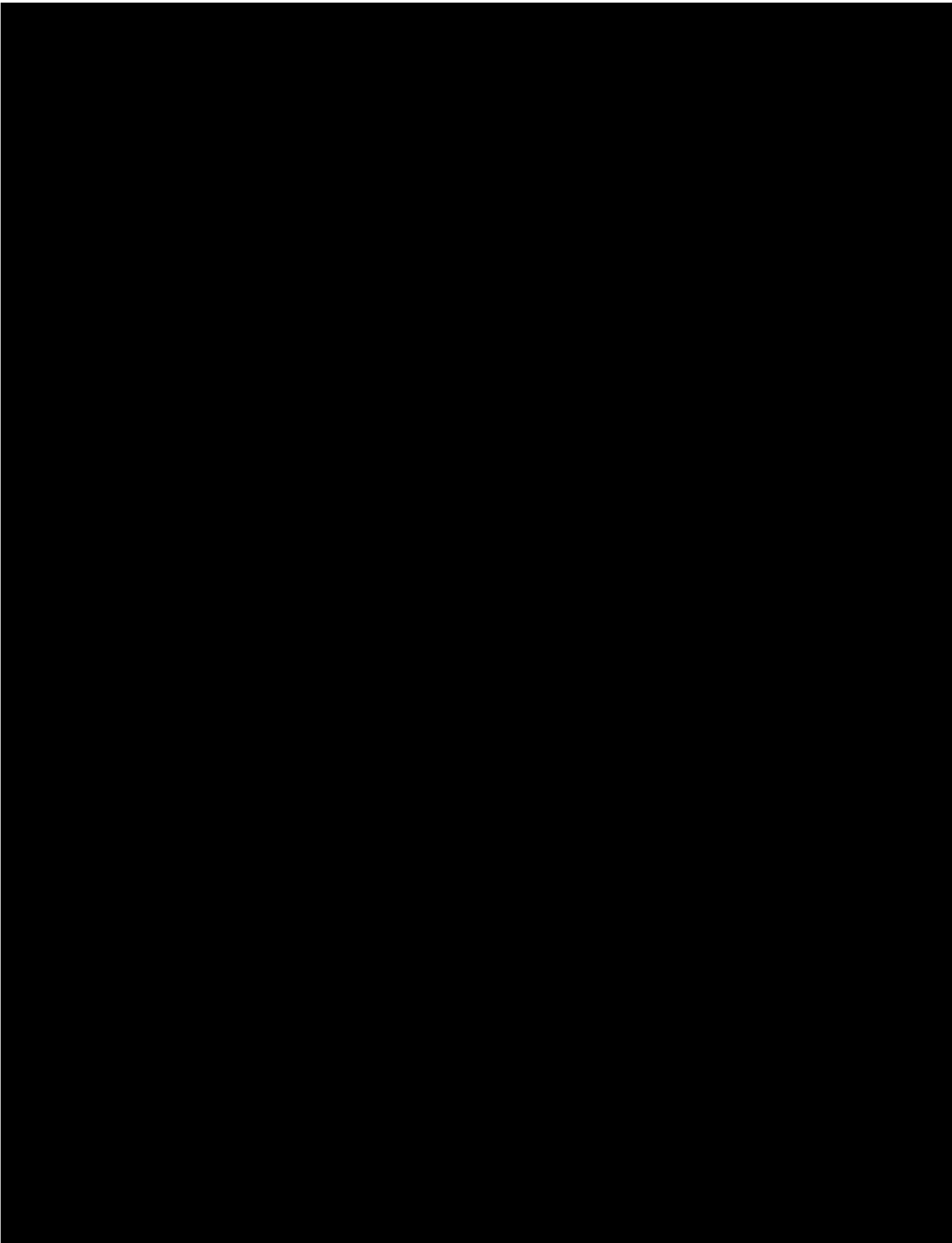


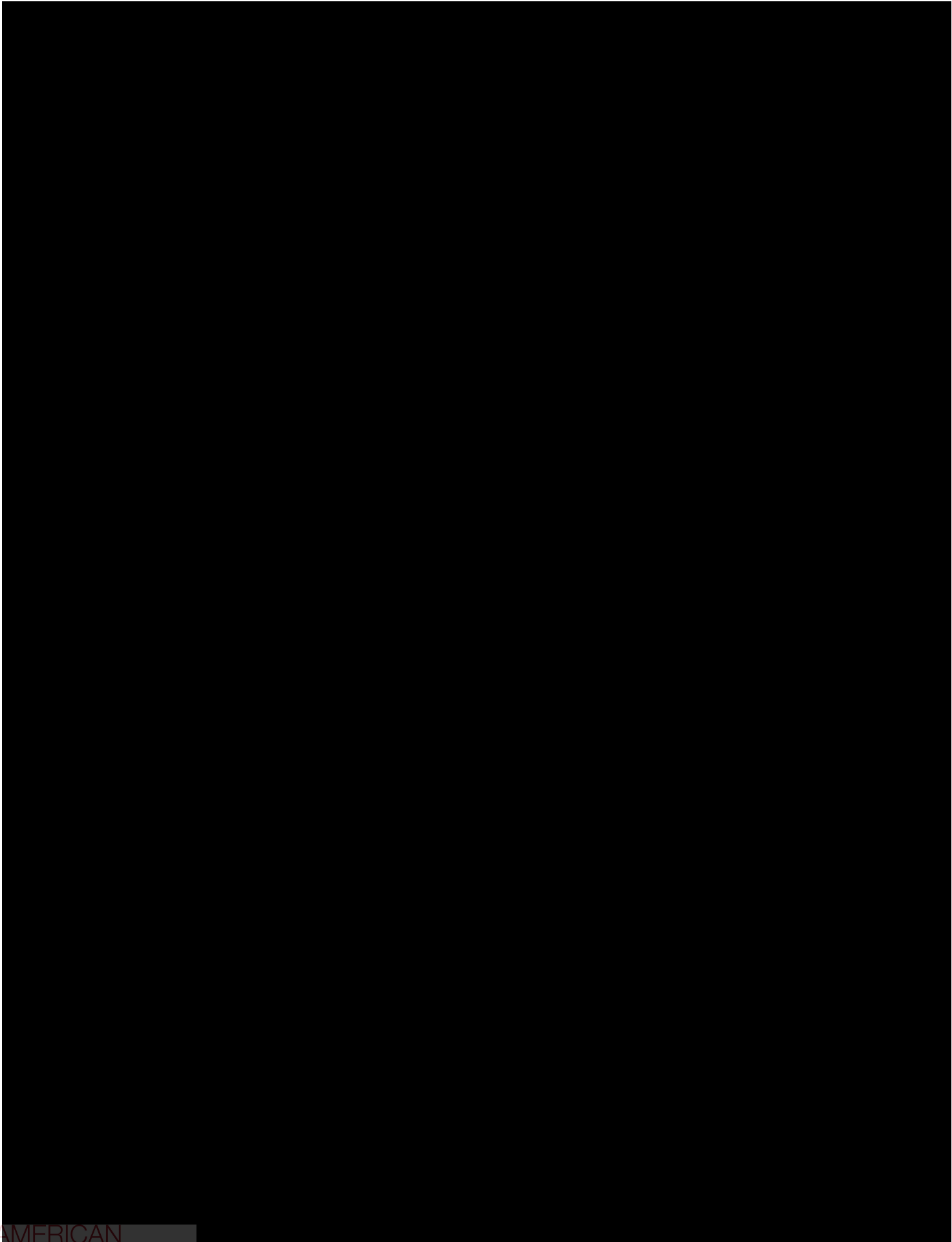


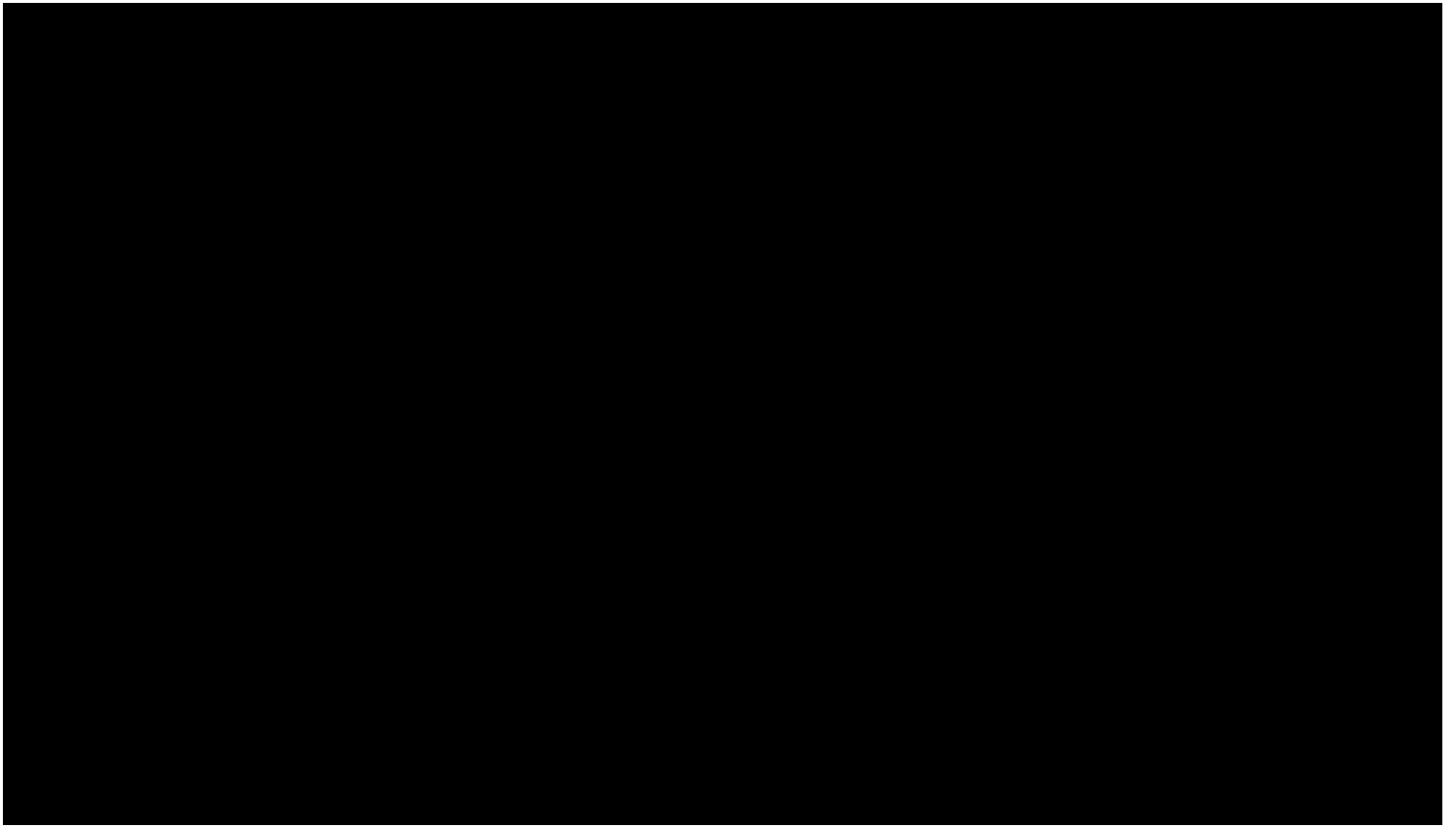






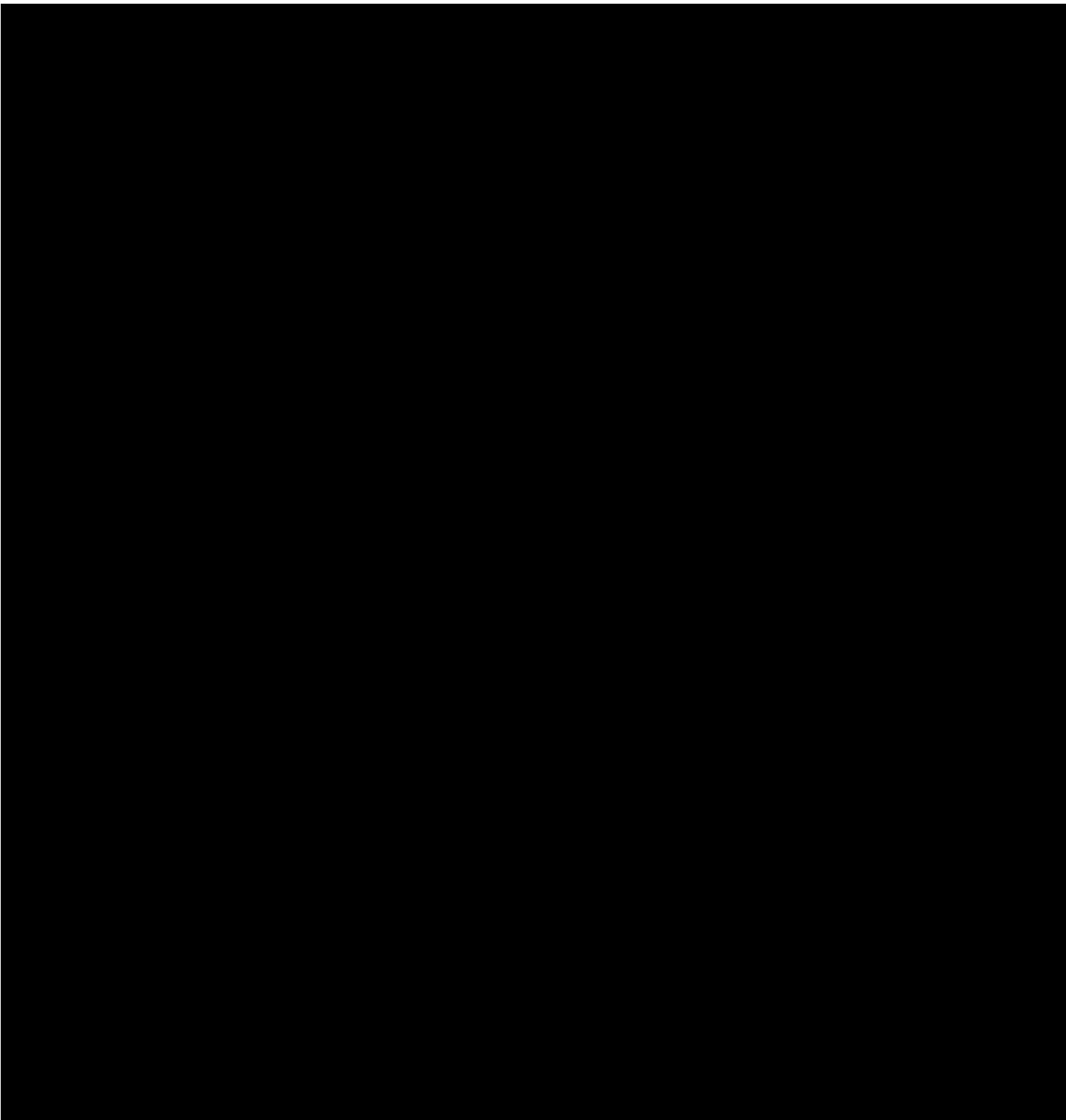




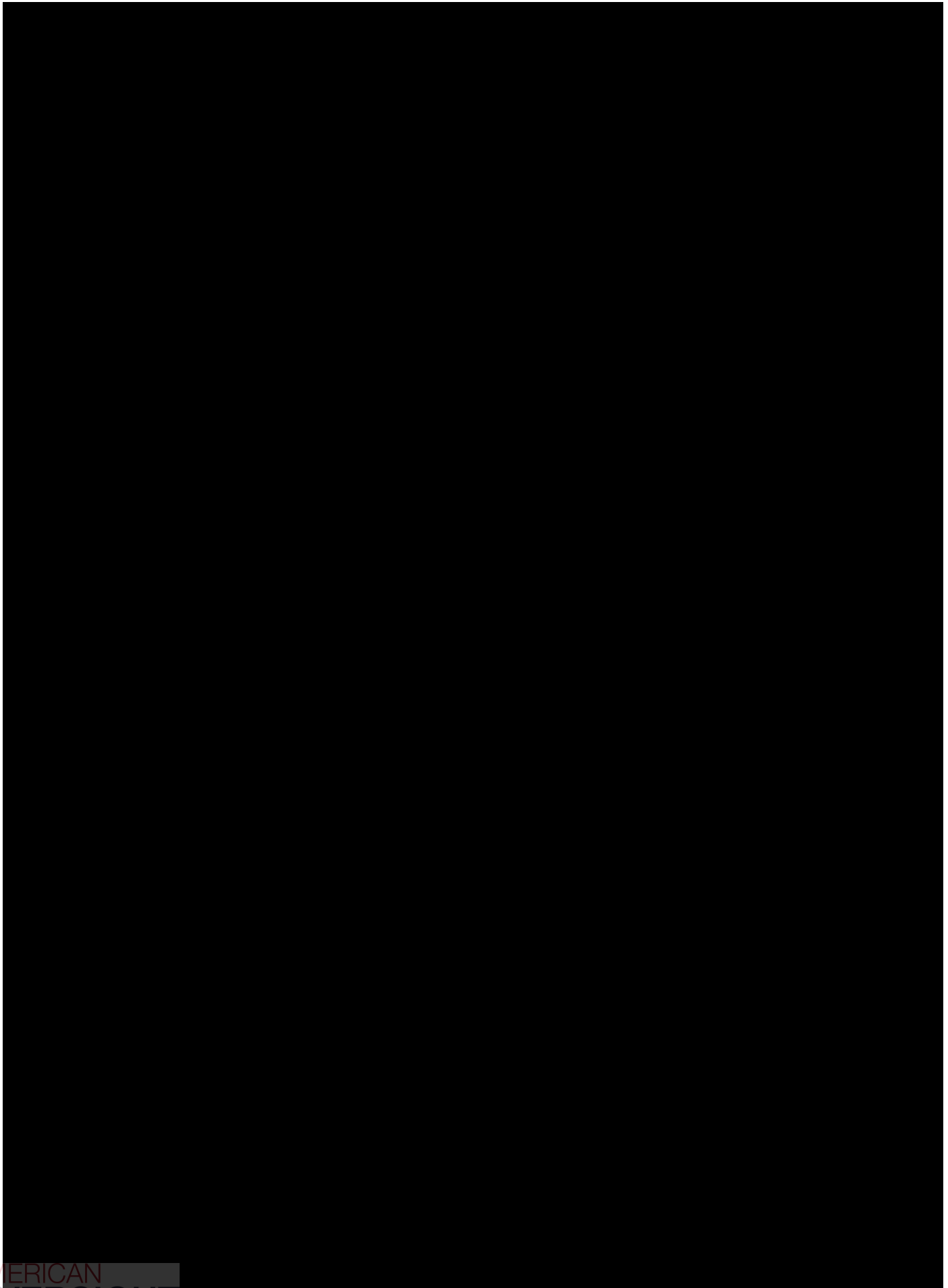


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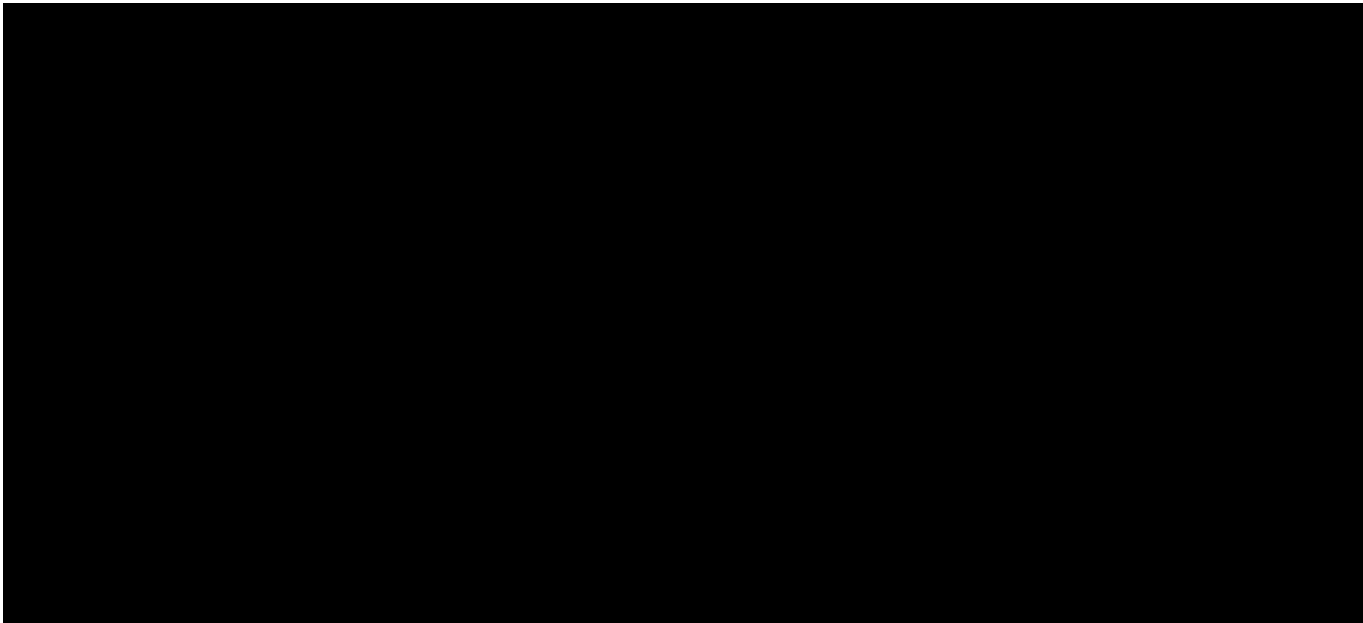






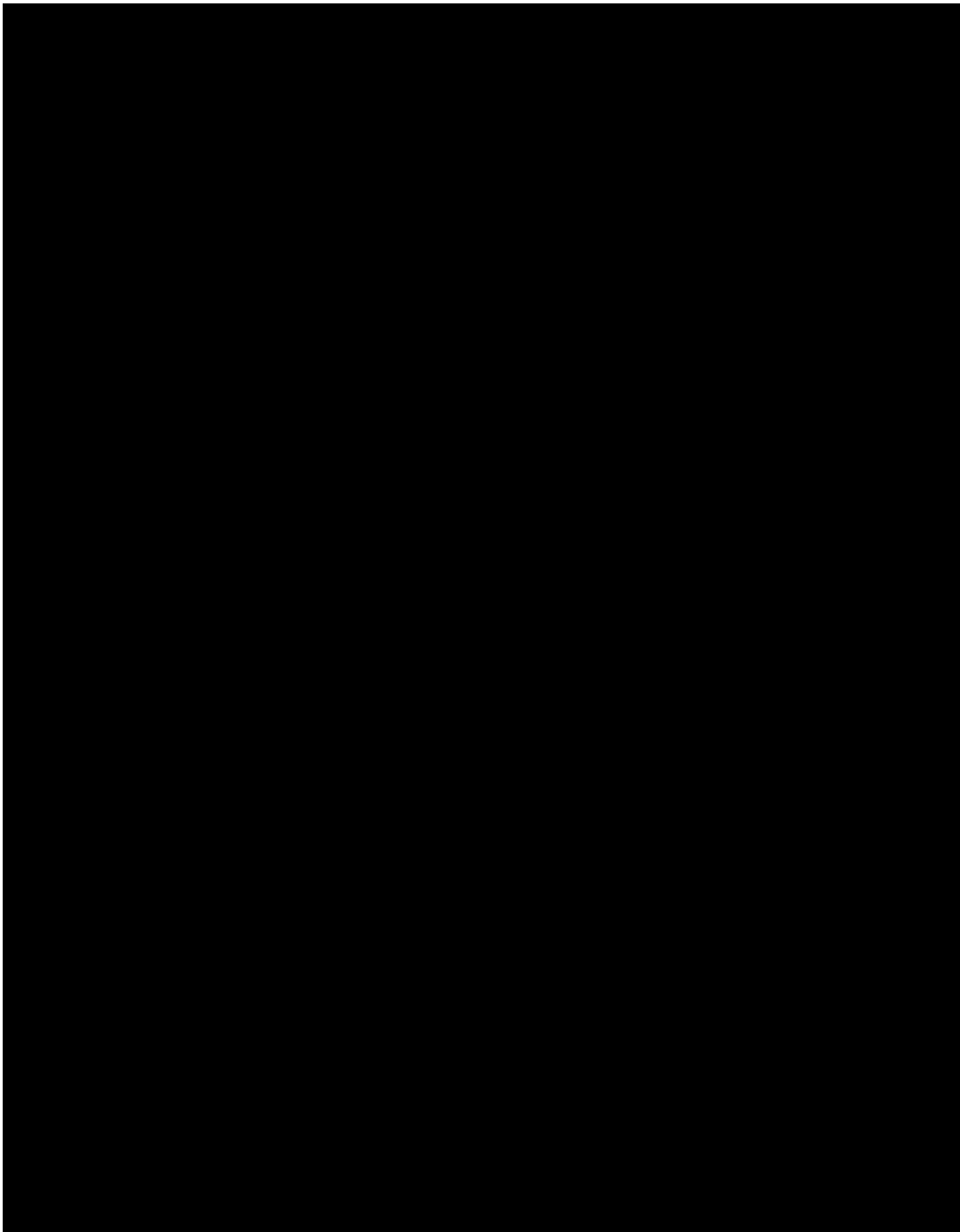






[REDACTED]

[REDACTED]



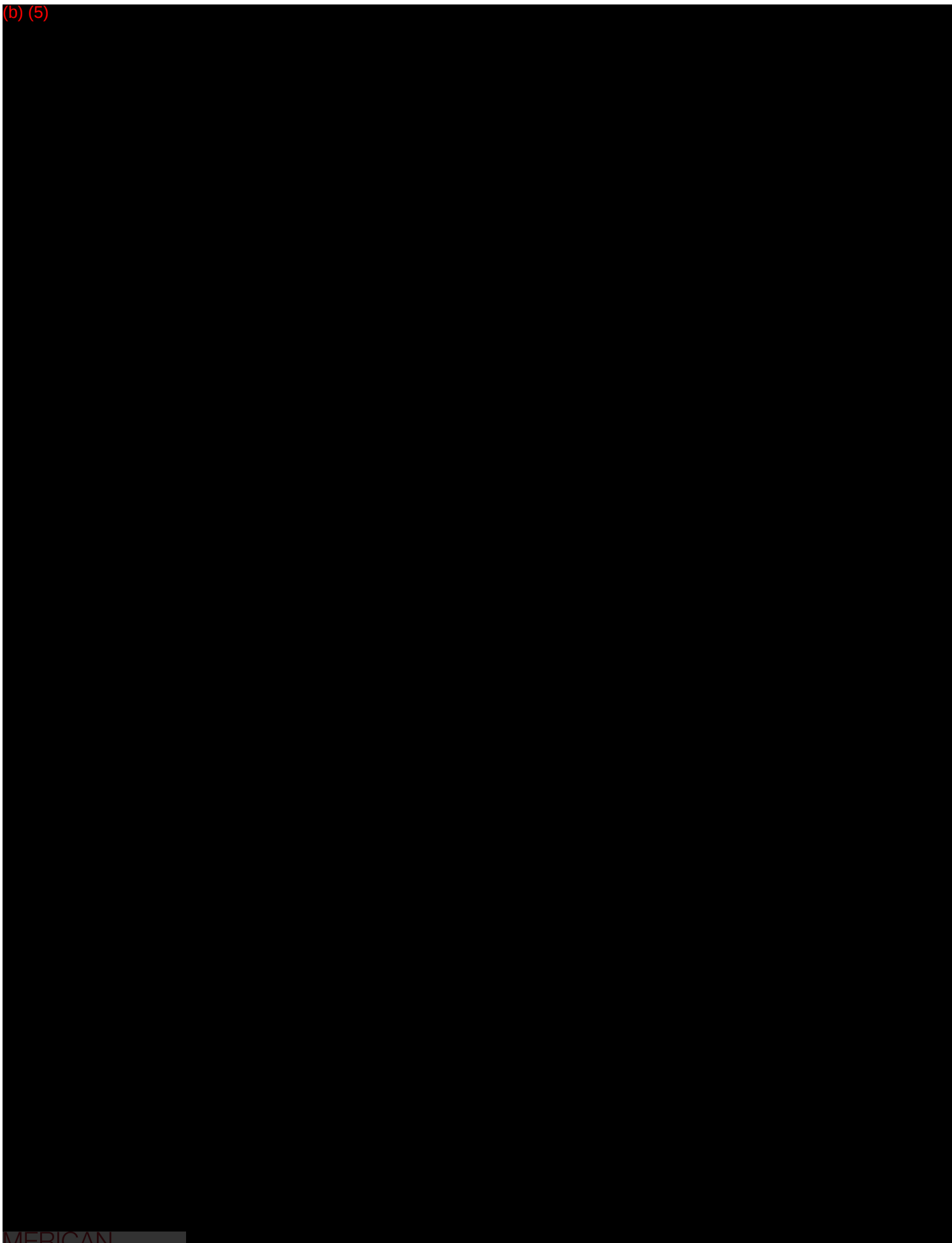


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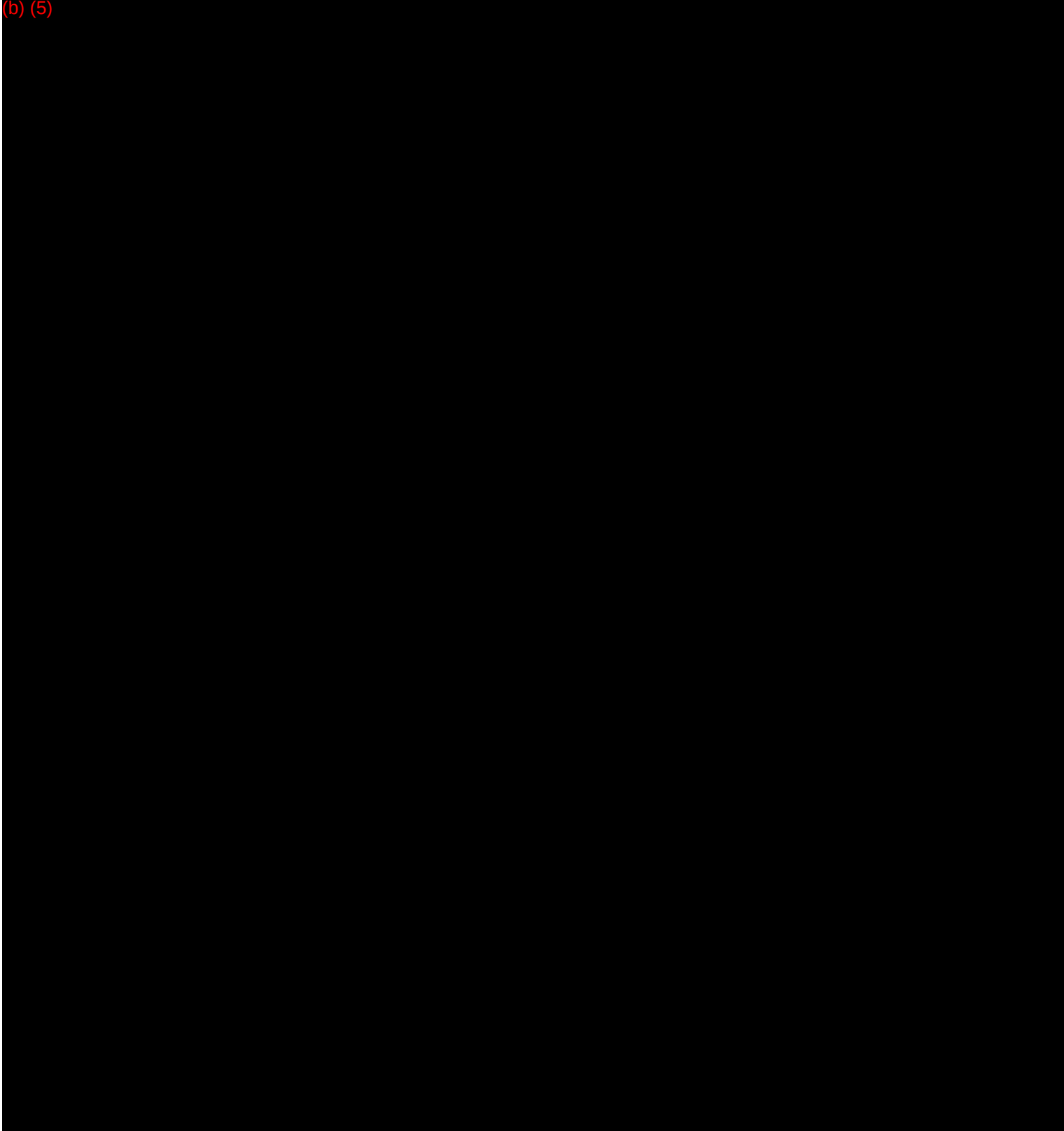
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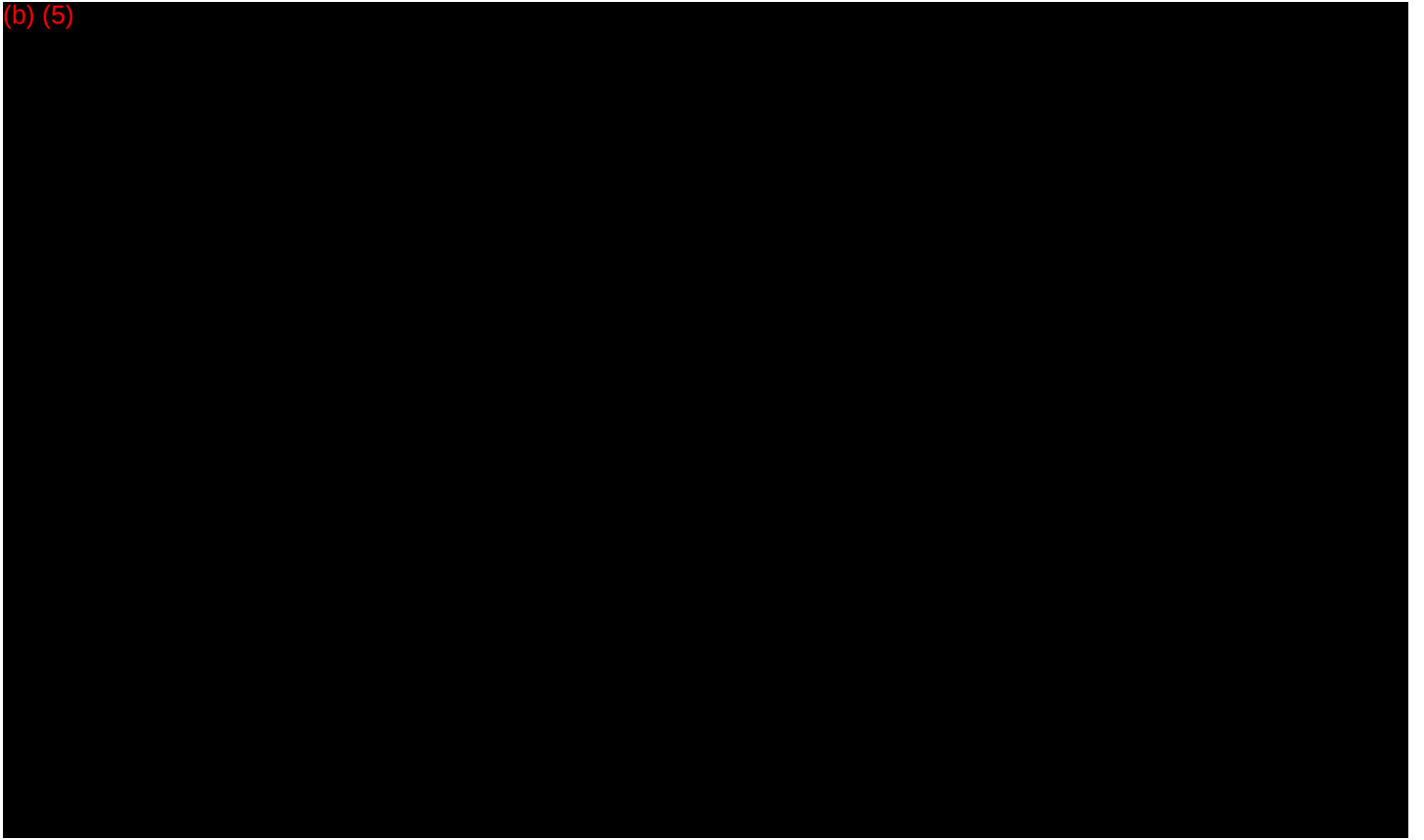
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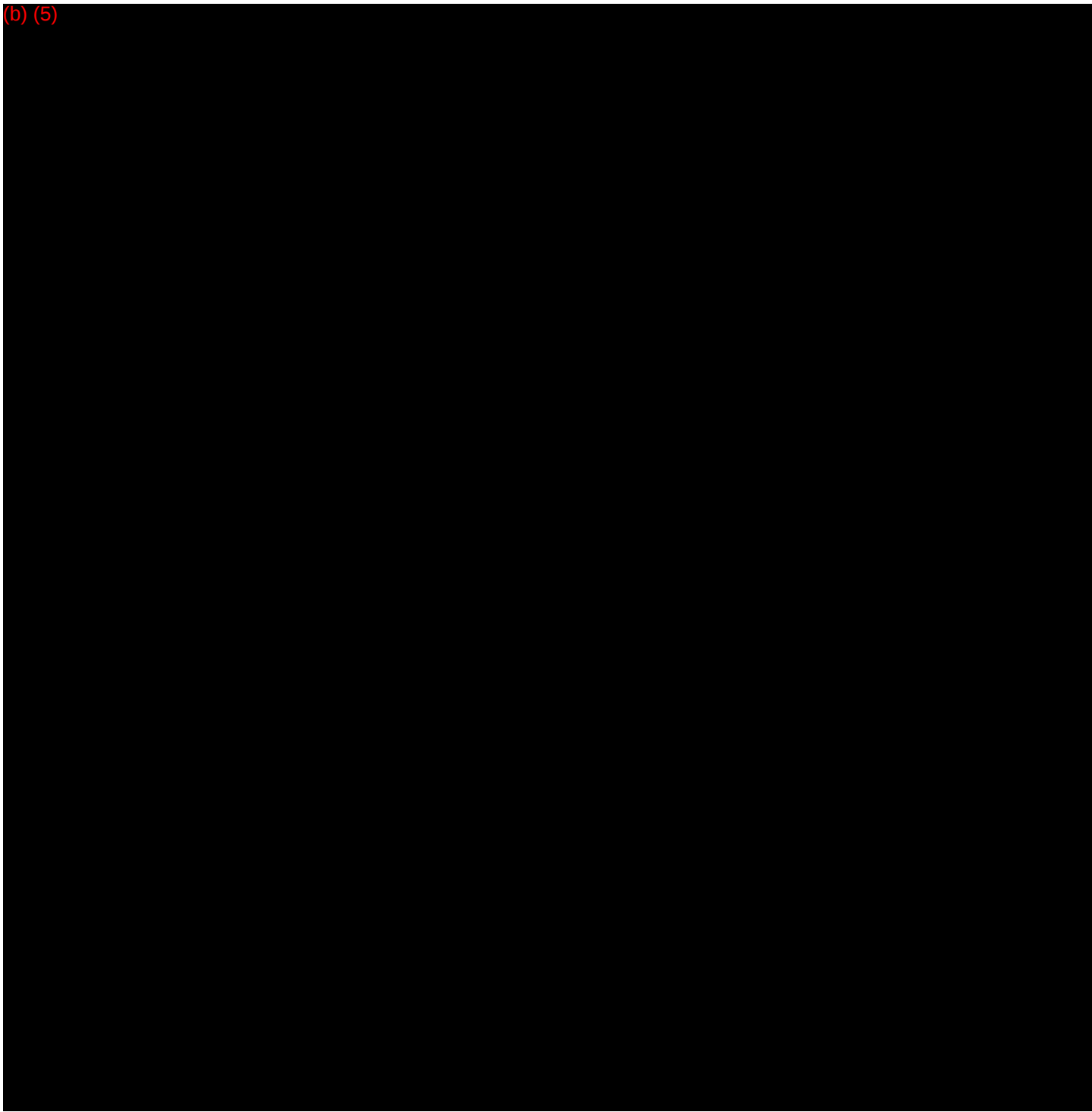
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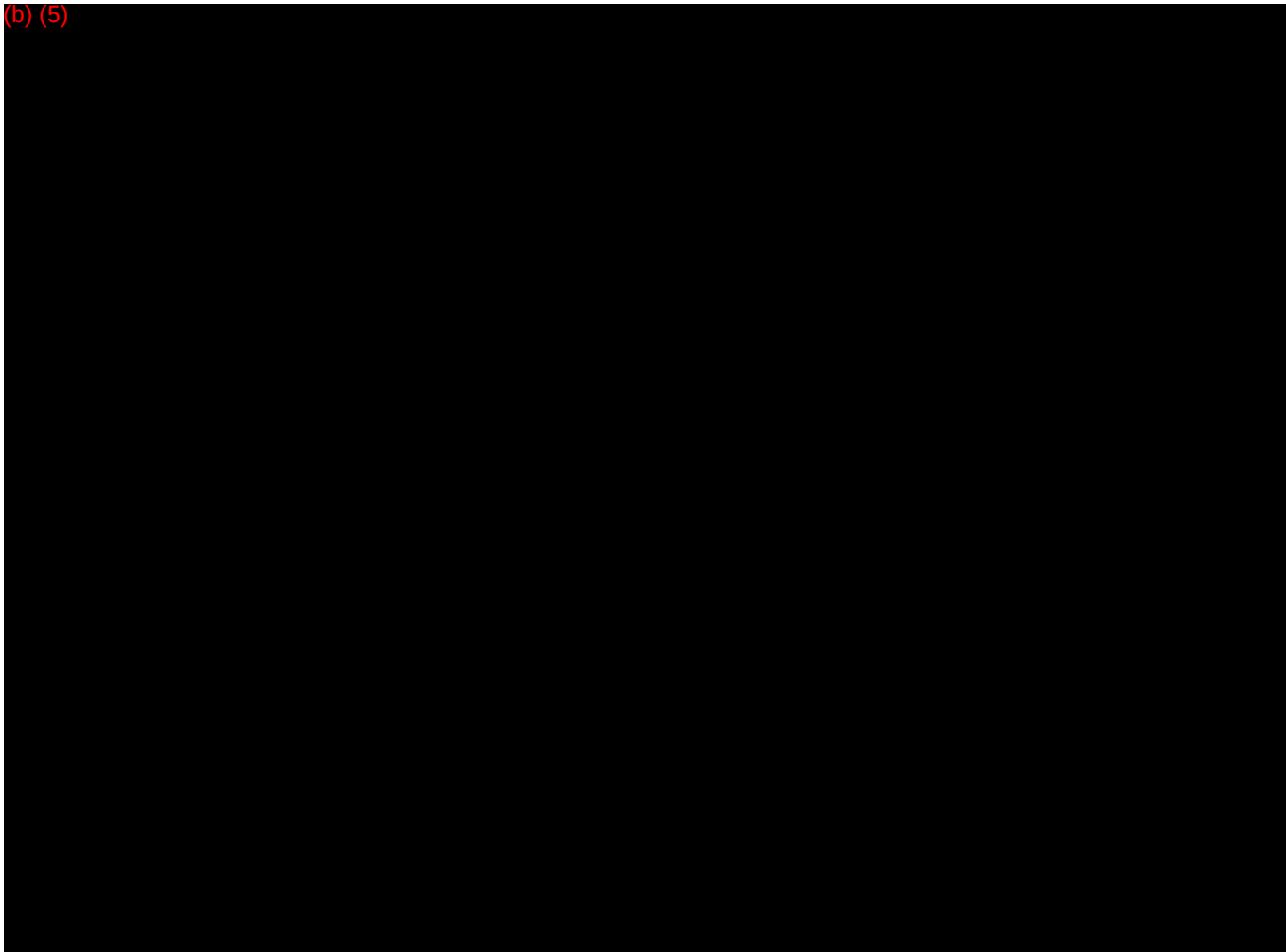
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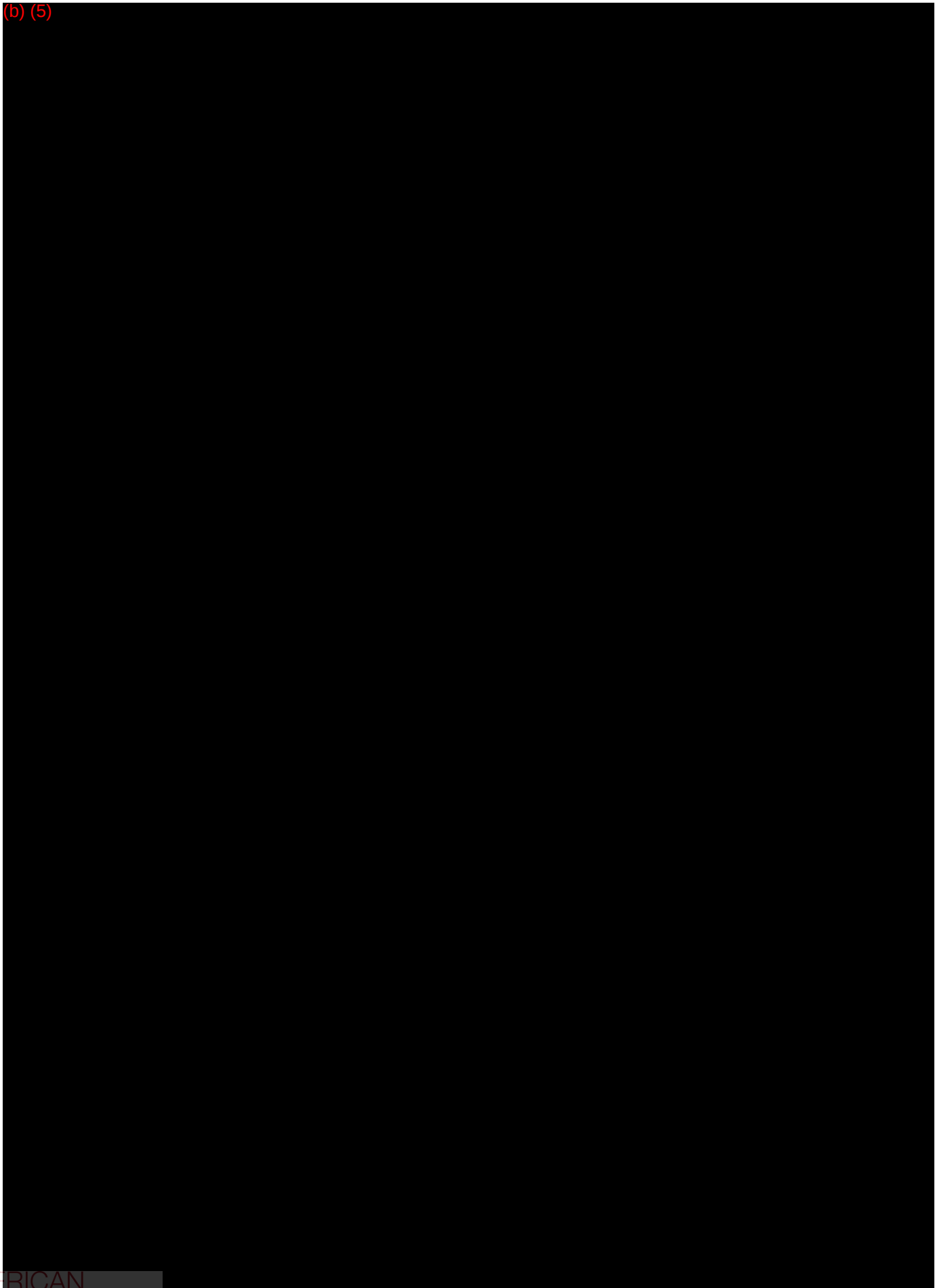
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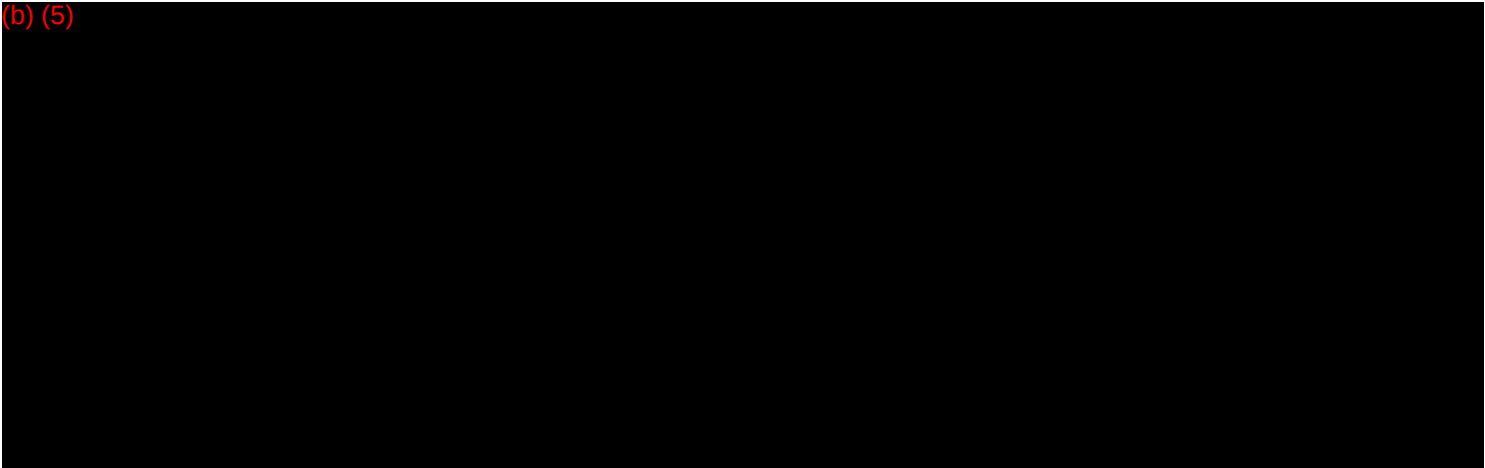
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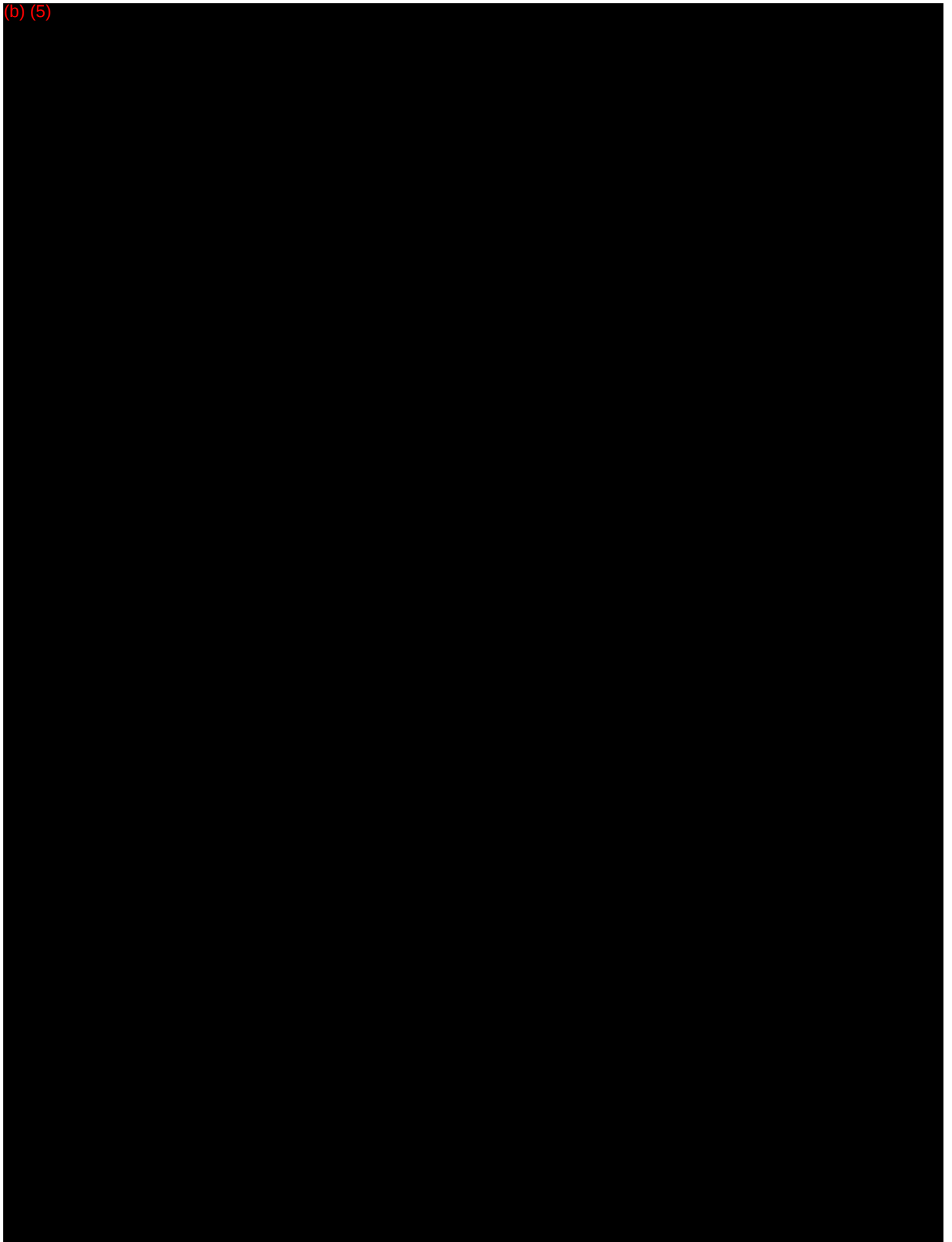
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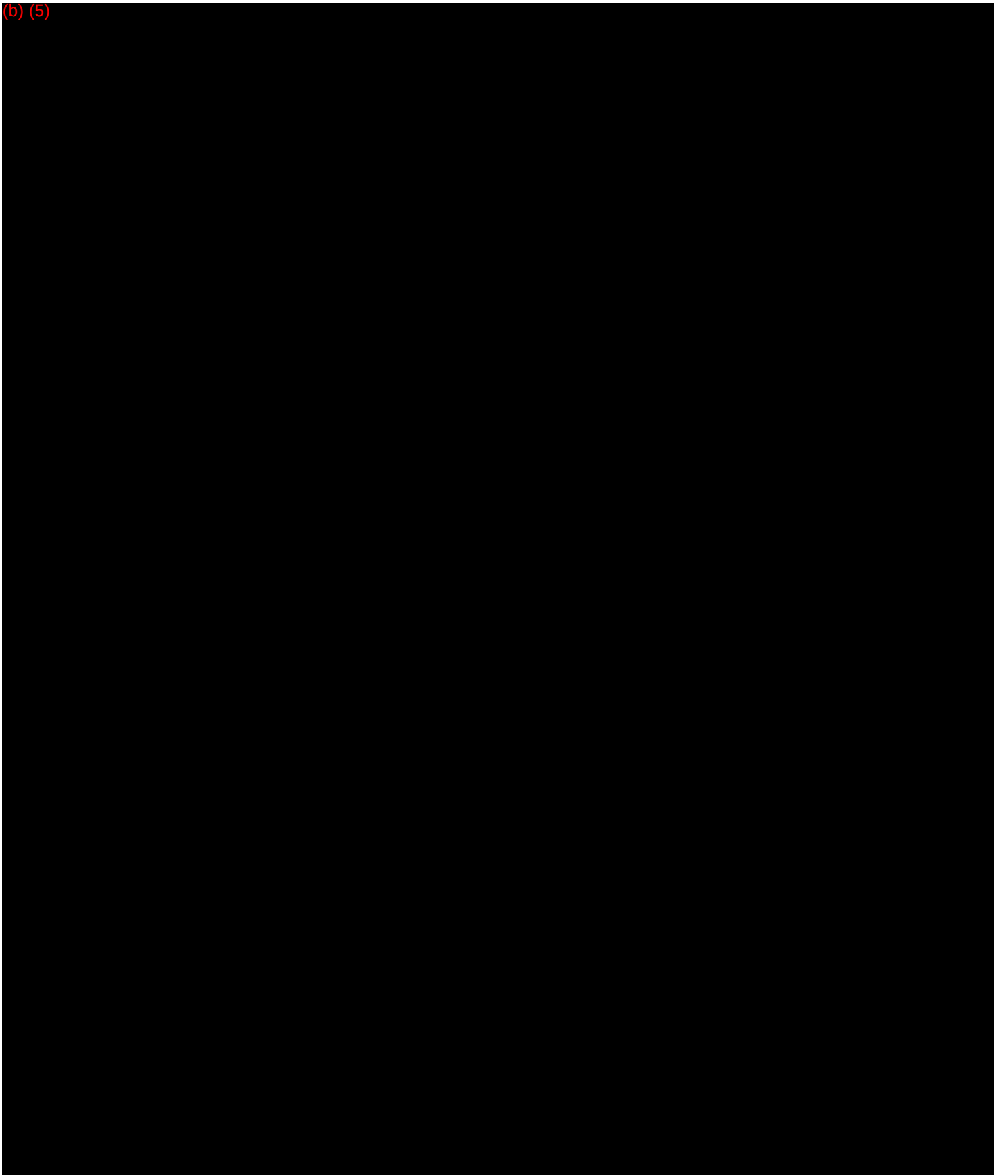


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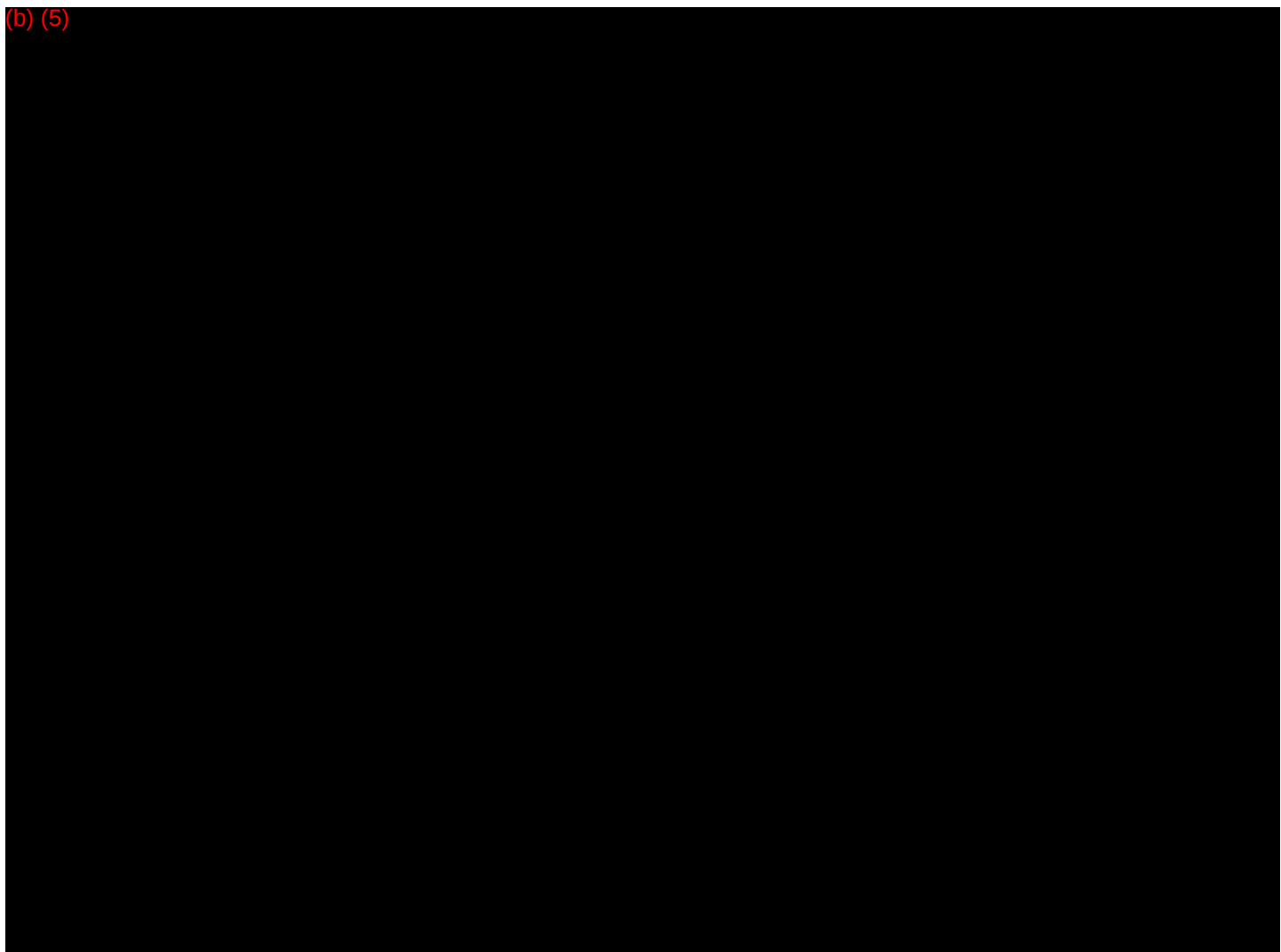


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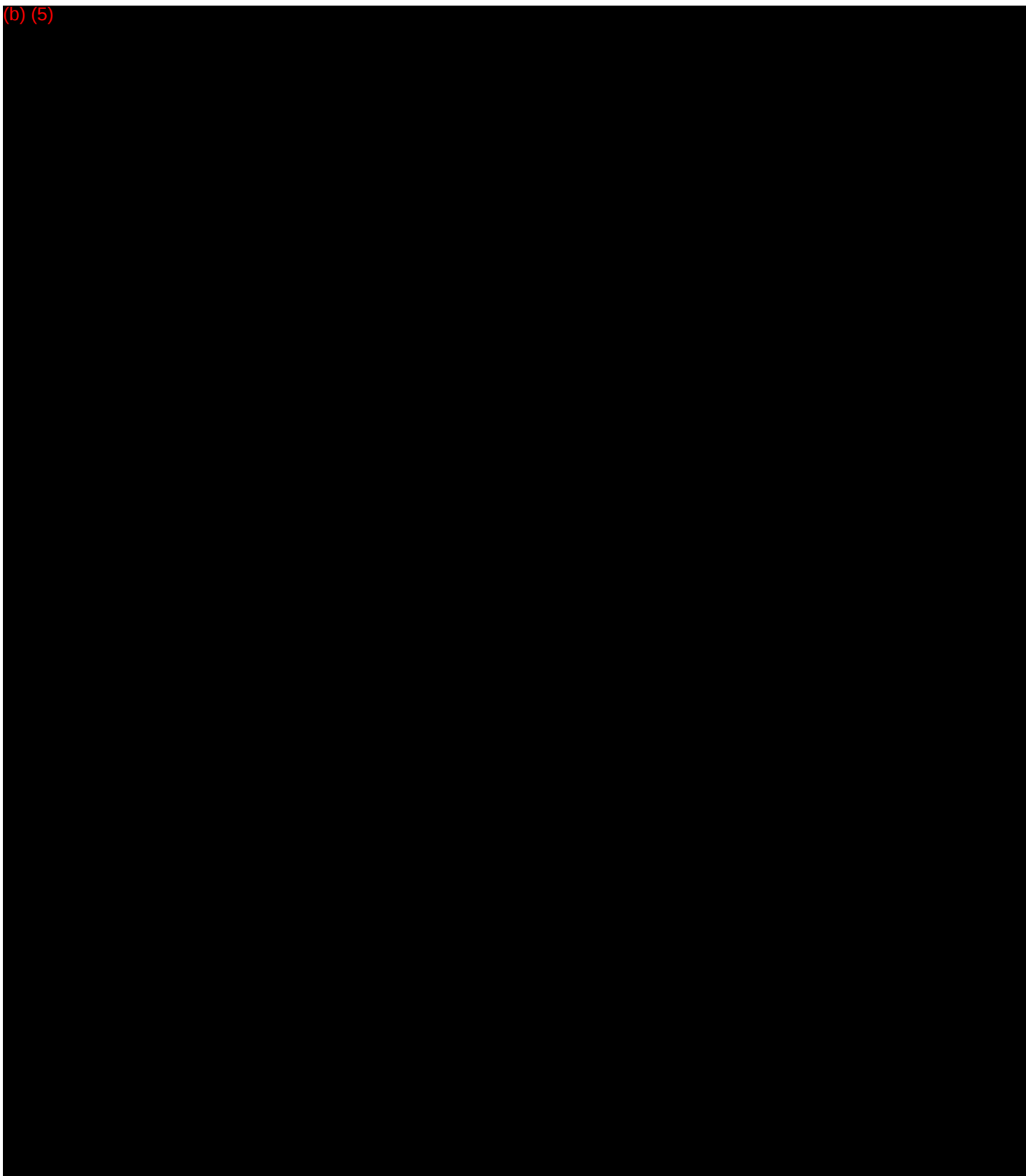
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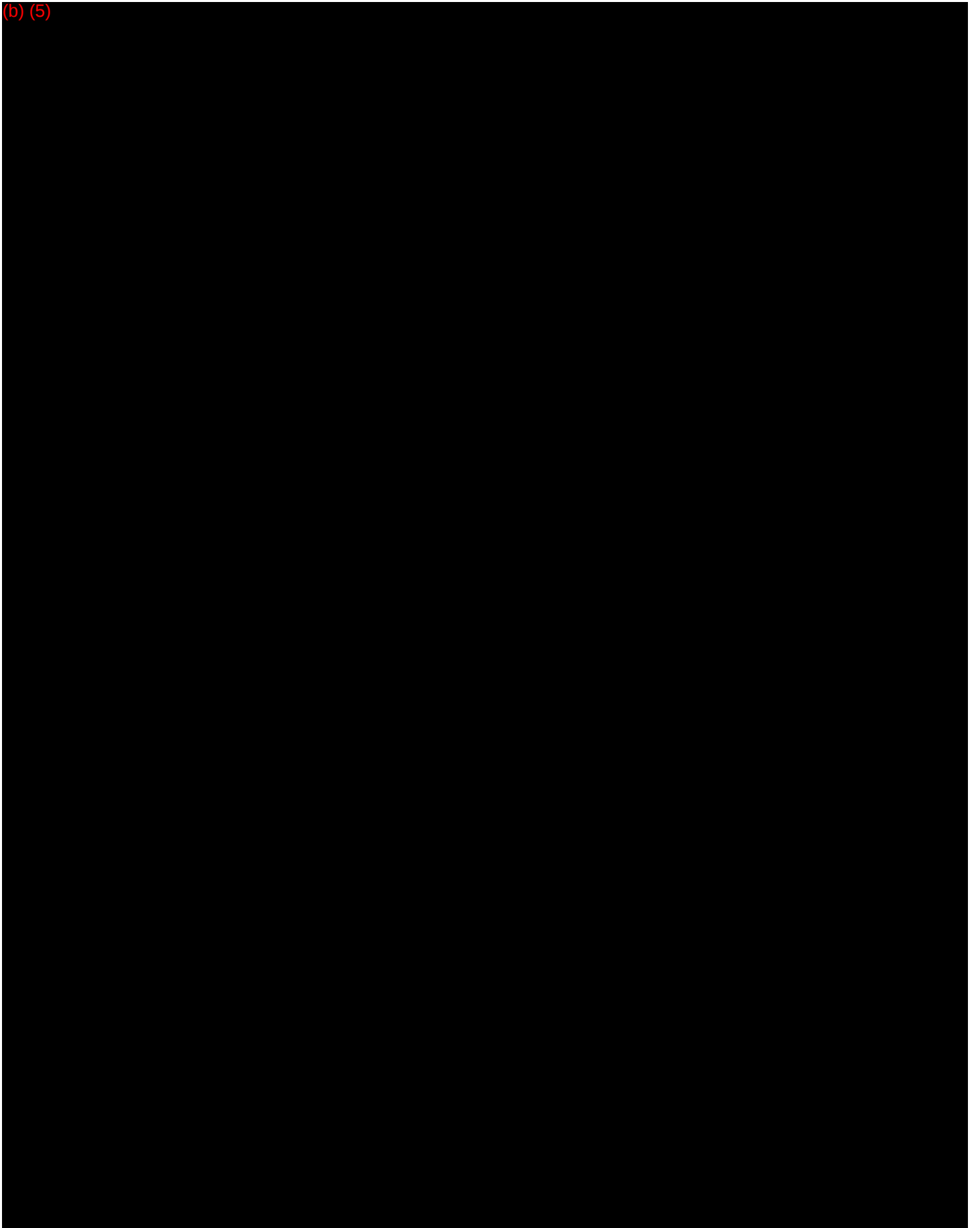


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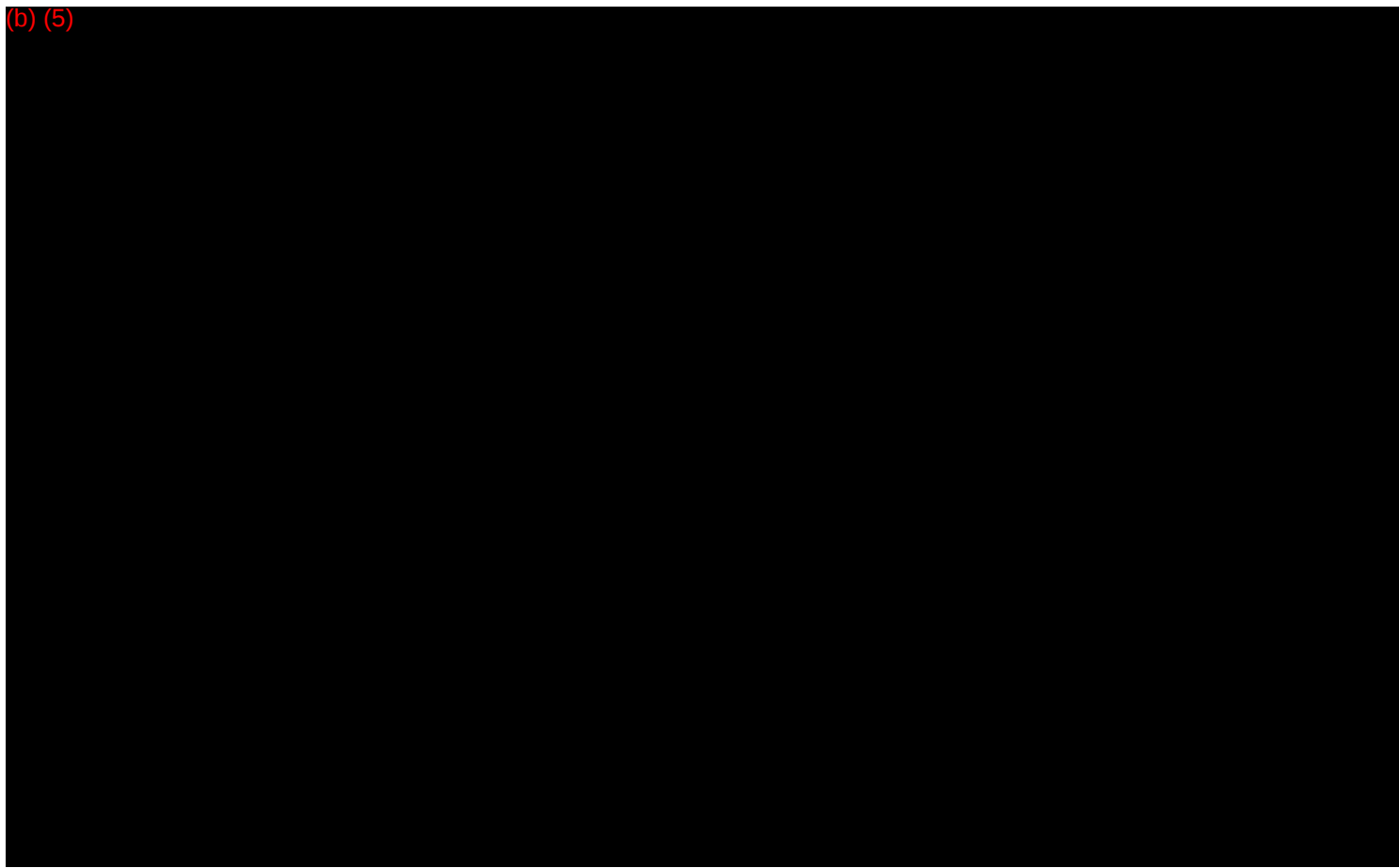


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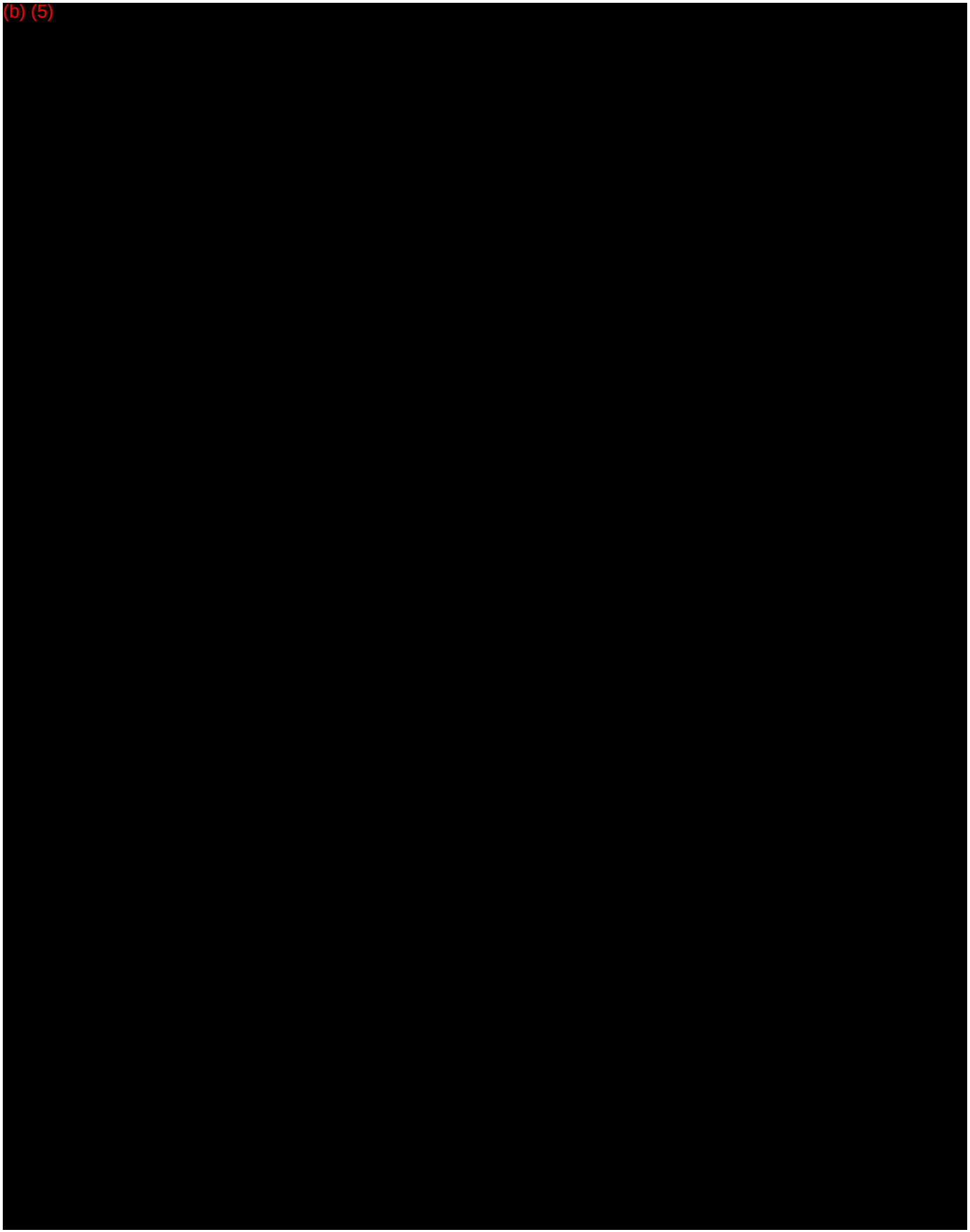


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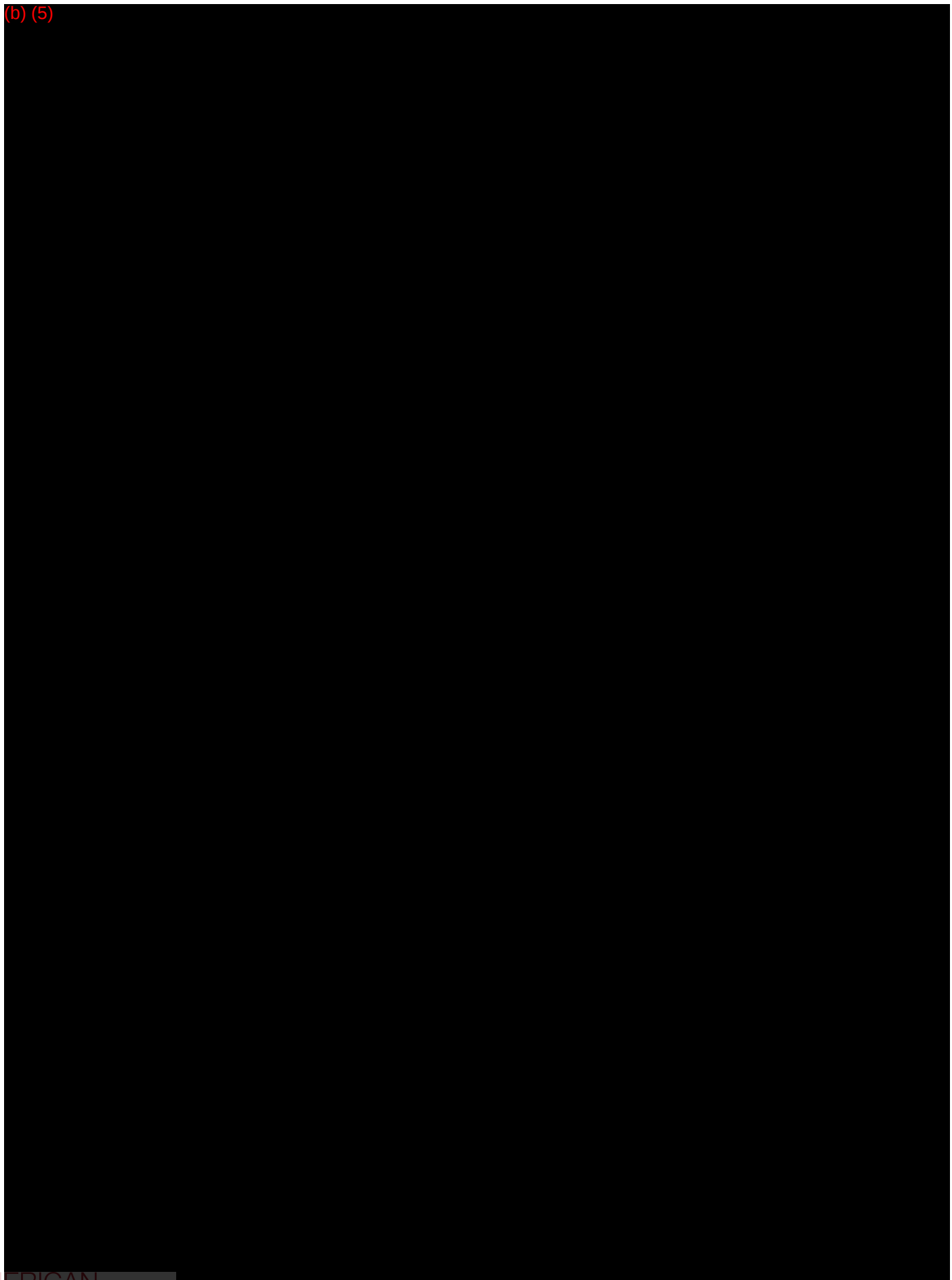
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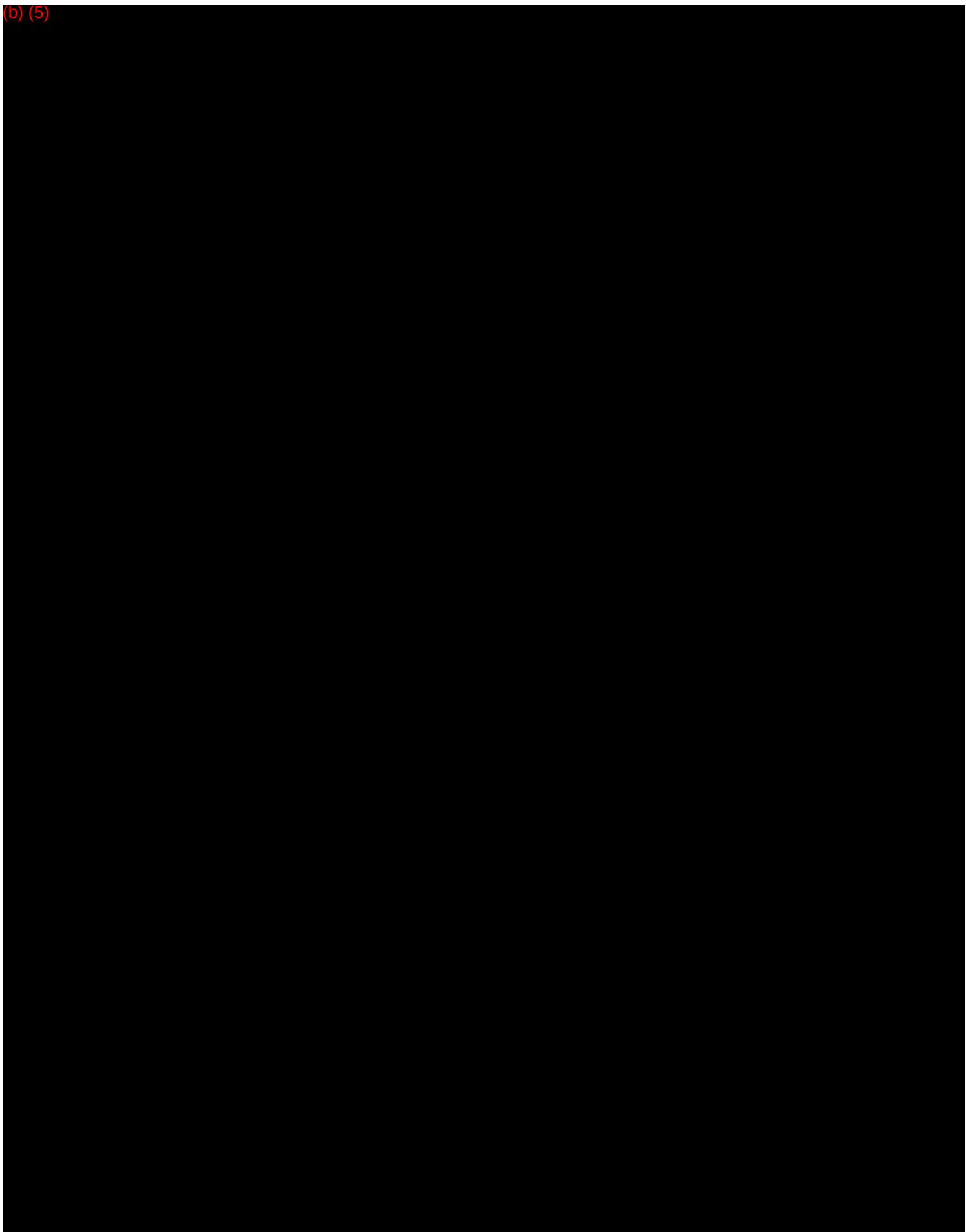
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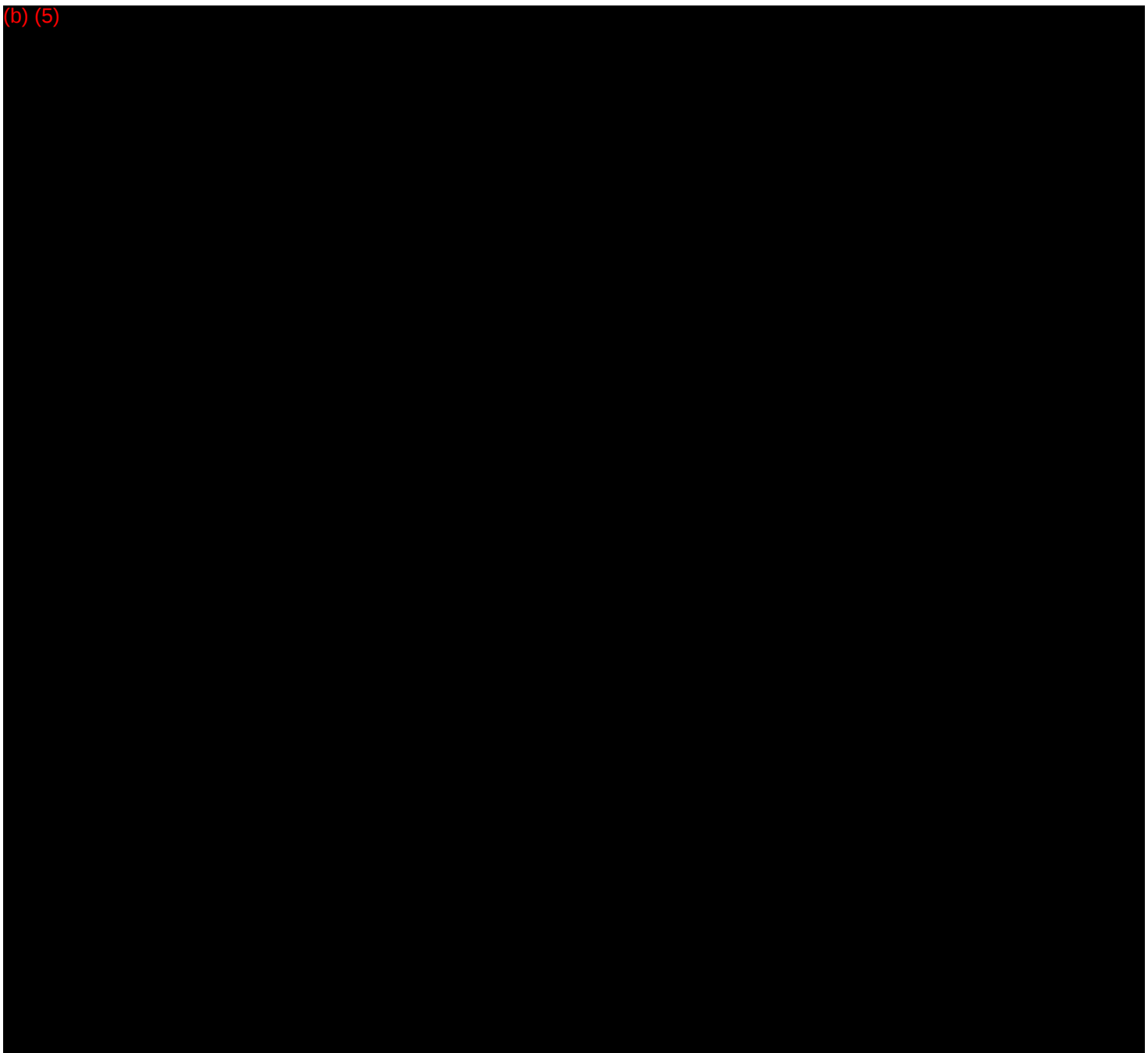
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(b) (5)



(b) (5)

(b) (5)



**From:** [Short, Marc T. EOP/OVP](#)  
**To:** b 6  
**Cc:** [Troye, Olivia \(nsc.eop.gov\)](#); [Grogan, Joseph J. EOP/WHQ](#); [Bonner, Maria K. EOP/WHQ](#); [Brookes, Brady \(CMS/OA\)](#)  
**Subject:** Re: Medicaid decision paper  
**Date:** Tuesday, March 17, 2020 10:43:02 PM

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(b)(5)

Sent from my iPhone

On Mar 17, 2020, at 10:05 PM, CMS b 6 @cms.hhs.gov> wrote:

(b)(5)

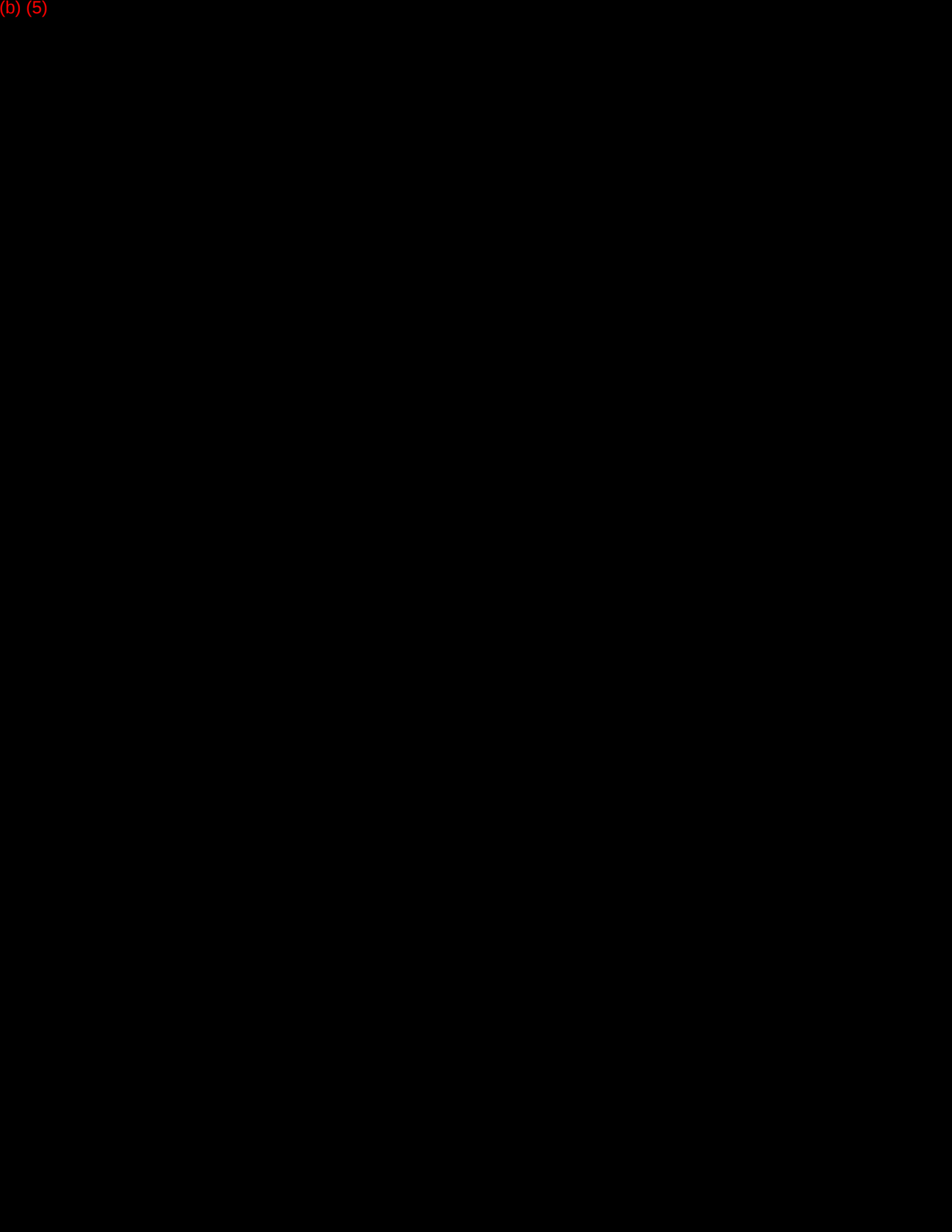
Sent from my iPhone

(b) (5)

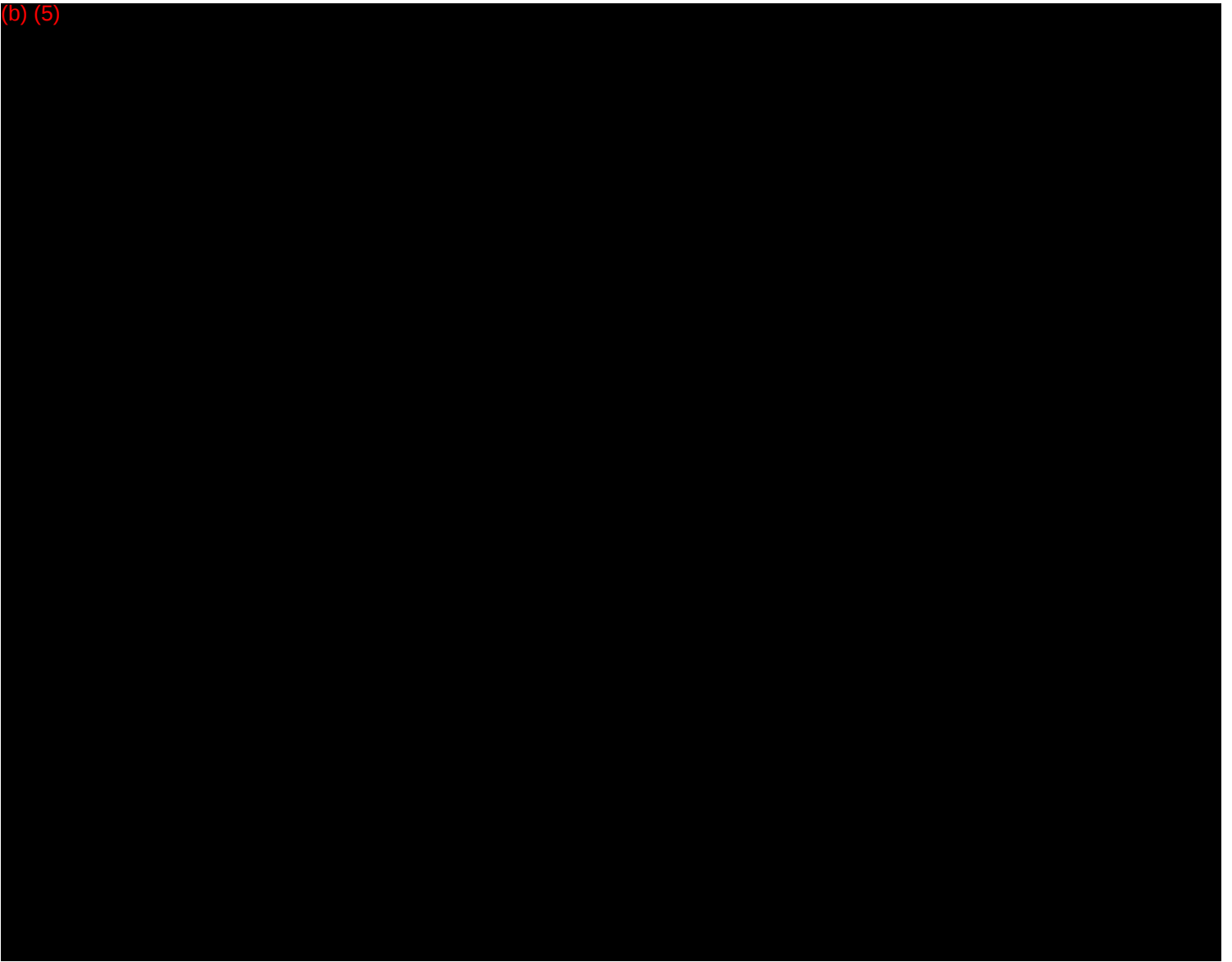


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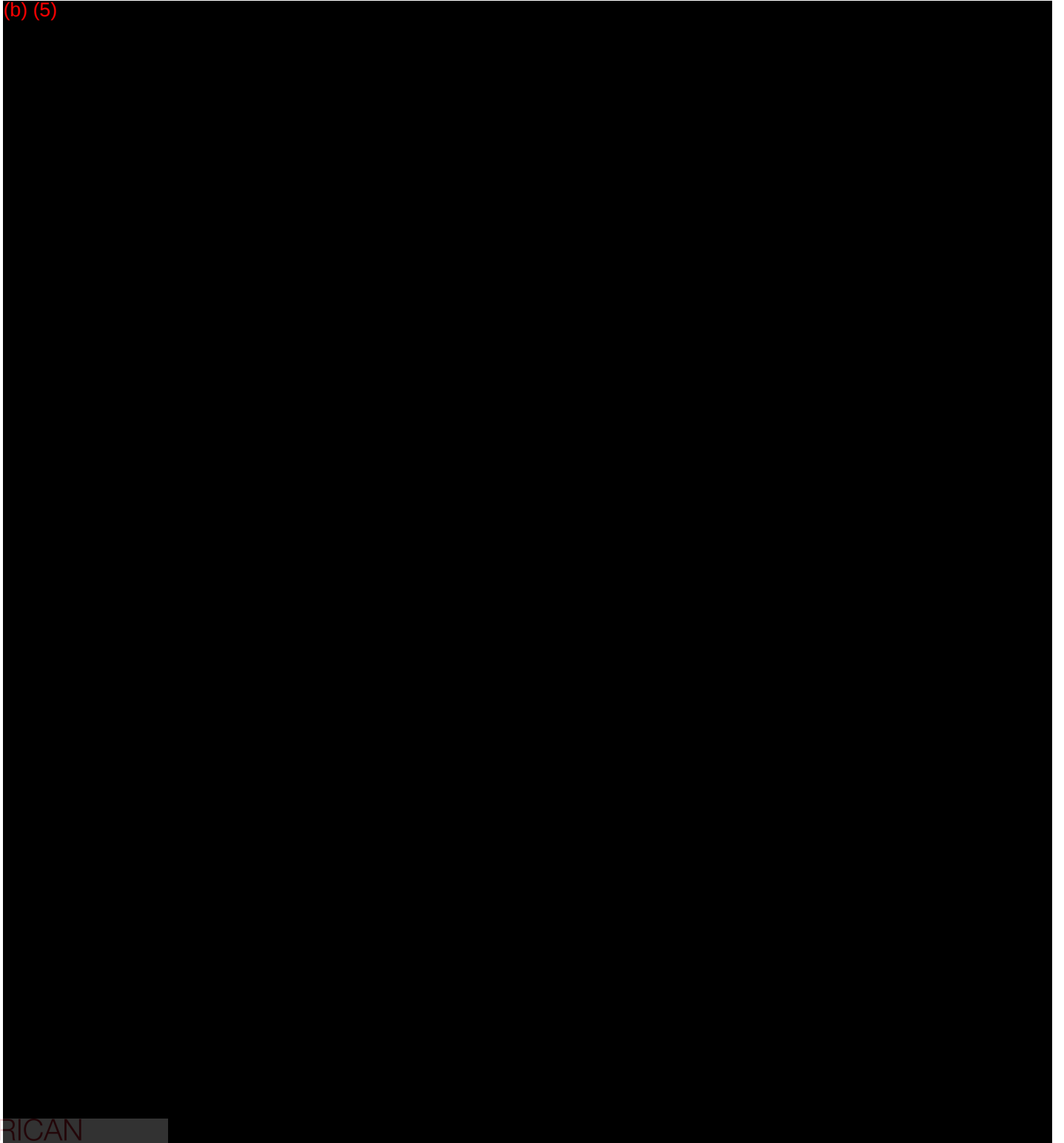


**From:** [Schuchat, Anne MD \(CDC/OD\)](#)  
**To:** CMS b 6 "[sh1@fda.hhs.gov](mailto:sh1@fda.hhs.gov)"; b 6 [@nsc.eop.gov](#)"; [Redfield, Robert R. \(CDC/OD\)](#); [Short, Marc T. EOP/OVP](#); [Grogan, Joseph J. EOP/WHO](#); [Short, Marc T. EOP/OVP](#); [Kadlec, Robert \(OS/ASPR/IQ\)](#); [Troye, Olivia \(nsc.eop.gov\)](#)  
**Cc:** [Brookes, Brady \(CMS/OA\)](#); [Hoo, Elizabeth \(CDC/OD/OCS\)](#); [Schuchat, Anne MD \(CDC/OD\)](#)  
**Subject:** RE: Meeting with Hospital Association  
**Date:** Thursday, March 12, 2020 2:12:20 PM

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Thanks for the follow up. Regarding item #3 , we have already taken some additional steps so wanted to provide you with our most current guidance on that point as well as the relevant links.

(b) (5)



(b) (5)

**From:** CMS (b) (6) @cms.hhs.gov>

**Sent:** Thursday, March 12, 2020 9:52 AM

**To:** 'sh1@fda.hhs.gov' <sh1@fda.hhs.gov>; ' (b) (6)

(b) (6) Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Schuchat, Anne MD  
(CDC/OD) <acs1@cdc.gov>; Short, Marc T. EOP/OVP (b) (6) Grogan, Joseph

J. EOP/WHO (b) (6) ; Short, Marc T. EOP/OVP

(b) (6) ; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Troye, Olivia  
(nsc.eop.gov) (b) (6)

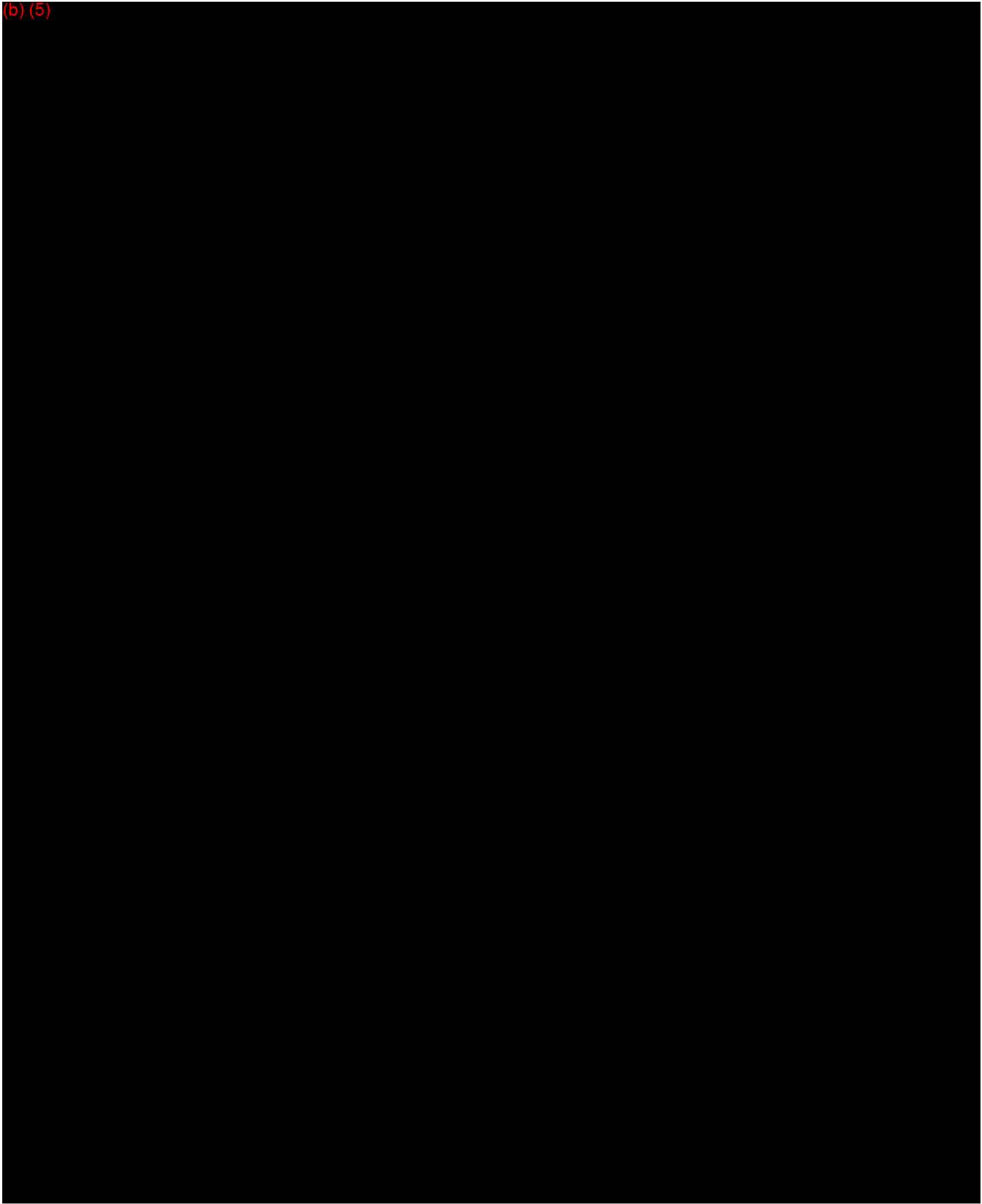
**Cc:** Brookes, Brady (CMS/OA) <Brady.Brookes@cms.hhs.gov>

**Subject:** Meeting with Hospital Association

(b)(5)

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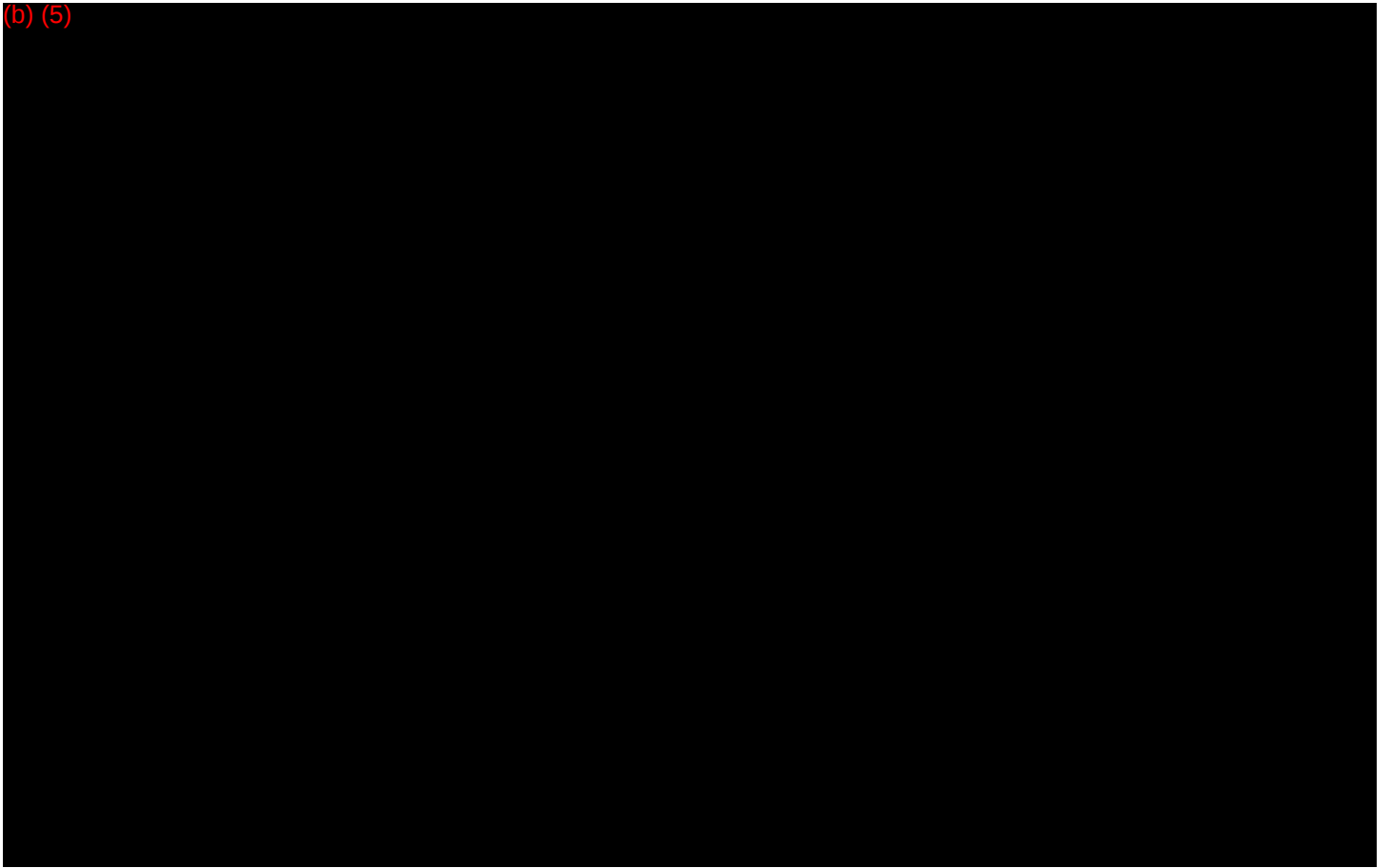


(b) (5)



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(b) (5)



**From:** [Giroir, Brett \(HHS/OASH\)](#)  
**To:** CMS b 6 [Gaynor, Pete \(fema.dhs.gov\)](#); [Polowczyk, John P \(MIL\)](#); ["Birx, Deborah L. EOP/NSC"](#); [Short, Marc T. EOP/OVP](#); [Redfield, Robert R. \(CDC/OD\)](#); [Grogan, Joseph J. EOP/WHO](#); [Heidi N. EOP/WHO Overton](#); [Smith, Brad \(CMS/OA\)](#)  
**Subject:** RE: Nursing homes- PPE  
**Date:** Saturday, April 11, 2020 3:43:37 PM

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(b)(5)

GREAT opportunity,  
V/r  
BG

**Brett P. Giroir, MD**

ADM, US Public Health Service  
Assistant Secretary for Health (ASH)  
200 Independence Avenue, SW  
Washington, DC 20201  
Office Phone: 202-690-7694

**From:** CMS b 6 @cms.hhs.gov>  
**Sent:** Saturday, April 11, 2020 3:19 PM  
**To:** Gaynor, Pete (fema.dhs.gov) <pete.gaynor@fema.dhs.gov>; Polowczyk, John P (MIL) <john.p.polowczyk.mil@mail.mil>; 'Birx, Deborah L. EOP/NSC' (b)(6) Short, Marc T. EOP/OVP (b)(6) Giroir, Brett (HHS/OASH) <Brett.Giroir@hhs.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Grogan, Joseph J. EOP/WHO (b)(6)  
**Subject:** Nursing homes- PPE

(b)(5)

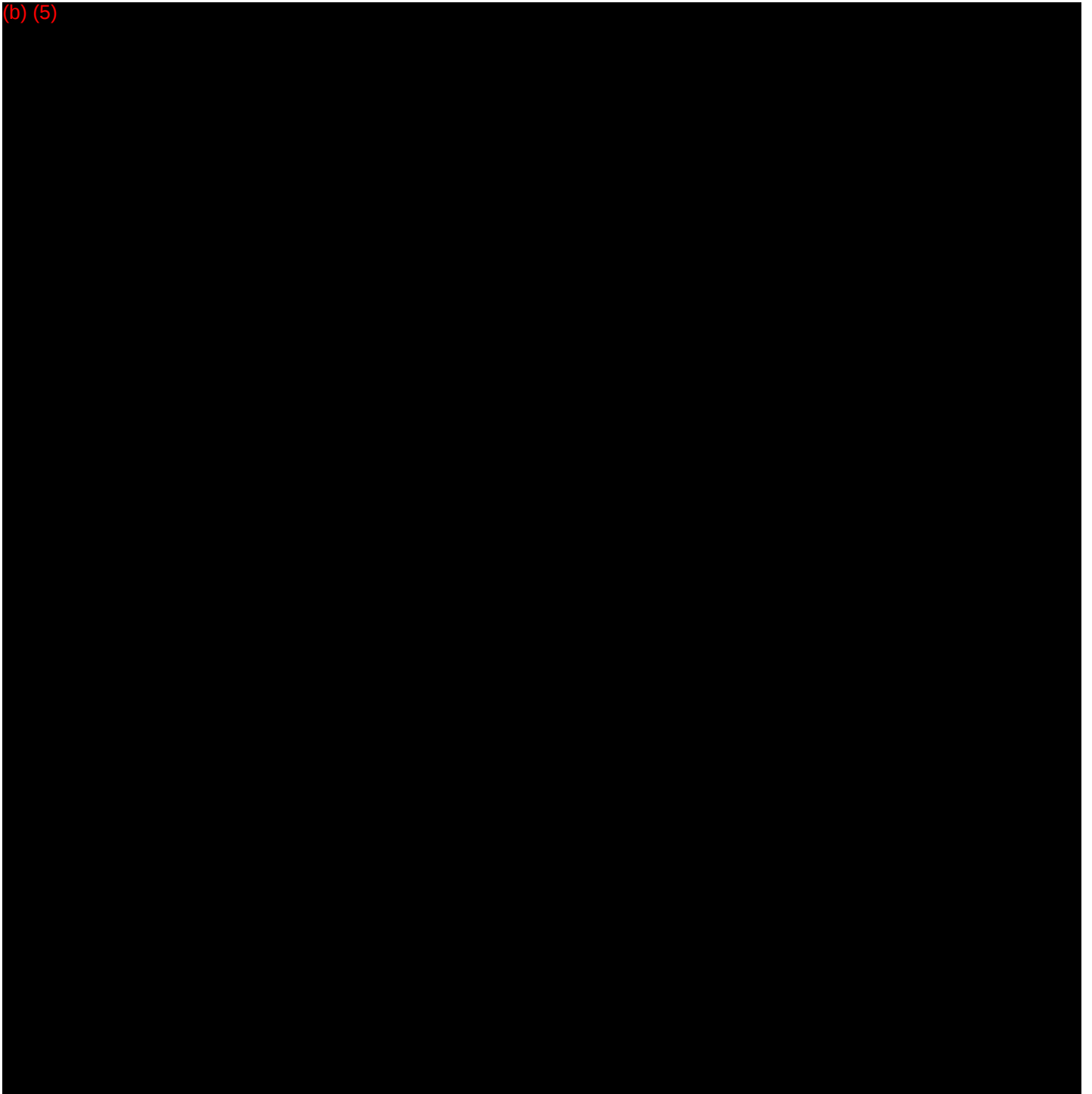
(b)(5)

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This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd.**

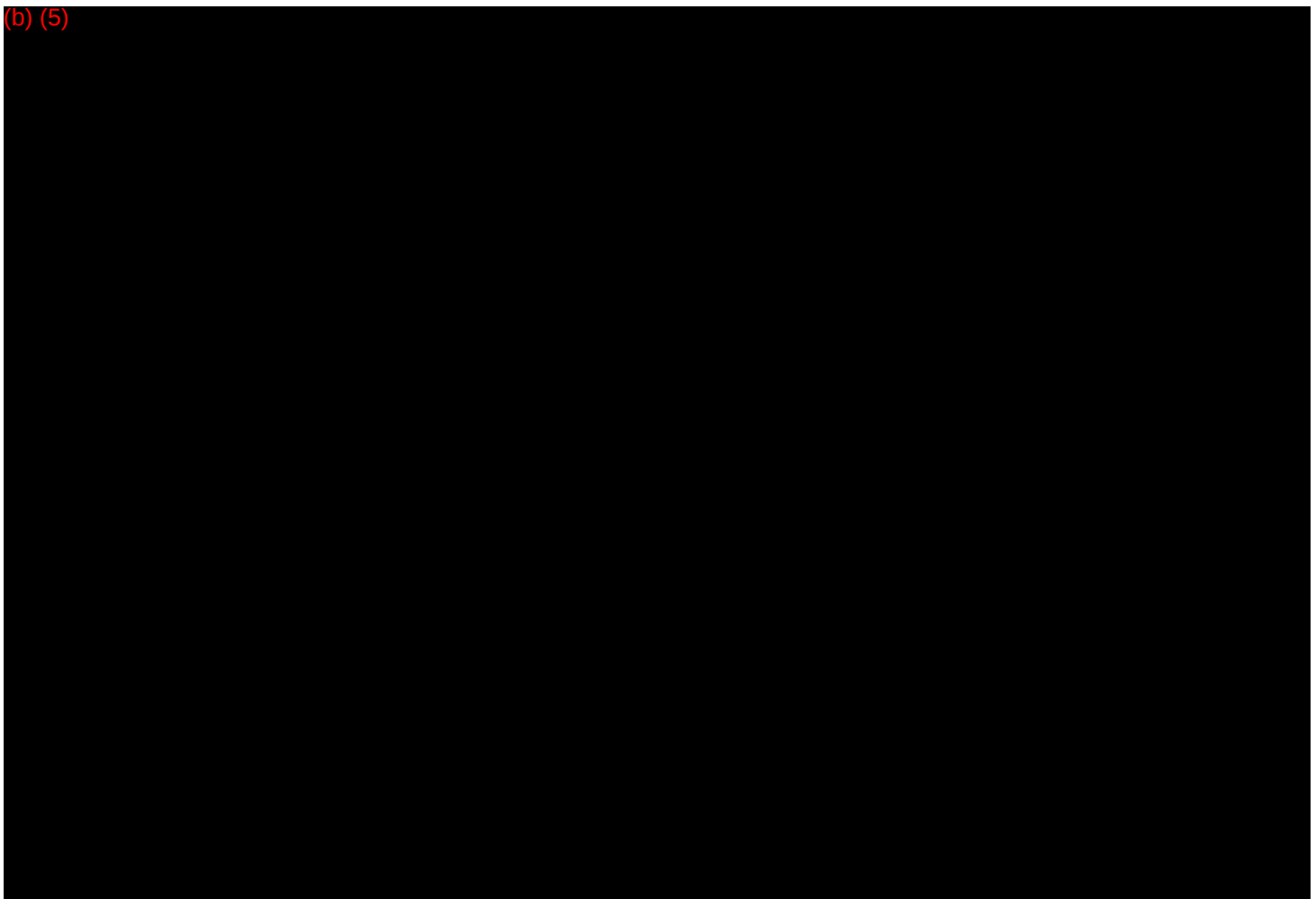
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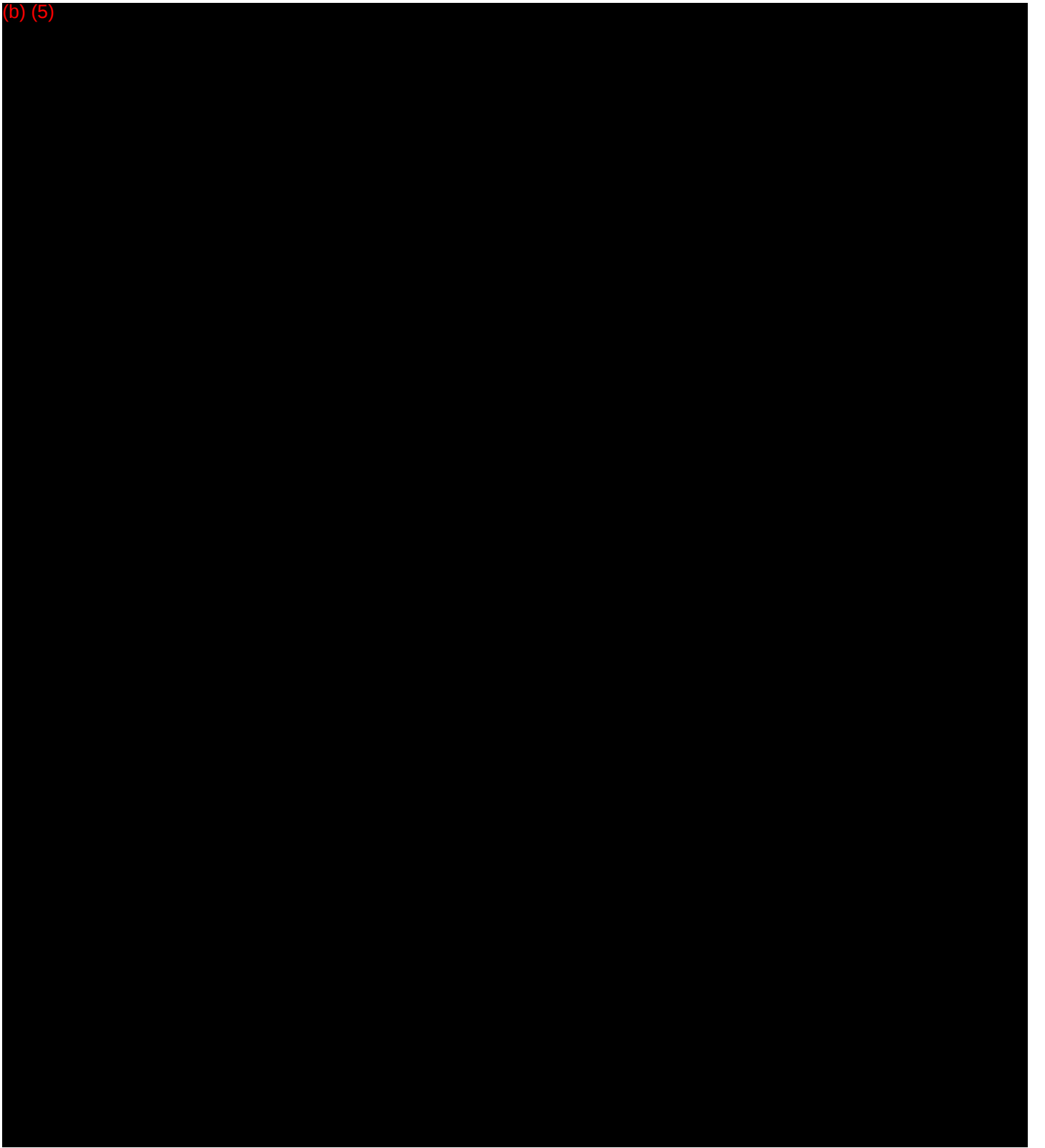
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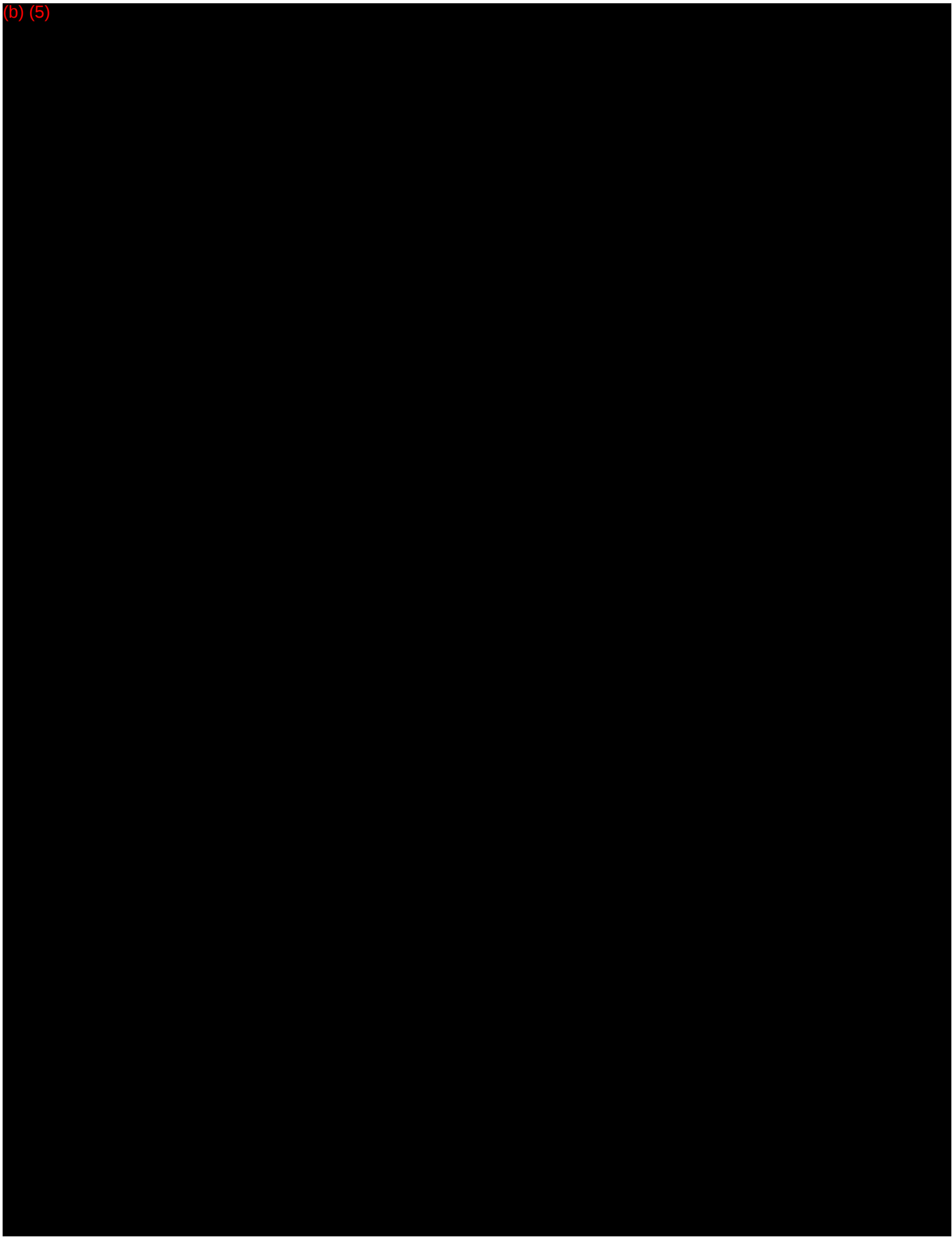
(b) (5)

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(b) (5)



(b) (5)



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**From:** Ashworth, Richard (b)(6) @walgreens.com>  
**Sent:** Tuesday, March 31, 2020 10:44 PM  
**To:** CMS b6 @cms.hhs.gov>  
**Subject:** Pharmacy - COVID testing expansion

Seema,

Thanks again for reaching out yesterday to help the effort underway to increase testing capacity for COVID-19. We continue to work towards standing up an additional two dozen testing sites, utilizing the new Abbott technology, beginning next Monday, April 6<sup>th</sup>. I want to thank you and your team for all your help with the CLIA certificate process.

We do still have one more obstacle – the ability for pharmacists to order and execute the COVID-19 tests. After working with OGC over the last two days, it appears this has to be done legislatively.

As you know, there was a strong push to have a legislative provision included in the CARES Act last week that fell just short, in part, due to opposition by the American Medical Association (AMA).

I'm pleased to shared that we talked with the AMA today and have narrowed the legislative provision with the goal of keeping them "neutral" on pharmacists conducting COVID-19 and flu tests. With that in mind, we believe an opportunity exists to have this more narrow legislative provision passed by the U.S. House and Senate by Unanimous Consent (UC) in the days ahead. The aftermath of the CARES Act suggested that absent AMA opposition, the provision would have been included.

We believe Republican and Democrat Congressional leadership strongly support, and will be hard pressed to oppose, the opportunity to increase COVID-19 testing capacity.

We will follow up with the relevant folks at the White House – Legislative Affairs, Domestic Policy Council, etc. – but I would appreciate any support you could lend to this effort as well.

We all are pushing as hard as possible to increase testing capacity in order to combat this terrible virus.

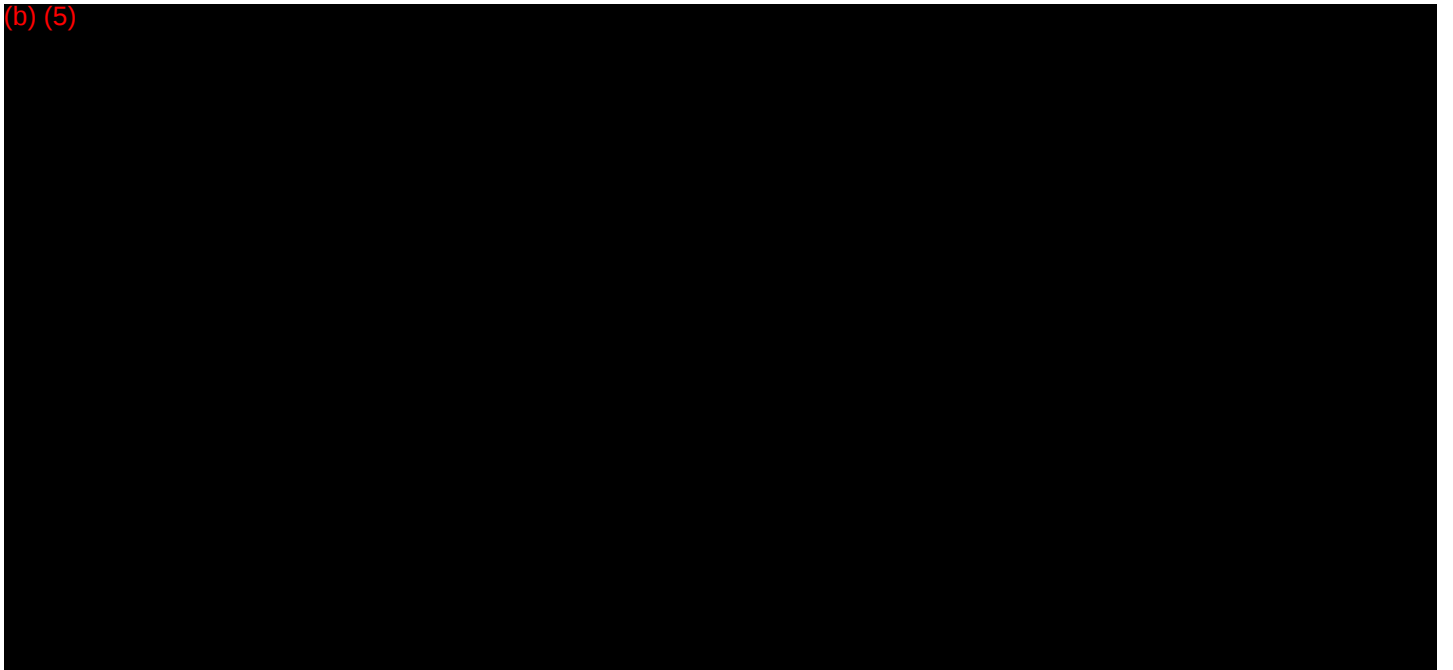
I appreciate all your support.

Thanks,

Richard

Richard Ashworth, President -Walgreens  
200 Wilmot Road  
Deerfield, IL 60015  
M: (b)(6)  
Linkedin: richardashworthpharmD  
Twitter: RichardPharmD

(b) (5)



**From:** Ashworth, Richard (b)(6) @walgreens.com>  
**Sent:** Tuesday, March 31, 2020 10:42 PM  
**To:** Kushner, Jared C. EOP/WHO (b)(6)  
**Subject:** [EXTERNAL] Pharmacy - COVID testing expansion

Jared,

Thank you for your call the other day, truly appreciate all you are doing to help this pandemic. As you know, we continue to work towards standing up an additional two dozen testing sites, utilizing the new Abbott technology, beginning next Monday, April 6<sup>th</sup>.

There was a strong push to have a legislative provision included in the CARES Act last week that fell just short, in part, due to opposition by the American Medical Association (AMA). I'm pleased to shared that we talked with the AMA today and have narrowed the legislative provision in order to keep them "neutral" on pharmacists conducting COVID-19 and flu tests. With that in mind, we believe an opportunity exists to have this more narrow legislative provision passed by the U.S. House and Senate by Unanimous Consent (UC) in the days ahead. The aftermath of the CARES Act suggested that absent AMA opposition, the provision would have been included.

We believe Republican and Democrat Congressional leadership strongly support, and will be hard pressed to oppose, the opportunity to increase COVID-19 testing capacity. We've had a preliminary discussion with HHS around the narrow legislative provision and they have indicated with strong support from the White House, it is realistic. If we want to get more visibility in this Country on COVID tests, enable Pharmacy to be part of the solution.

We will follow up with necessary folks at the White House – Legislative Affairs, Domestic Policy Council, etc. – but I would appreciate any support you could lend to this effort as well.

We all are pushing as hard as possible to increase testing capacity in order to combat this terrible

virus.

I appreciate all your support.

Thanks,

Richard

Richard Ashworth, President -Walgreens

200 Wilmot Road

Deerfield, IL 60015

M: (b)(6)

Linkedin: richardashworthpharmD

Twitter: RichardPharmD

(b) (5)



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**From:** Ashworth, Richard (b)(6) @walgreens.com>  
**Sent:** Tuesday, March 31, 2020 10:42 PM  
**To:** Kushner, Jared C. EOP/WHO (b)(6)  
**Subject:** [EXTERNAL] Pharmacy - COVID testing expansion

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There was a strong push to have a legislative provision included in the CARES Act last week that fell just short, in part, due to opposition by the American Medical Association (AMA). I'm pleased to shared that we talked with the AMA today and have narrowed the legislative provision in order to keep them "neutral" on pharmacists conducting COVID-19 and flu tests. With that in mind, we believe an opportunity exists to have this more narrow legislative provision passed by the U.S. House and Senate by Unanimous Consent (UC) in the days ahead. The aftermath of the CARES Act suggested that absent AMA opposition, the provision would have been included.

We believe Republican and Democrat Congressional leadership strongly support, and will be hard pressed to oppose, the opportunity to increase COVID-19 testing capacity. We've had a preliminary discussion with HHS around the narrow legislative provision and they have indicated with strong

support from the White House, it is realistic. If we want to get more visibility in this Country on COVID tests, enable Pharmacy to be part of the solution.

We will follow up with necessary folks at the White House – Legislative Affairs, Domestic Policy Council, etc. – but I would appreciate any support you could lend to this effort as well.

We all are pushing as hard as possible to increase testing capacity in order to combat this terrible virus.

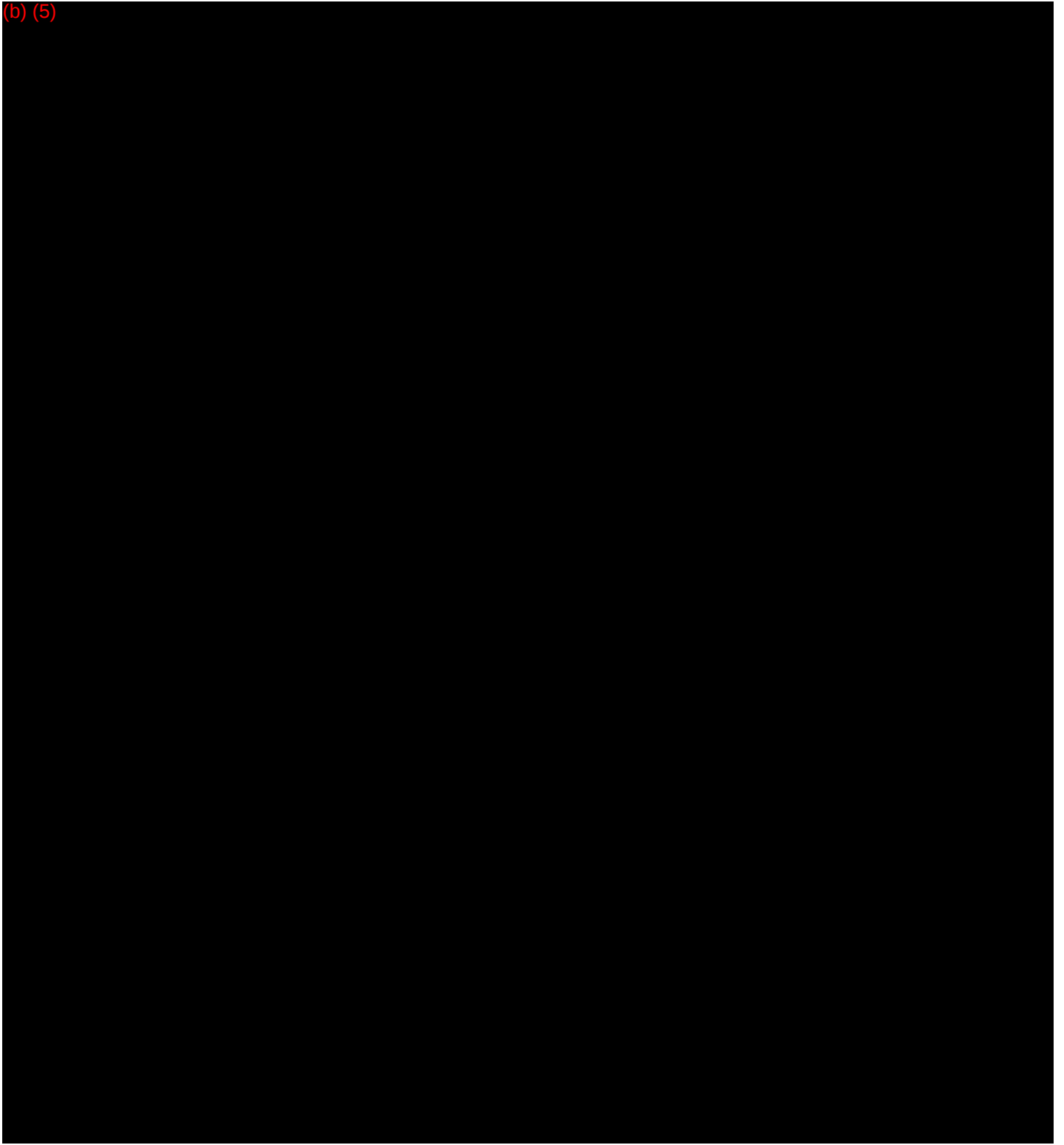
I appreciate all your support.

Thanks,

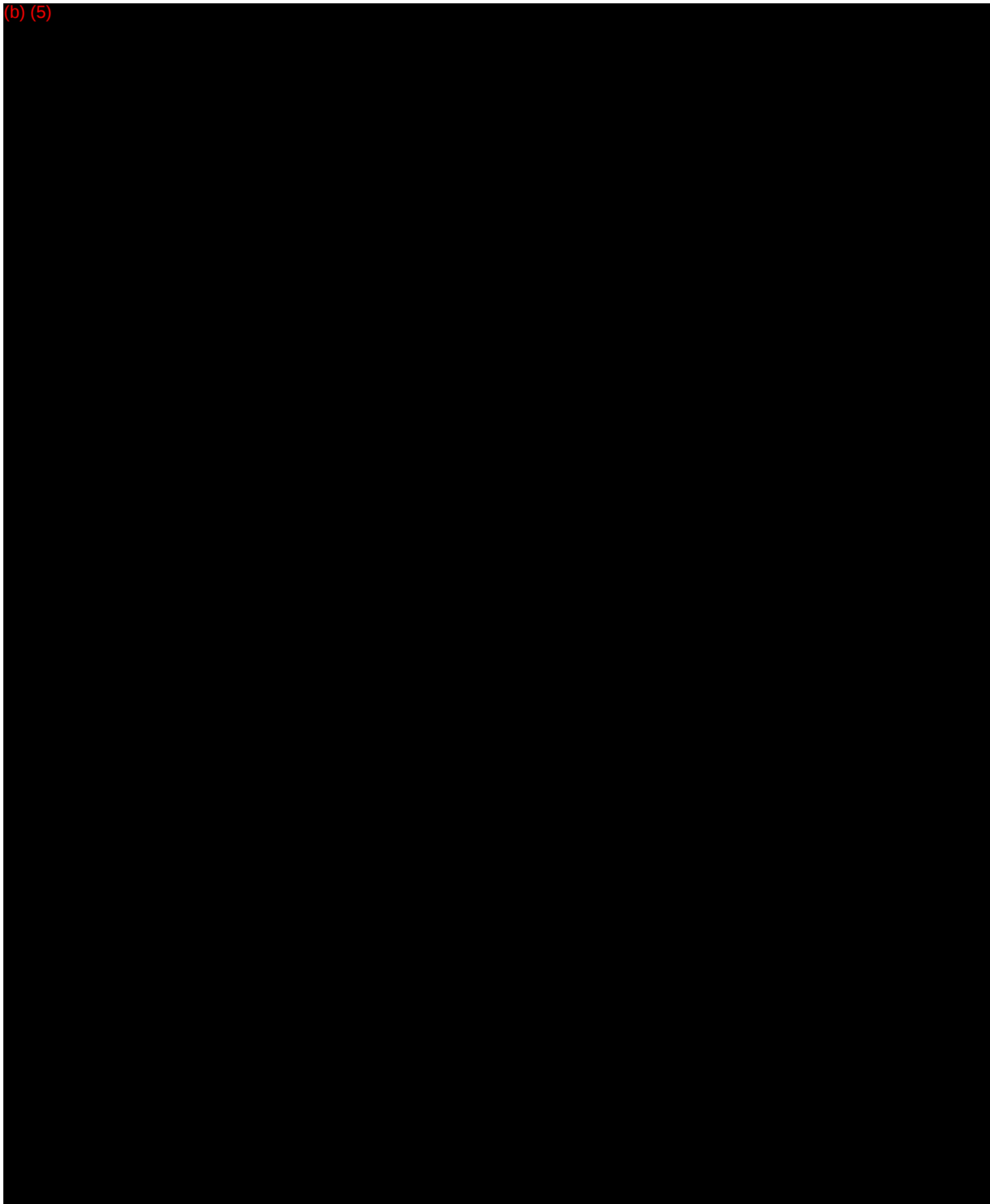
Richard

Richard Ashworth, President -Walgreens  
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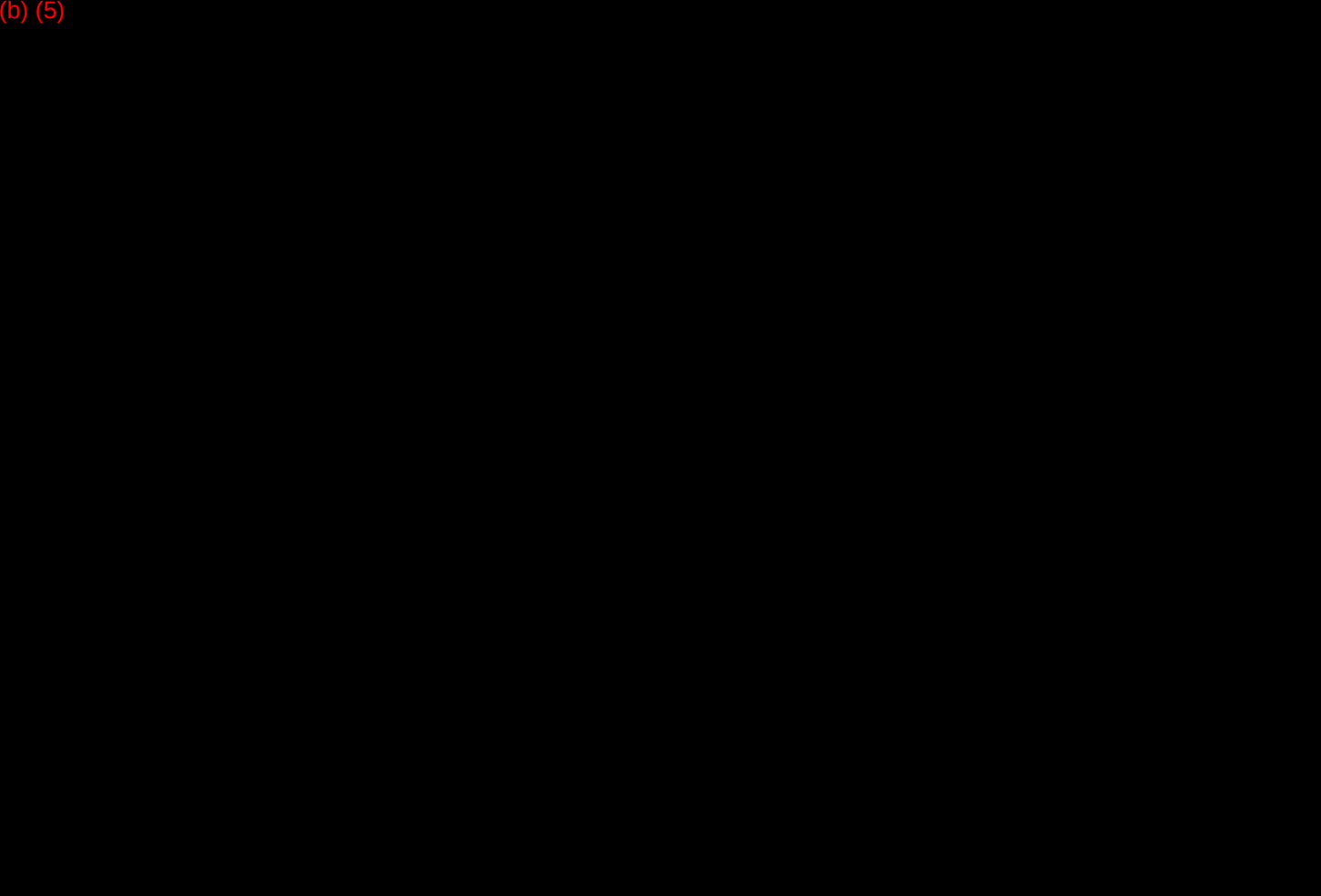
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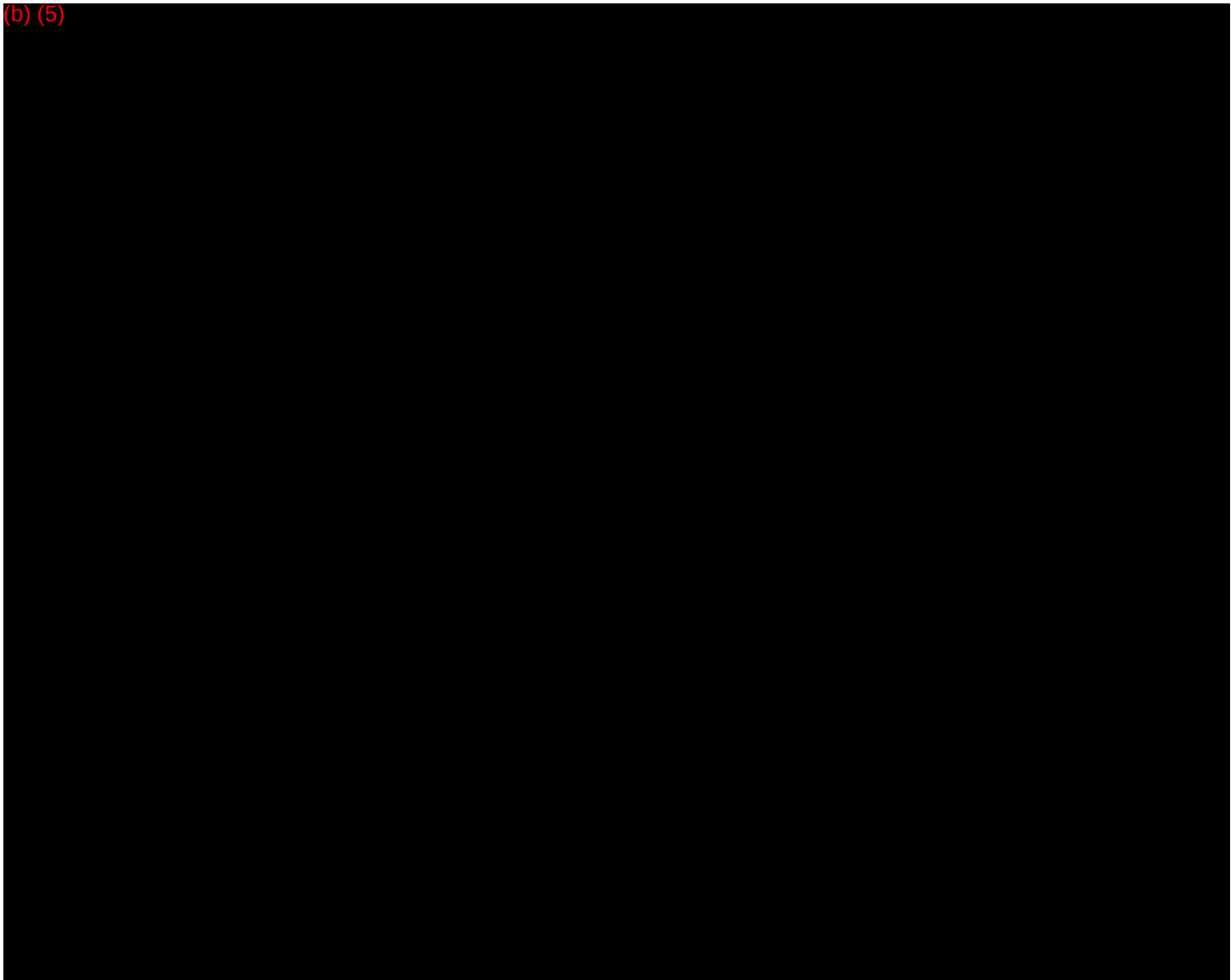


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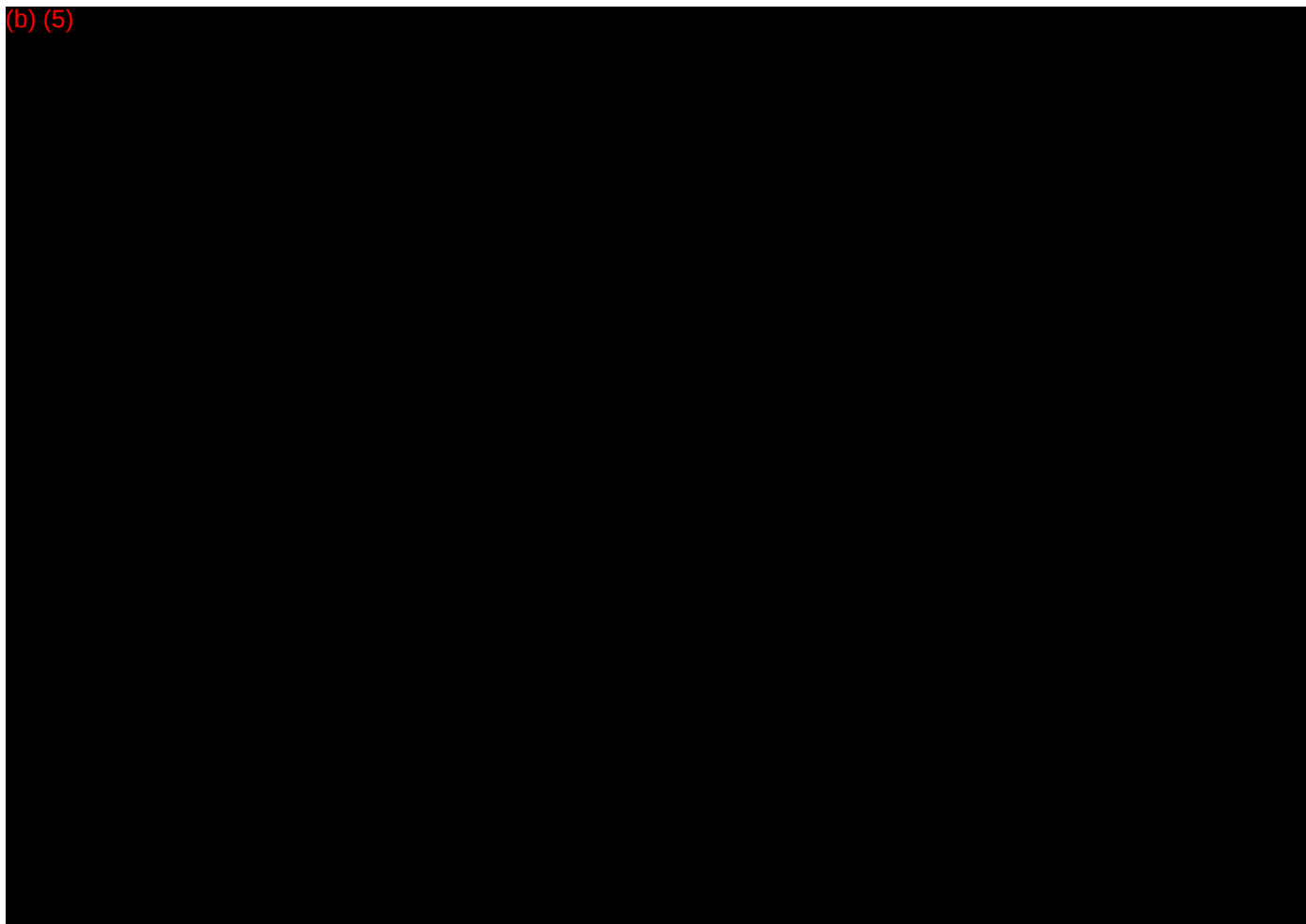
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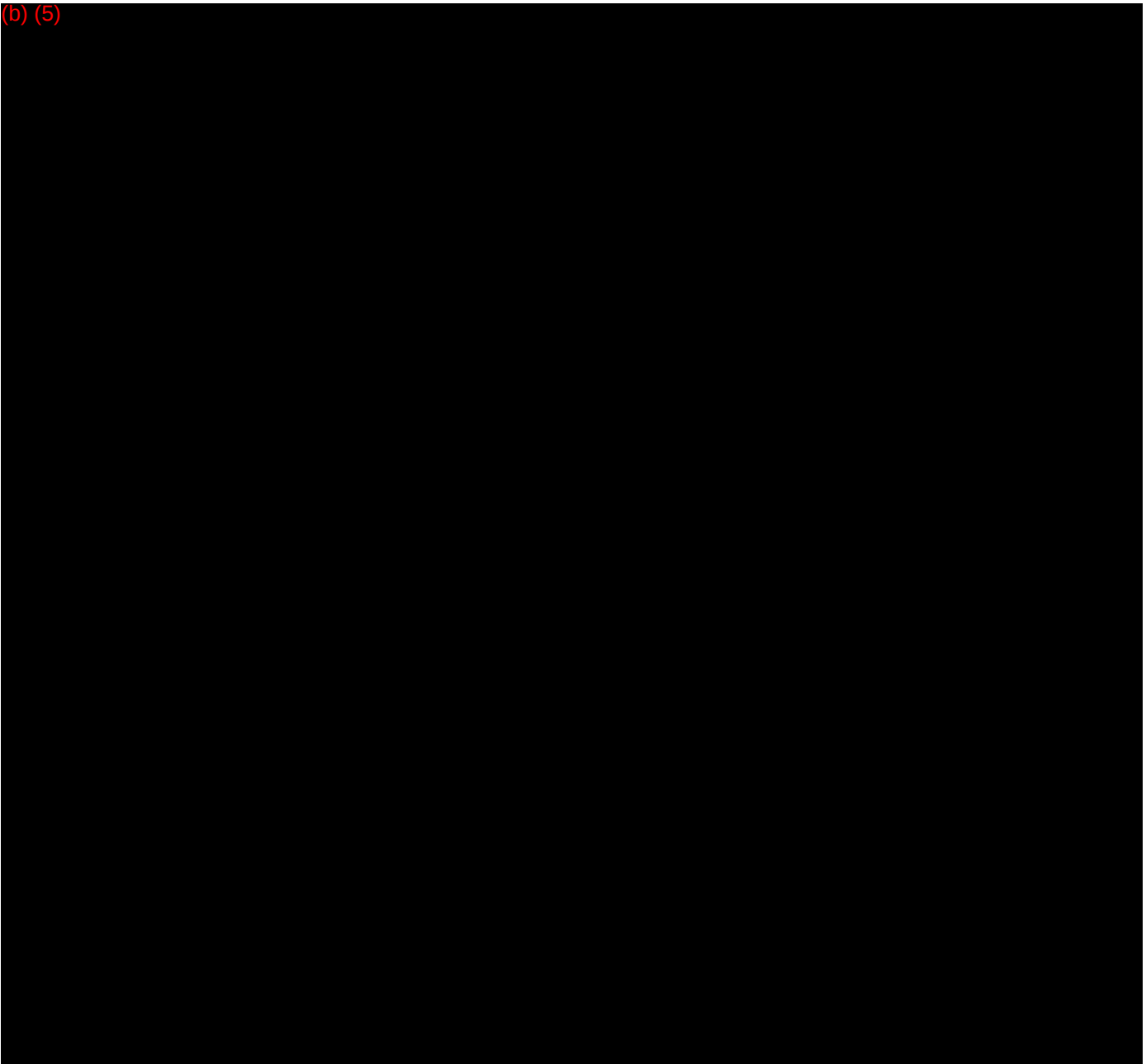
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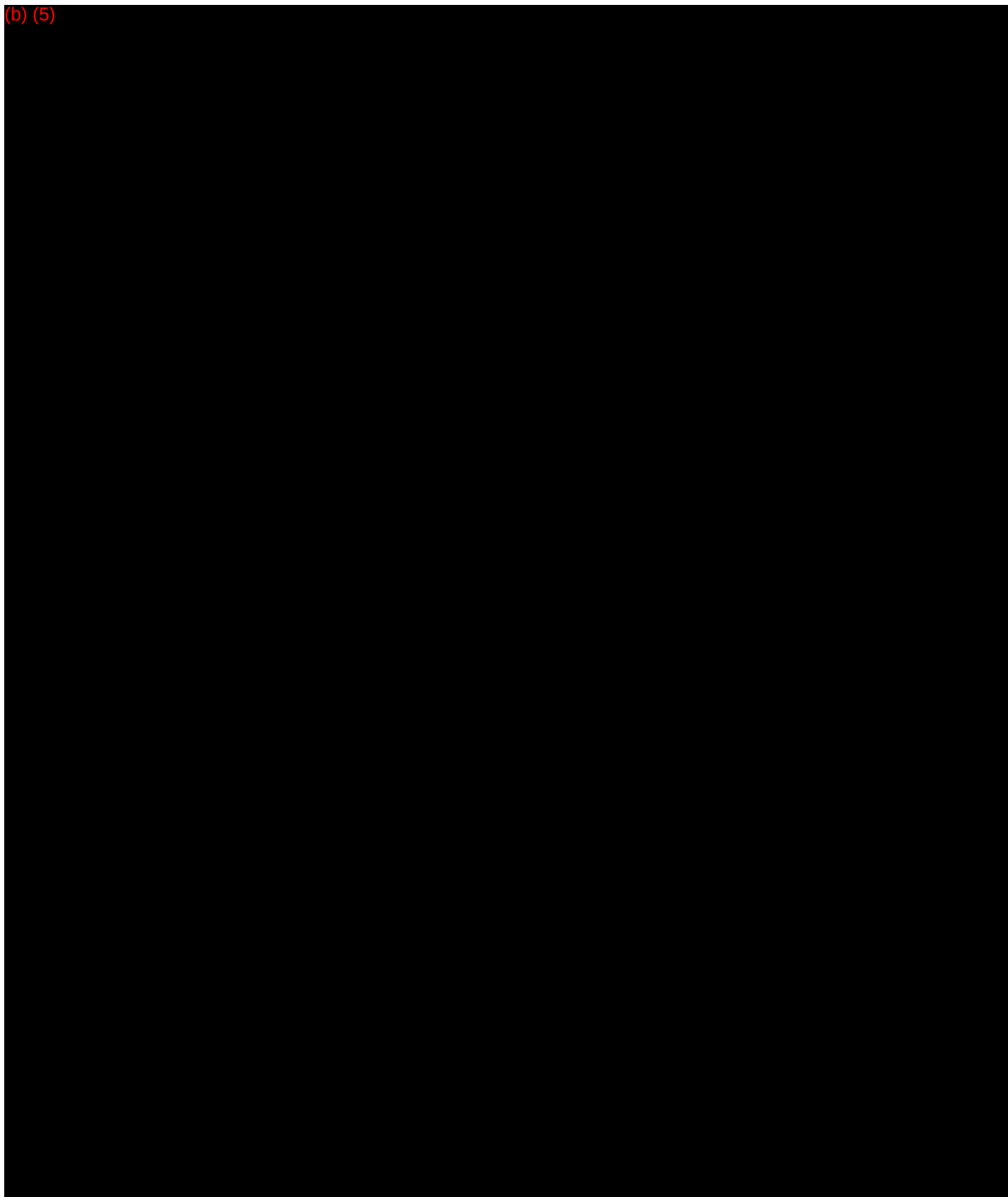
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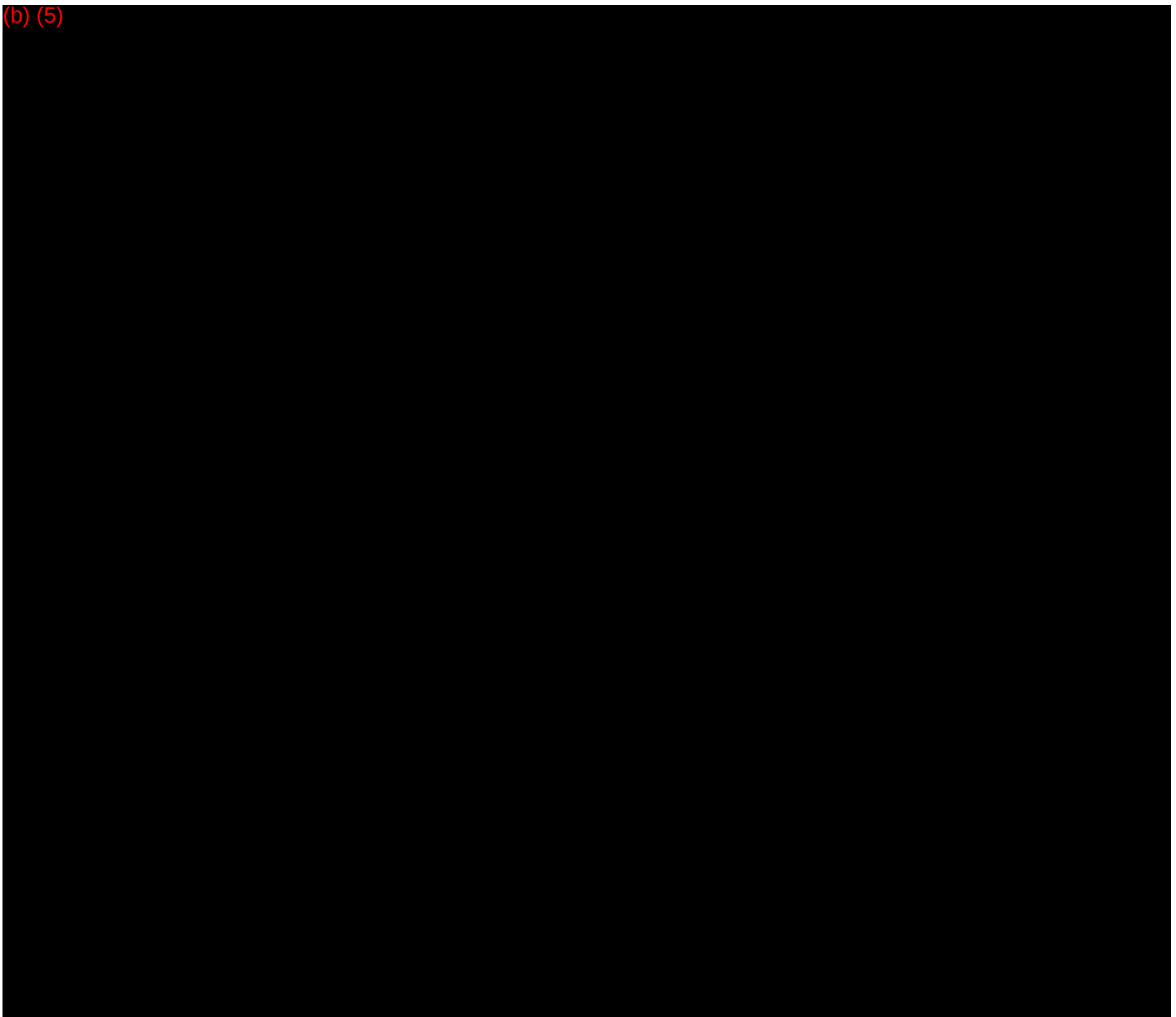
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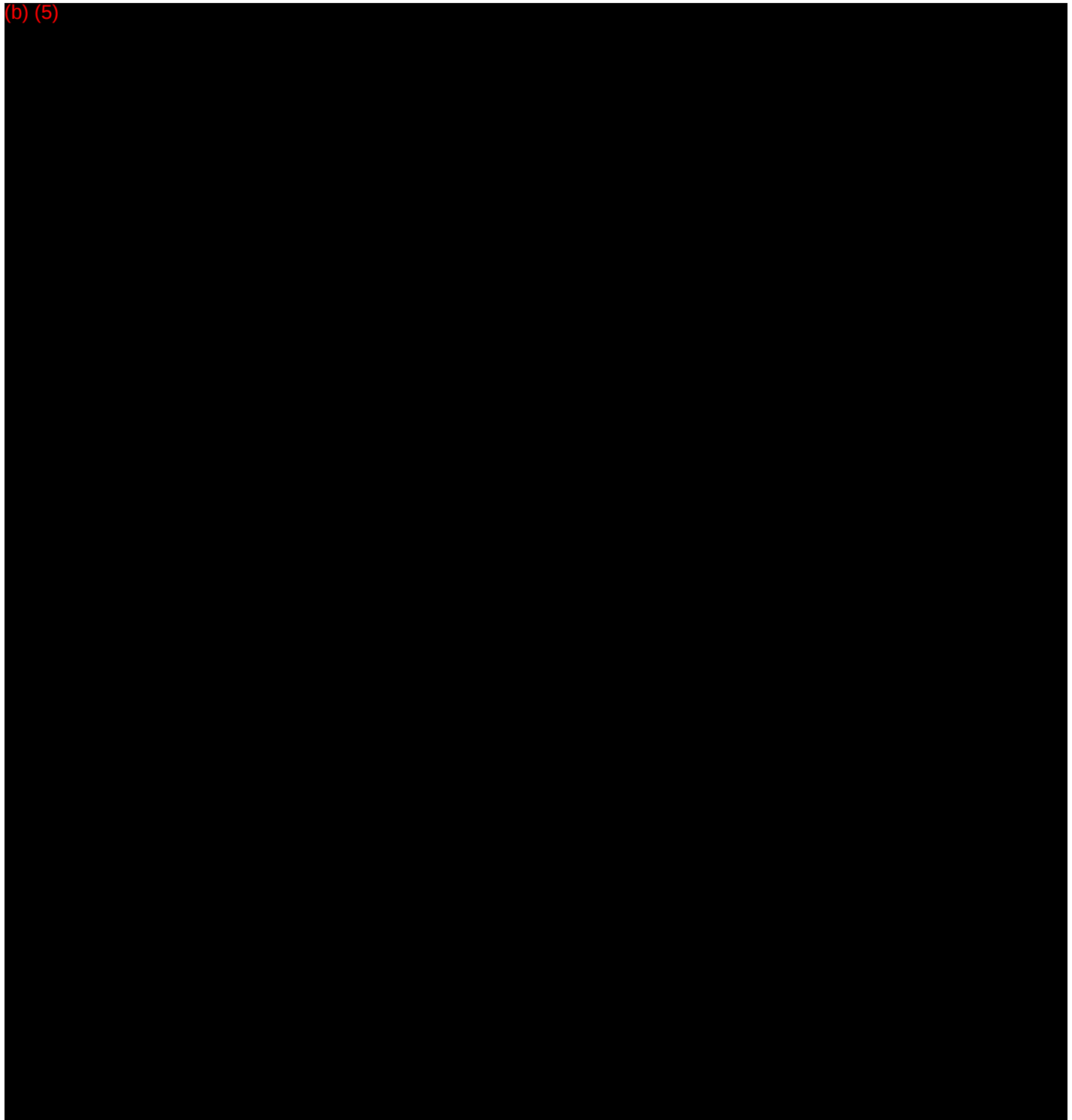
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**Date:** April 13, 2020 at 12:51:47 PM EDT  
**To:** "Hahn, Stephen" <[SH1@fda.hhs.gov](mailto:SH1@fda.hhs.gov)>  
**Cc:** Bob Jackson (b)(6) [@deerfield.com](mailto:@deerfield.com)>  
**Subject:** Quick description of our app

Thanks Dr. Hahn – below are very quick thoughts and I am working to get your more visual material for your discussion- slides in a couple minutes

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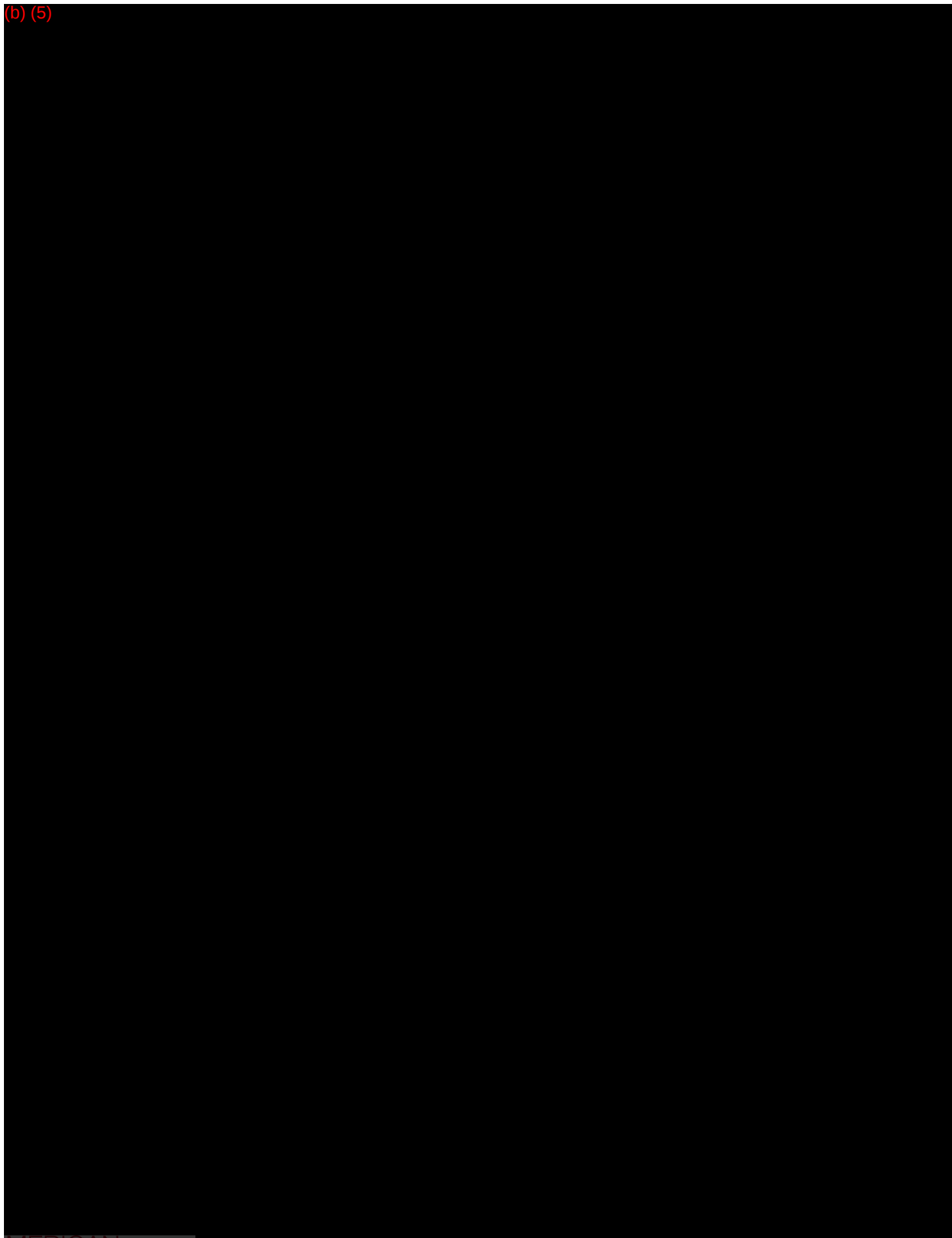
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Robert Jackson, MD  
Chief Science Officer  
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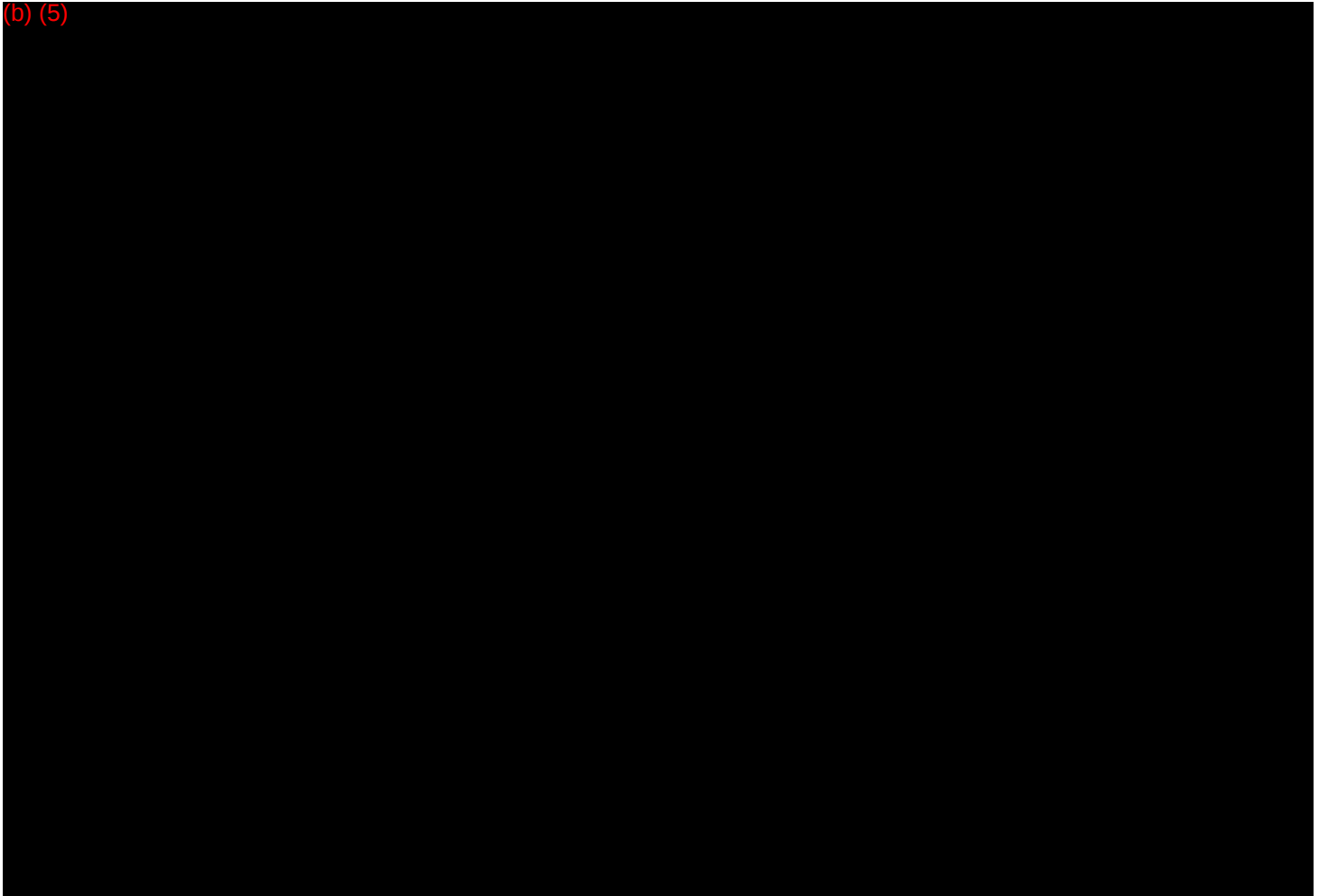
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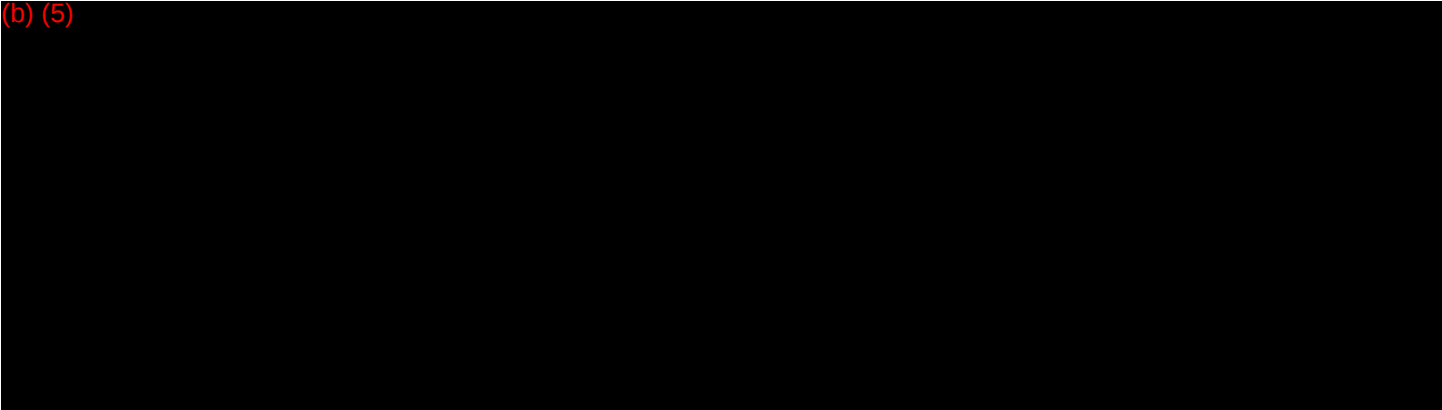
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