

December 11, 2024

The Honorable Ashish S. Vazirani  
Acting Under Secretary of Defense for Personnel and Readiness  
U.S. Department of Defense  
4000 Defense Pentagon  
Washington, DC 20301-4000

Dear Acting Under Secretary Vazirani:

I write regarding your response to my July 2023 letter on the Department of Defense's (DoD or 'the Department') and Defense Health Agency's (DHA) failure to prevent price gouging and overpayments in the TRICARE health program. I remain concerned by the Department's failures to adequately protect taxpayer funds and the gaps in your response, and I request further information regarding whether the Department and DHA are effectively preventing price gouging and overpayments. Your response also revealed a list of nearly 250 bad actors who have overcharged DHA by a total of almost \$46 million – an indication of the scope of overcharging at DHA and the need for action to address it.<sup>1</sup>

### **Failed Incentives and Potential Conflicts of Interest for Managed Care Support Contractors and Claims-Processors**

The Defense Health Agency “contracts with several managed care support organizations to deliver health care entitlements” in a cost-effective manner.<sup>2</sup> However, I continue to be concerned about whether TRICARE managed care support contractors (MCSCs) are effectively negotiating lower prices with providers and ensuring that the government receives its contractually promised “net discount from the Medicare payment amount across all claims.”<sup>3</sup>

In December 2022, DoD awarded the most recent generation of TRICARE Managed Care Support Contracts, including a \$70.9 billion East Region T-5 MCS Contract to Humana Government Business and a \$65.1 billion West Region T-5 MCS Contract to TriWest Healthcare

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<sup>1</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, Attachment 6, p. 1, [On file with the Office of Senator Elizabeth Warren].

<sup>2</sup> Congressional Research Service, “TRICARE’s Next Generation Contracts: T-5,” February 21, 2024, p. 1, <https://crsreports.congress.gov/product/pdf/IN/IN11719>.

<sup>3</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, pp. 2-3, [On file with the Office of Senator Elizabeth Warren].

Alliance.<sup>4</sup> These contracts could last until as long as December 2032, if all option periods are exercised.<sup>5</sup>

In my July 2023 letter, I requested information on the incentives and requirements for MCSCs to negotiate lower prices with providers.<sup>6</sup> Your response noted MCSC contracts “include language guaranteeing the Government receives a net discount from the Medicare payment amount across all claims” which “incentivizes the MCSCs to negotiate lower prices with providers” since the MCSCs will receive an incentive payment if they “meet or exceed their network discount guarantee.”<sup>7</sup> However, the extent to which they are doing so remains unclear. You indicated that “No rebates have been sent by the Government to the claims-processor subcontractor over the past 5 years”<sup>8</sup> – but these claims-processors are subcontractors to the MCSC that are not responsible for price negotiation.<sup>9</sup> Your response did not indicate whether any rebates or incentive payments have been made to the MCSCs. I request additional information to determine the payment of and effectiveness of these incentives.

Additionally, your response highlighted potential conflicts of interest among claims-processor contractors that are vertically integrated with providers serving TRICARE patients. You stated that, “DHA is aware claims processing subcontractor PGBA has an ownership interest in certain medical providers who could receive TRICARE payments.”<sup>10</sup> This is because PGBA’s parent corporation is BlueCross BlueShield of South Carolina (BCBSSC).<sup>11</sup> BCBSSC also has a wholly-owned subsidiary named BlueChoice HealthPlan of South Carolina (BlueChoice), which in turn “owns UCI Medical Affiliates, Inc., which provides health care services, with approximately 2.1 percent of its revenues coming from TRICARE East Region beneficiaries.”<sup>12</sup> As your response explained, “If these providers submit TRICARE claims, which PGBA would be responsible for processing and administering, there would be potential impaired objectivity organizational conflict of interest.”<sup>13</sup> This could mean PGBA would be more likely to process and accept claims, including potentially improper ones, from UCI Medical Affiliates, Inc. because it would benefit their shared parent corporation, BlueCross BlueShield of South Carolina. While PGBA attempts to mitigate potential conflicts of interest through an annual independent audit,<sup>14</sup> it is unclear what this audit entails and whether it protects servicemembers and the Department from this significant conflict of interest.

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<sup>4</sup> U.S. Department of Defense, “DoD Awards \$136 Billion TRICARE Managed Care Support Contracts,” press release, December 22, 2022, <https://www.defense.gov/News/Releases/Release/Article/3254129/dod-awards-136-billion-tricare-managed-care-support-contracts/>.

<sup>5</sup> Congressional Research Service, “TRICARE’s Next Generation Contracts: T-5,” February 21, 2024, p. 3, <https://crsreports.congress.gov/product/pdf/IN/IN11719>.

<sup>6</sup> Letter from Senator Elizabeth Warren to Secretary of Defense Lloyd Austin and Defense Health Agency Director General Lelita Crosland, July 25, 2023, p. 8, <https://www.warren.senate.gov/imo/media/doc/2023.07.25%20Letter%20to%20DOD%20TRICARE.pdf>.

<sup>7</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, pp. 2-3, [On file with the Office of Senator Elizabeth Warren].

<sup>8</sup> *Id.*, p. 2.

<sup>9</sup> *Id.*, pp. 2-3.

<sup>10</sup> *Id.*, p. 1.

<sup>11</sup> *Id.*

<sup>12</sup> *Id.*, pp. 1-2.

<sup>13</sup> *Id.*, p. 2.

<sup>14</sup> *Id.*

## **Gaps in Addressing Revolving Door Concerns**

Your response also lacks transparency regarding the ethics concerns that I previously highlighted regarding former DHA Director Raquel Bono, a key figure in the failure to address previous DHA overpayments. The DoD Inspector General, after determining that the agency had been overcharged, indicated that Director Bono “disagreed with the recommendations to seek voluntary refunds from TRICARE providers to whom DHA paid more than other pricing benchmarks identified in the report.”<sup>15</sup> Subsequently, Director Bono left government service, and joined the board of Humana, a huge MCSC provider.<sup>16</sup> But instead of answering my questions about her inaction in seeking voluntary refunds, you simply stated that “DHA can only address the current process on reimbursement rates and allowable charges of the providers and will not comment on decisions made by former staff.”<sup>17</sup> This is not an adequate response.

You also chose to redact certain information in the post-Government employment opinion letters issued to former Director Bono regarding whether she may have violated any post-government employment restrictions. When you provided these letters, you removed the name of the organization for which Director Bono requested a legal opinion regarding ethics obligations and restrictions as a Senior Advisor (Consultant).<sup>18</sup> In the other three employment opinion letters that you provided, the name of the organization was not redacted,<sup>19</sup> and it is unclear what justification there would be to not release the name of the organization, which is critical to determine whether Director Bono’s new position violates any post-government employment ethics requirements. The purpose of these ethics opinions is to assess whether post-government employment poses a conflict of interest. Redacting this information undermines Congress’s ability to assess whether ethics laws are being interpreted effectively and fairly. This lack of transparency also undermines DHA efforts to hold it is former officials accountable to a standard that the American people can trust.

## **Lack of Accountability for Contractor Overcharging**

Your response also raises further questions about whether contractors are being effectively held responsible for overcharges. While you provided me a list of nearly 250 companies or providers who have overcharged DHA over the past five years, you only listed the “[a]mount of recommended recoupment”<sup>20</sup> – a total of nearly \$46 million. I am concerned by the lack of clarity regarding the final amounts that DHA recovered and the circumstances under which these cases were closed. I also request further information about the types of healthcare categories that these recoupments are under and the steps that DHA and the contractors took to resolve these overpayments. DHA requires contractors to follow two different processes to recoup for

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<sup>15</sup> U.S. Department of Defense, Office of the Inspector General, “Audit of TRICARE Payments for Health Care Services and Equipment That Were Paid Without Maximum Allowable Reimbursement Rates,” August 20, 2019, p. iii, <https://media.defense.gov/2019/Aug/22/2002173972/-1/-1/1/DODIG-2019-112.PDF>.

<sup>16</sup> Humana, “Investor Relations,” Raquel C. Bono, M.D., <https://humana.gcs-web.com/board-member/raquel-bono-md>.

<sup>17</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, p. 1, [On file with the Office of Senator Elizabeth Warren].

<sup>18</sup> *Id.*, Attachment 3.

<sup>19</sup> *Id.*, Attachments 1, 2, and 4.

<sup>20</sup> *Id.*, Attachment 6, p. 1.

overpayments – one for underwritten health care, which is most non-active duty private sector care and where the contractor is liable for the cost of care and takes on the financial risk; and the other for non-underwritten health care, which is active duty private sector care and where the government bears the financial risk.<sup>21</sup> While the contractor must identify overpayments and initial recoupment efforts in both types of processes,<sup>22</sup> the contractors must report recoupments cases for non-underwritten healthcare that they are having trouble resolving to the DHA Office of General Counsel (OGC).<sup>23</sup> I request further information on the types of recoupments on the lists you provided, as well as the steps that contractors took to refer certain cases to the OGC, and the OGC’s response.

This list of companies includes actors that have exhibited questionable behavior over the years. The highest recoupment cases involved Smart Pharmacy and Smart Pharmacy-SP2 for over \$11 million and nearly \$8 million, respectively.<sup>24</sup> In 2023, Smart Pharmacy and SP2 had to pay at least \$7.45 million to resolve allegations they violated the False Claims Act by crushing up pills and included them in creams used topically for pain treatment, “knowing that there was not an adequate clinical basis to do so,” in order “to increase their profits on prescriptions paid for by Medicare Part D and TRICARE.”<sup>25</sup> Additionally, Heritage Compounding Pharmacy owned nearly \$400,000 in recoupment to DHA<sup>26</sup> and in 2019, agreed with its owners to pay over \$1.9 million for allegations that they violated the False Claims Act by submitting false claims to TRICARE.<sup>27</sup> The government alleged that they “paid physicians in the form of extravagant dinners and other entertainment perks, to induce prescribing” and “strategically market[ed] pre-printed and pre-formulated topical pain cream prescriptions to prescribers in military populated territories” with many “creams contain[ing] the Schedule III controlled substance Ketamine.”<sup>28</sup> Ultimately, this high dose refill scheme ended up “costing TRICARE over \$27,000.00 per claim for medically unnecessary pain creams prescribed without a valid physician-patient relationship.”<sup>29</sup> Additionally, Precision Spine and Pain Management, whose recoupment amount

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<sup>21</sup> Defense Health Agency, T-5 Final Requests for Proposals, April 15, 2021, p. H1, <https://imlive.s3.amazonaws.com/Federal%20Government/ID338361221093509227533392795306815772214/T-5%20Final%20RFP.pdf>.

<sup>22</sup> Health.mil, TRICARE Operations Manual 6010.59M, Claims Adjustments and Recoupments, Chapter 10: Section 3, Overpayments Recovery – Financially Underwritten Funds, <https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-11-14/AsOf/TO15/c10s3.html>.

<sup>23</sup> Health.mil, TRICARE Operations Manual 6010.59M, Claims Adjustments and Recoupments, Chapter 10: Section 4, Overpayments Recovery – Non-Financially Underwritten Funds, September 20, 2019, <https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-11-14/AsOf/TO15/c10s4.html>.

<sup>24</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, Attachment 6, p. 13, [On file with the Office of Senator Elizabeth Warren].

<sup>25</sup> U.S. Department of Justice, Office of Public Affairs, “Two Jacksonville Compounding Pharmacies and Their Owner Agree to Pay at Least \$7.4 Million to Resolve False Claims Act Allegations,” press release, June 15, 2023, <https://www.justice.gov/opa/pr/two-jacksonville-compounding-pharmacies-and-their-owner-agree-pay-least-74-million-resolve>.

<sup>26</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, Attachment 6, p. 10, [On file with the Office of Senator Elizabeth Warren].

<sup>27</sup> United States Attorney’s Office, Southern District of Alabama, “Local Compounding Pharmacy and Owners Christopher and Marti Burgess, Agree to Pay Over \$1.9 Million to Resolve False Claims Act Allegations,” press release, December 20, 2019, <https://www.justice.gov/usao-sdal/pr/local-compounding-pharmacy-and-owners-christopher-and-marti-burgess-agree-pay-over-19>.

<sup>28</sup> *Id.*

<sup>29</sup> *Id.*

was over \$50,000,<sup>30</sup> also was one of three providers who agreed to pay over \$1 million collectively in 2021 for allegations they violated the False Claims Act by improperly billing electro-acupuncture devices, for both Medicare and TRICARE beneficiaries.<sup>31</sup>

The list you provided also reveals a disturbing pattern of repeat offenders. For example, Chesapeake Rehab Equipment, Inc.; Dixie Infusion Pharmacy LLC; Intouch Pharmacy, LLC; National Seating and Mobility; and United Seating and Mobility, LLC all had recoupment cases closed in both 2019 and 2020.<sup>32</sup> The total recommended recoupments for these cases were approximately \$2.6 million.<sup>33</sup> It is critical that DoD is taking appropriate steps to prevent repeat overpayment offenders, and I request additional information from you regarding whether DoD continued contracts with any of the providers on this list, including whether it did so even after a company overcharged DoD the first time.

### **Failure to Track Errors**

I am also concerned by your failure to track what you deem as “accidental errors.” In your response you stated that DHA does not track “accidental errors such as duplicate payment, common coding errors, or errors in calculation of the amount allowed to be paid” and that “[t]hese standard payment mistakes...are reconciled after the fact, and because there are many and none result in further action, records are not kept for these and other simple mistakes.”<sup>34</sup> It is unclear how you determine that these are “accidental errors” and not deliberate, and I am also concerned by your decision to not track these errors to begin with. I request further information on the process you follow to determine whether errors are “accidental” or deliberate.

### **Conclusion**

It is critically important that DHA properly prevents and mitigates overpayments and price gouging in TRICARE. The DoD Inspector General announced last November that it would conduct an audit evaluating “whether Defense Health Agency officials are effectively monitoring TRICARE payments and taking appropriate actions to limit incorrect and unreasonable payments.”<sup>35</sup> However, Congress also has an important role in conducting oversight of the agency to ensure that taxpayers and the Department are not being ripped off. In order to improve transparency around your efforts and responses, I request answers to the following questions no later than December 31, 2024:

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<sup>30</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, Attachment 6, p. 12, [On file with the Office of Senator Elizabeth Warren].

<sup>31</sup> United States Attorney’s Office, “Healthcare Practitioners to Pay over \$1 Million to Resolve False Claims Act Liability Arising from Billing of P-Stim Devices,” press release, June 10, 2021, <https://www.justice.gov/usao-wdtx/pr/healthcare-practitioners-pay-over-1-million-resolve-false-claims-act-liability-arising>.

<sup>32</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, Attachment 6, pp. 9-13, [On file with the Office of Senator Elizabeth Warren].

<sup>33</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, Attachment 6, pp. 9-13, [On file with the Office of Senator Elizabeth Warren].

<sup>34</sup> *Id.*, p. 6.

<sup>35</sup> U.S. Department of Defense, Office of the Inspector General, Memorandum on “Audit of Defense Health Agency’s Monitoring Efforts of TRICARE Payments,” November 27, 2023, <https://media.defense.gov/2023/Nov/29/2003348730/-1/-1/D2024-D000AW-0026.000.PDF>.

1. DoD’s responses stated that an external firm conducts annual independent audit of PGBA “to mitigate this potential conflict of interest.”<sup>36</sup>
  - a. Which firm(s) conducts or has conducted this audit and during which years?
  - b. What were the findings of these audits?
    - i. Were there any adverse findings in any audit year, and if so, how were these findings addressed?
  - c. Has many years has PGBA been contracted as a claims processor for DoD?
  - d. Does DHA require PGBA to provide a copy of the audit? If so, what is DHA’s process for reviewing this audit?
    - i. Please provide those audits for the past ten years.
  - e. Has DHA conducted any audits of PGBA? If so, please provide a copy of each audit.
2. How and when did DHA determine that “PGBA has effective controls to mitigate actual or potential organizational conflicts of interest?”<sup>37</sup>
  - a. How often does DHA re-verify that these controls are effective?
  - b. How does it monitor the ongoing effectiveness of these controls?
3. You stated that under law, “contractors are to report any identified instances or perceived concerns with conflict of interest.”<sup>38</sup> Please provide a list of “identified instances or perceived concerns with conflict of interest” that contractors have reported to DoD and DHA regarding providers and claims-processors within the past ten years.
  - a. How does DoD and DHA define “identified instances or perceived concerns with conflict of interest?”
4. Are any of the identified potential or confirmed overcharges, including those listed in Attachment 6 from your response to my July 2023 letter, from contractors under common ownership with the claims processor? Please provide a list of which companies.
5. In cases where Managed Care Support Contractors (MCSCs) “do not meet their network discount guarantee, they owe money to the government.”<sup>39</sup>
  - a. Did any MCSC fail to meet these discount guarantee since the start of the T-2017 contract on January 1, 2018?<sup>40</sup>
  - b. If so, please provide a list of the MCSCs and a breakdown of the money owed to the government by each of them.
6. In the cases where MCSCs owe money to the government since the start of the T-2017 contract on January 1, 2018,<sup>41</sup> how much money have the MCSCs paid to the government?
  - a. Please provide a list of the MCSCs and a breakdown of money paid to the government by each of them.

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<sup>36</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, p. 2, [On file with the Office of Senator Elizabeth Warren].

<sup>37</sup> *Id.*

<sup>38</sup> *Id.*

<sup>39</sup> *Id.*, p. 3.

<sup>40</sup> Government Accountability Office, “Defense Health Care: Opportunities to Improve Future TRICARE Managed Care Support Contract Transitions,” November 21, 2019, <https://www.gao.gov/products/gao-20-39>.

<sup>41</sup> *Id.*

7. In cases where MCSCs “meet or exceed their network discount guarantee, they receive an incentive payment.”<sup>42</sup> Please disclose any rebates paid or performance incentives awarded to the managed care support contractors since the start of the T-2017 contract on January 1, 2018.<sup>43</sup>
  - a. Please provide a list of the MCSCs and a breakdown of the rebates paid or performance incentives awarded to each MCSC.
8. You stated that DHA does not track “accidental errors such as duplicate payment, common coding errors, or errors in calculation of the amount allowed to be paid” and that “[t]hese standard payment mistakes...are reconciled after the fact, and because there are many and none result in further action, records are not kept for these and other simple mistakes.”<sup>44</sup>
  - a. What step-by-step process does DHA follow to determine whether errors are accidental, rather than fraudulent?
  - b. How many “duplicate payment, common coding errors, or errors in calculation of the amount allowed to be paid” have been reconciled after the fact since January 1, 2018? What is the value of these reconciliations?
9. You provided lists of companies for which you documented overcharges over the past five years.<sup>45</sup> Please update these lists to provide the following information:
  - a. the date(s) of the overcharge;
  - b. the date on which the overcharge was detected by the contractor;
  - c. the date on which the case was opened by DHA;
  - d. whether this overcharge has been reimbursed to DHA and the date on which it was reimbursed, if applicable;
  - e. whether each recoupment was for underwritten health care or non-underwritten health care;
  - f. whether DHA referred the recoupment case to the Office of General Counsel<sup>46</sup> and the steps that the OGC took to address the case; and
  - g. why and the circumstances under which the case was closed.
10. The data you provided defines recoupment amount as “[a]mount of recommended recoupment – Contractor responsible for initiating and tracking.”<sup>47</sup>
  - a. How does DHA track and ensure that this recoupment is completed?
  - b. Have any entities on these lists provided less than the recommended recoupment? Please provide a list of entities who have provided less than the recoupment amount, including the amount ultimately provided, and whether this reflected any

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<sup>42</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, p. 3, [On file with the Office of Senator Elizabeth Warren].

<sup>43</sup> Government Accountability Office, “Defense Health Care: Opportunities to Improve Future TRICARE Managed Care Support Contract Transitions,” November 21, 2019, <https://www.gao.gov/products/gao-20-39>.

<sup>44</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, p. 6, [On file with the Office of Senator Elizabeth Warren].

<sup>45</sup> *Id.*, Attachment 6.

<sup>46</sup> Health.mil, TRICARE Operations Manual 6010.59M, Claims Adjustments and Recoupments, Chapter 10: Section 4, Overpayments Recovery – Non-Financially Underwritten Funds, September 20, 2019, <https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-11-14/AsOf/TO15/c10s4.html>.

<sup>47</sup> Letter from Acting Under Secretary of Defense for Personnel and Readiness Ashish S. Vazirani to Senator Elizabeth Warren, January 8, 2024, Attachment 6, p. 1, [On file with the Office of Senator Elizabeth Warren].

post-negotiated amounts (e.g., the contractor applying an offset from another claim for reimbursement).

- c. What is the average period of time from which DHA or the contractor provides a recommended recoupment and when the contractor or entity provides this recoupment?
11. The recoupment list that you provided in Attachment 6 of your response to my July 2023 letter includes the same or related companies over multiple years. For example, there is a set of companies whose first set of recoupment cases were closed by DHA on July 2, 2019, and then had a second set of recoupment cases that were closed on June 1, 2020 – Chesapeake Rehab Equipment, Inc.; Dixie Infusion Pharmacy LLC; Intouch Pharmacy, LLC; National Seating and Mobility; and United Seating and Mobility, LLC.
    - a. Did DoD continue these contracts in the time period between the first set of cases in 2019 and the second set of cases in 2020?
    - b. Has DoD terminated any of these contracts or recommended suspension or debarment for any of these companies?
  12. Has DoD or DHA ended any contracts with companies after determining they have committed overcharges?
    - a. If so, please provide a list of companies.
    - b. If not, please explain why DoD or DHA failed to do so.
  13. What mechanisms does DHA have in place to hold repeat offenders of overcharges accountable?
    - a. What process does DHA follow to determine whether a contract should be terminated after determining a contractor committed overcharges?
    - b. After how many offenses does DoD or DHA terminate the contract with a repeat offender?
  14. You stated that, “DHA can only address the current process on reimbursement rates and allowable charges of providers and will not comment on decisions made by former staff.”<sup>48</sup> What is the basis for not commenting on decisions made by former staff?
    - a. Is there an agency policy against this, and if so, when was it established? Please provide a copy of said policy.
    - b. Does DHA plan to recoup these overpayments of \$16.2 million<sup>49</sup> and \$3.9 million<sup>50</sup> identified by the Department of Defense Inspector General?
    - c. Has there been any material changes in DHA policies for reimbursable rates or allowable charges that would lead DHA to come to a different conclusion for future overcharges?

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<sup>48</sup> *Id.*, p. 1.

<sup>49</sup> U.S. Department of Defense, Office of the Inspector General, “TRICARE Payments for Standard Electric Breast Pumps and Replacement Parts,” April 25, 2018, p. i, <https://media.defense.gov/2018/May/01/2001910568/-1/-1/1/DODIG-2018-108.PDF>.

<sup>50</sup> U.S. Department of Defense, Office of the Inspector General, “Audit of TRICARE Payments for Health Care Services and Equipment That Were Paid Without Maximum Allowable Reimbursement Rates,” August 20, 2019, p. ii, <https://media.defense.gov/2019/Aug/22/2002173972/-1/-1/1/DODIG-2019-112.PDF>.



15. Please provide an unredacted copy of the ethics opinion for Vice Admiral Bono's position as a Senior Advisor (Consultant) from Attachment 3.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Warren", with a long horizontal flourish extending to the right.

Elizabeth Warren  
United States Senator

CC:

General Telita Crosland, Director of the Defense Health Agency  
The Honorable Robert P. Storch, Inspector General of the Department of Defense