



# HEALTH WATCH

c/o New York State AFL-CIO

100 South Swan Street, Albany, New York 12210

646-634-9103 • [www.911healthwatch.org](http://www.911healthwatch.org)

## Board of Directors

President  
Peg Seminario

Treasurer  
Ryan Delgado  
New York State AFL-CIO

Secretary  
Micki Siegel de Hernandez  
CWA

Jessica Garcia  
RWDSU

Liam Guilfoyle  
UFOA

Walter Jones  
Laborers' Health and Safety Fund of  
North America

Steven Markowitz MD, DrPH

Sybil McPherson  
DC 37, AFSCME

Jim Slevin  
IAFF

Executive Director  
Benjamin Chevat

Deputy Executive Director  
Suzy Ballantyne

Dr. Rochelle Walensky, MD, MPH  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30329

December 7<sup>th</sup>, 2021

Dear Dr. Walensky,

On behalf of the Board of Directors of *9/11 Health Watch, Inc.* I am writing in response to the recent decision by the contracting office of the Centers for Disease Control (CDC) to award the WTC Health Program (WTC HP) Nationwide Provider Network (NPN) contract to Managed Care Associates/Sedgwick.

*9/11 Health Watch, Inc.* was created by the stakeholder unions and others that fought diligently to get health care and compensation for those impacted by the toxins at Ground Zero. We are dedicated to ensuring that the contracts implemented under the James Zadroga 9/11 Health and Compensation Act — the September 11th Victim Compensation Fund and the World Trade Center Health Program — provide optimal care for injured and ill 9/11 Responders and Survivors as the law intended.

We are extremely concerned about the CDC's contracting office decision to change NPN contractors and the negative impact this may have on access to and continuity of care for the thousands of injured and ill 9/11 responders and survivors who 20 years after the attacks on 9/11 are still suffering physical and emotional health impacts caused by traumatic events and toxic exposures at Ground Zero, the Pentagon and the Shanksville Crash site.

As you know, the outgoing NPN contractor, Logistics Health Incorporated (LHI) has faced the challenge of a 164% increase in participants over the last 5 years while dealing with the inherent difficulties of providing for the physical and mental health needs of the 9/11 responder and survivor national program population which is in every State and Territory and in 434 out of 435 Congressional Districts. While there have been some issues with service delivery, we believe that they have been responsive to critique and there have been consistent improvements in the delivery of those services over the course of their contract period. LHI was working on additional program improvements and upgrades.

Now we are faced with a new contractor, Managed Care Associates/Sedgwick and we have several real concerns about this new contractor, the process of the change in vendors, the reasoning behind it and the timing of the change.

While we understand the need for contract competitiveness and cost control as a basis for an award, did the CDC contracting office factor in the NPN members' experience and needs of program consistency, stability, and quality of care?

This change in vendors would be disruptive under normal circumstances for the 25,000 members getting medical care and monitoring across the country in a limited benefit program like the World Trade Center Health Program. But it will be particularly challenging making this change in providers and service delivery during a pandemic, at a time when the nation's health care system, as well as the CDC's own staff, are under such stress.

In addition, just prior to the CDC contracting office announcement of a new NPN contractor, the contracting office selected a new Pharmacy Benefits Manager (PBM) for the entire program.

Such impactful changes in providers are difficult enough in normal times, but two such changes at this point in the country's response to the pandemic seems like inviting trouble and potential disruption of services.

The following are our concerns and questions about the imminent NPN transition as well as the capacity and accountability of the new contractor, Managed Care Associates /Sedgwick to assume care which we hope you can address.

1. The on-going, and currently worsening, pandemic.

Was the ongoing pandemic and its impact on health care in the country considered when making this decision to change contractors? If not, why not?



## 2. WTC Health Program Staffing.

The CDC has, throughout the pandemic, had WTC Health Program staff and senior leadership detailed to pandemic response where needed and taken off WTC Health Program work. While this was clearly a necessary step in response to the initial pandemic and no one questions its necessity at the time, is the CDC going to commit to ending this practice to ensure all WTCHP program staff and senior leadership are available to coordinate and oversee these challenging transitions, or will the CDC continue the practice of detailing NIOSH WTCHP staff to pandemic response leaving the WTCHP short staffed? Did the contracting decision process take this issue into account when making the decision about the new NPN contract?

## 3. Two, Simultaneous Major Contract Changes.

Transition of the PBM and the NPN contracts are occurring simultaneously, creating the possibility of confusion and stress for the WTC Health Program membership and contractors. In essence, there will be two transitions for the National Program. Members, within months of each other. What resources and planning are being brought to bear to deal with the inevitable problems? Was this considered in the decision to change NPN contractors?

## 4. Continuity of Care Throughout the Contract Transition.

Experience has taught us that the learning curve for any new World Trade Center Health Program contractor is lengthy, and we are concerned that the anticipated 6-month transition period will be inadequate. What provisions have been made if the transition runs into problems and the program has difficulty providing care? Are there going to be more resources put into the WTC Health Program Members Services unit to handle these potential problems?

## 5. Change and/or Overlap of Providers.

To ensure access to and continuity of care, there must be a comprehensive match with the LHI provider network and the Managed Care Associates/Sedgwick provider network. It is our understanding that at this time the contracting office cannot tell what percentage of program providers are in the current contractor's network and which are in the MCA/Sedgwick network? Specifically, the CDC does not know what level of overlap we can expect. For example, if the overlap is only 70%, how are the thousands of members going to get local providers to cover

their medical needs? What provisions are in the new contract to deal with this? For those providers currently providing services who are found not to be in the new network, what resources will be brought to bear on recruiting them? What does the new contract provide for? Are there any nonperformance penalties in the new contract if providers are not available in a timely manner? One of the biggest problems that the NPN has encountered is the difficulty in recruiting quality providers to provide care across the country. What provisions are in the new contract on provider recruitment? Are there any time requirements for the new NPN to have providers who can do required medical treatment and monitoring when members need care? What provisions are in the new contract for training of new providers that were in the MCA/Sedgwick network to understand the WTC Health Program and its members' health issues? For those providing care to survivors, what requirements are there for understanding the complicated issues around coordination of benefits?

#### 6. Occupational Medicine Expertise

The World Trade Center Health Program is an occupational/environmental medicine monitoring and treatment program, addressing health concerns caused by airborne toxins. It is critical that the national services provider have expertise in occupational/environmental medicine and extensive experience in addressing issues of disease causation by environmental toxins. World Trade Center Health Program participants should have the ability to have their questions related to toxin-based diseases as part of the clinical encounters with World Trade Center Health Program providers.

#### 7. Billing Issues.

Misdirected claims billing in the NPN system has been a significant burden for members and delays in resolution have sometimes resulted in negative impact to credit ratings. This is a particular issue in the coordination of benefits for survivors. It was our understanding that LHI was moving new resources into correcting these issues. Are there requirements in the new contract regarding Managed Care Associates/Sedgwick requirements to prevent or correct claims issues in a timely manner?

#### 8. Member Communication.

Acuity-based case management, member portals, and ease of communication are essential to support the WTC Health Program care model in the NPN. It is our understanding that LHI was planning several improvements in service delivery,



including: restarting efforts to establish preferred providers in areas where there are high concentrations of members seeking established Occupational and Environmental Health Clinics to provide the services; looking to start to use LHI company facilities to create the brick and mortar experience that members receive in the NYC/NJ/L.I. area Clinical Centers of Excellence (CCE's); and moving to establish better web access portals for communicating with members directly. What provisions of the new contract require similar efforts by MCA/Sedgwick?

The program under LHI had gone to requiring point of contacts for members instead of teams of representatives. What will be the requirements for point of contacts for members? Will every member get a specific point of contact? What are the medical criteria for being assigned case managers? What will be the case loads for these positions, and will they be equivalent to what LHI was providing? What is the timeline for MCA/Sedgwick implementation of these services, and how will they be assessed?

#### 9. Mental Health Services.

Mental Health service delivery has been a national issue with more and more mental health providers refusing to accept insurance payments and only allowing for private pay. Exacerbated by the pandemic, it has become a problem for the NPN. For those responders and survivors receiving psychotherapy, it would be especially disruptive to force them to end a therapeutic relationship with their current mental health provider. What are the provisions of the new contract and the requirements on MCA/Sedgwick for consistency in mental health care and more importantly providing timely access to care?

#### 10. Integrating Data.

What is the anticipated impact to the WTC Health Program for the planning that was being conducted to integrate National Program data with the General Responder and Survivor Data Centers? How long will the transfer of health surveillance and medical data to the Data Centers be delayed?

#### 11. WTCHP Steering Committees.

How will the WTC Health Program Clinical Centers of Excellence and the Responder and Survivor Steering Committees be involved in the NPN program transition?

Director Walensky, we understand this is a long list of questions, but as you can see, we are concerned that the contract process did not consider all the issues we have cited, which directly impact members' access to WTCHP care. We would be happy to learn that that is not the case and that the contract staff have clear answers to all our questions that will put our concerns to rest.

Further, we understand that the Nation and the CDC continue to face huge challenges with the Covid-19 pandemic and the rapidly emerging variants. We also recognize that you and your staff are working diligently to protect the health of all Americans, but we feel that this decision by the CDC contract staff may have put in jeopardy the health of 9/11 responders and survivors.

We hope that you can allay our concerns with a full and transparent discussion of the issues presented.

Sincerely,

A handwritten signature in blue ink, appearing to read 'B Chevat', with a long horizontal flourish extending to the right.

Benjamin Chevat  
Executive Director