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Ben Chevat
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100 South Swan Street
Albany, New York 12210

Dear Mr. Chevat:

Thank you for your December 7, 2021, letter to Rochelle Walensky, MD, MPH, Director of the Centers for Disease Control and Prevention (CDC) in the U.S. Department of Health and Human Services. As Administrator of the World Trade Center (WTC) Health Program, I am pleased to respond on behalf of Dr. Walensky.

The December 7, 2021, letter from you and the Board of Directors of *9/11 Health Watch, Inc.* expresses eleven areas of concern about the selection and implementation of a contract supporting the WTC Health Program's administration of services under the James Zadroga 9/11 Health and Compensation Act of 2010 (Zadroga Act) to responder and survivor members living outside of the New York metropolitan area (NYMA).

The contract supporting services to members living outside NYMA is referred to by the WTC Health Program as the Nationwide Provider Network (NPN) contract. The current NPN contractor is Logistics Health Incorporated (LHI). LHI has been the WTC Health Program's contractor serving members who live outside NYMA since 2008. On November 29, 2021, the CDC awarded a new NPN contract to Managed Care Advisors (MCA).¹ Currently, the NPN

¹ In September 2021, after MCA submitted their application to serve as the NPN contractor, it was announced that Sedgwick had acquired MCA. See <https://www.sedgwick.com/news/2021/sedgwick-acquires-managed-care-advisors>

contractor remains LHI while a transition to the new onboarding contractor, MCA, is completed to the satisfaction of the WTC Health Program.

The WTC Health Program agrees that the eleven areas of concern specified in the December 7, 2021, letter are important aspects of the administration and medical care delivery provided by the NPN and that it is critical to address these issues during the transition to and throughout the new contract. Each of the eleven categories of concern will be considered separately even though some of the issues in each of the eleven categories overlap.

1. The On-Going, and Currently Worsening, Pandemic

You raise a concern about whether the ongoing COVID-19 pandemic was a consideration in the NPN contract process. Responding to the COVID-19 pandemic has, and continues to be, a major focus of CDC and the entire Federal government, but not to the exclusion of other critical activities. Despite the number of activities devoted to the COVID-19 response, contracts approaching their termination date have continued to be processed. It is important that expiring contracts remain subject to fair competition under the guiding principles espoused by the Federal Acquisition Regulation.²

2. WTC Health Program Staffing

The COVID-19 pandemic response is an all-government response. NIOSH leadership and staff from across all NIOSH Divisions, Laboratories, and Offices have been continually called upon to participate in various roles in the response since December 2019. The onset of the SARS-CoV-2 *Omicron* variant surge has resulted in an increased need for participation. No group at NIOSH has participated more in the COVID-19 response than members of the Public Health Services (PHS) Commissioned Corps. PHS Commissioned Corps Officers, including those officers who work in the WTC Health Program, have served with distinction during the COVID-19 pandemic. The WTC Health Program leadership makes every effort to ensure that the deployment of a PHS Commissioned Corps Officer does not adversely affect the level of service to responder or survivor members of the WTC Health Program by coordinating coverage of vital staff responsibilities ahead of deployment. Deployments will not affect the transition from the current NPN contractor to the onboarding contractor. Every effort will be made to ensure a successful transition irrespective of any future COVID-19 deployments of PHS Commissioned Corps officers or civilian staff of the WTC Health Program.

3. Two, Simultaneous Major Contract Changes

The WTC Health Program is aware that a dual transition to a new Pharmacy Benefit Management (PBM) contract and a new NPN contractor can pose a challenge to both the

² See <https://www.acquisition.gov/browse/index/far>

Program and its members. The WTC Health Program worked closely with the CDC Office of Acquisition Services (OAS) to stagger the acquisition timelines so that its major support contracts, such as the PBM, NPN, Clinical Centers of Excellence (CCEs), Data Centers (DCs), and Health Program Support (HPS), did not expire at the same time.

CDC OAS has also allowed an ample amount of time to both complete the contract acquisitions and extend the period of transition from current PBM and NPN contractors to the onboarding contractors. Instead of starting the onboarding PBM and NPN contracts within a month of each other, the WTC Health Program was allowed to spread the acquisitions out by four months. CDC OAS agreed with the WTC Health Program's request to move forward in time the NPN contract acquisition by nearly a year and the CCEs and DCs contracts by six months to aid in the successful implementation of new Federal systems for the hosting, managing, and secure sharing of Program records in a way that results in the least disruption to responder and survivor members of the WTC Health Program.

Importantly, neither the current PBM nor NPN contract will terminate until the WTC Health Program is satisfied with the transition from current to onboarding contractors. Only then will a "go live" signal occur. Significant activities must be completed before a "go live" signal is given. Project managers from both current and onboarding contractors, as well as from the WTC Health Program and the NIOSH Office of the Director of Information Technology (ODIT), have been assigned to the initial implementation process. The WTC Health Program has also procured the services of industry experts to aid the Program in managing and coordinating key activities during the concurrent contract transitions, forming an Integrated Vendor Transition Team (IVTT).

4. Continuity of Care Throughout the Contract Transition

The WTC Health Program agrees that the learning curve for any contractor engaging with the Program for the first time can be lengthy. The onboarding NPN contractor is not new to the WTC Health Program or to the work required by the contract. MCA has been the PBM contractor for five years and, as a result, already has experience with the WTC Health Program's claims processing system, including coordination of benefits and benefits eligibility based on certified health conditions. In addition, MCA and Sedgwick previously served as the Case Management and external provider network contractor for Northwell Health (one of the WTC Health Program's CCEs). Their experience has given them an understanding of the complexity of care for responder and survivor members and the high level of involvement by case managers required for transitions between in-facility care and outpatient care.

5. Change and/or Overlap of Providers

Your December 7, 2021, letter raises nine questions about specific issues relating to continuity of care for responder and survivor members of the WTC Health Program because of the transition from the current NPN contractor to the onboarding contractor. The following information addresses the issues raised.

Medical providers rarely participate in only one health plan network—usually a single provider participates in several networks. Although provider changes can occur, as they often do now under the current NPN contract with LHI, the WTC Health Program does not anticipate widespread changes in network providers as the NPN transitions to MCA. The onboarding NPN contractor, MCA, offers network access to more than 900,000 providers nationwide through more than 30 national and regional networks that are either leased or owned to ensure maximum provider coverage both in terms of geographic area and healthcare specialty area.

After the contract was awarded, a gap analysis was initiated to provide information on the following: (1) The overlap of providers currently seeing members between the current and onboarding network; (2) Gaps in monitoring and treatment providers in underserved areas of the country; and (3) The establishment of robust regional networks in areas of the country where large numbers of members reside. This gap analysis is currently in progress and the WTC Health Program and MCA are committed to addressing any potential problems it identifies.

The market research conducted by the WTC Health Program over the last several years found significant overlap between provider networks in the industry. Once the onboarding contractor completes the provider gap analysis (comparing its network to LHI's network), the contractor will quickly implement a provider outreach communications plan to enroll those providers who have already provided healthcare benefits to Program members but who are not enrolled in their network, locate equivalent providers already in their network, or locate providers willing to join the network and provide care to WTC Health Program members.

Providers in the onboarding network accept WTC Health Program reimbursement rates, including the Office of Workers' Compensation Programs (OWCP)/Federal Employees' Compensation Act (FECA) reimbursement rates required by the Zadroga Act, which the current NPN contractor could not guarantee with their provider network. As a result, providers in the onboarding provider network do not terminate a member's care if the reimbursement rate changes. This should provide both greater costs-savings to the Program and stability and continuity of care for the members.

6. Occupational Medicine Expertise

The WTC Health Program agrees with you that the NPN contractor providers should have a depth of expertise in the field of occupational medicine. The network offered by the onboarding contractor includes providers with experience in occupational medicine and can draw on other regional and national networks to ensure appropriate providers for monitoring and treatment specialties necessary for treating the conditions covered by the WTC Health Program are available to members. The onboarding contractor's key medical staff who will be responsible for reviewing provider determinations for certification have either completed a preventive medicine residency in occupational medicine or have appropriate medical specialty certifications.

7. Billing Issues

Preventing providers from billing members directly is a high priority issue for the WTC Health Program. As you point out, not only are misdirected provider bills distressing to members receiving them, but if left unresolved, members' credit ratings can be adversely affected. The WTC Health Program leadership plans to ensure that members are not balance billed and, if any such billing error does occur, will address the issue quickly with the member and the onboarding contractor. It is critical that the Program learns about such billing errors as soon as possible so the situation can be corrected. The WTC Health Program plans to educate the onboarding contractor's call center and members about reporting such billing errors promptly. The *9/11 Health Watch, Inc.* has been very helpful at bringing these balance billing situations to the Program's attention—thank you—and we look forward to our continued partnership on this and other important issues.

8. Member Communication

The five questions relevant to member communication are important to successful NPN contract transition and, ultimately, to successful NPN contract implementation. The WTC Health Program will apply the lessons learned from the past few years to enhance communications with members, including the development of WTC Health Program-approved FAQs based on past problems. The onboarding contractor will begin incorporating the WTC Health Program's case management guidelines into their already established case management program. The onboarding contractor has case managers that share information on a single system that includes all the members' information. This single system also includes the member and provider portals which are required in the NPN contract recently awarded. The member portal required by contract will include the following enabling capabilities: (1) The ability to schedule appointments; (2) The ability to view WTC Health Program Explanation of Benefits and WTC-Related Health Condition certifications; and (3) The ability to search for providers. Additional capabilities can be added as needs are identified and information technology solutions are developed.

9. Mental Health Services

The WTC Health Program understands that continuity of care for mental health services is a critical issue for responder and survivor members. The WTC Health Program recognizes that having a robust network of mental health providers is crucial and is aware that a member's mental health can be adversely affected if a provider does not accept statutory reimbursement rates. The WTC Health Program will work with the onboarding contractor to ensure the provision of appropriate mental health services.

10. Integrating Data

The onboarding NPN contractor will assume responsibility for the communications campaign regarding research and continue the process of obtaining necessary consents from NPN members

to allow their data to be included in research that is currently underway by the WTC Health Program. The onboarding contractor will work closely with the appropriate DCs to ensure that the data transfer from the NPN to the DCs continues.

11. WTC Health Program Steering Committees

Engagement with the Clinical Centers of Excellence (CCEs), the Responder Steering Committee, and the Survivor Steering Committee will be crucial in ensuring that the transition from the current NPN contractor to the onboarding contractor is successful. At appropriate venues, such as weekly CCE/NPN group conference calls and monthly Steering Committee meetings, the WTC Health Program will continue to facilitate information-sharing interactions with the onboarding NPN contractor. The inclusion of the onboarding contractor in these meetings will be immediate. Although a federal government contractor such as a CCE cannot direct the work of another federal government contractor, the CCEs' experience and the views of the Steering Committees have been and will continue to be invaluable to the WTC Health Program.

I hope that the foregoing information addresses the concerns you and the Board of Directors of *9/11 Health Watch, Inc.* have about the transition from the current NPN contractor to the onboarding contractor. Even though the December 7, 2021, letter touches on several issues arising from multiple contract transitions occurring in the WTC Health Program, the Program recognizes that other issues may arise as the transition proceeds. We hope that *9/11 Health Watch, Inc.* will remain engaged directly with the WTC Health Program and/or through the Steering Committees to ensure issues of concern relating to the transitions are quickly brought to the Program's attention.

Thank you for *9/11 Health Watch, Inc.*'s continuing support of the WTC Health Program. If you should have any additional concerns or questions, I invite you or members of the *9/11 Health Watch, Inc.* Board of Directors to reach out to Dori Reissman, M.D., M.P.H., WTC Health Program Associate Administrator, at dvs7@cdc.gov, or Jessica Bilics, WTC Health Program Policy Coordinator, at hvg8@cdc.gov.

Sincerely,

John Howard, M.D.
Administrator
World Trade Center Health Program