



HEALTH WATCH

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

February 16th, 2022

Dear Dr. Walensky,

On behalf of the Board of Directors of *9/11 Health Watch, Inc.*, I would like to thank you for the reply to my letter of December 7, 2021, that I received from Dr. John Howard, the Administrator of World Trade Center Health Program.

The responses in his letter of January 24th, 2022, are helpful to better understand the activities and operations of the Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH) and the recent award of the World Trade Center Health Program (WTC HP) Nationwide Provider Network (NPN) contract to Managed Care Advisors/Sedgwick. Also, we appreciate the efforts of the staff of NIOSH that have been very helpful in providing such information as they are able to about the new contract to the World Trade Center Health Program Responder and Survivor Steering Committees.

For example, we were gratified to hear the report that Managed Care Advisors/Sedgwick intends to have a secure web portal to facilitate direct communication between the program members and MCA/ Sedgwick allowing for uploads of documents, including misdirected bills, and direct communication with case managers and care coordinators. That would be a decided improvement in services under the new contract from the previous vendor.

However, we still have questions and concerns about the CDC's decision to award the NPN contractor to Managed Care Advisors/Sedgwick. Our chief concern is the possible negative impact on NPN members, specifically the continuity of care for the thousands of injured and ill 9/11 responders and survivors who are still suffering physical and emotional health impacts caused by traumatic events of 9/11 and the toxic exposures at Ground Zero, the Pentagon, and the Shanksville Crash sites both during the transition to the new contractor and under the new contractor.

First, we would like to urge greater transparency on the part of the CDC. The recent solicitation includes many attachments and references to various manuals, reports, guides, checklists, plans, and data compilations. While some NPN contract documents are online, we would urge the CDC to proactively place all records related to the old and new contracts online or at the very least share them with the two World Trade Center Health Program Steering Committees. Specifically, the agency should post and or share the following and any updates, amendments, or modifications:

1. Performance Work Statement
2. NPN Operations Manual
3. Quality Assurance Surveillance Plan (QASP)
4. Quality Assurance Documentation
5. Quality Assurance Program Assessments
6. Performance Requirements Summaries
7. Semi-Annual Internal Audit Reports
8. Monthly Reports
9. Technical Guidance Documents
10. Corrective Action Plans
11. Contract Discrepancy Reports
12. Reporting Data
13. Surveillance Activity Checklist
14. Periodic Inspection Reports
15. Customer Feedback Records
16. "Go-Live" Justification Records

As made famous by Louis D. Brandeis, "Sunlight is said to be the best of disinfectants." Participating members and the public deserve to discern program activities and performance metrics. Transparency is an effective way to ensure that the program is operating as intended and contractor performance remains high. We want to make sure that service delivery does not suffer because of this contractor change as NPN members need assistance, especially in the middle of a pandemic.

While transparency is one component of ensuring that the NPN operates at a high level, so is getting the award process, post-award administration of the contract and the transition in good order.

We have additional questions on that front that need to be answered now and potentially acted on so that we have confidence in the services that Logistics Health Incorporated (LHI) the current vendor is providing until its services are terminated and that Managed Care Advisors/ Sedgewick the new vendor will operate as a trusted partner working in the best interests of the 9/11 members and their families.

The following are concerns and questions that must be answered for *9/11 Health Watch* to have confidence in the new contract and the timeline for Managed Care Advisors/ Sedgewick to become the NPN contractor.

1. Price Reasonableness: In reviewing the public documents associated with the bid on this contract, it does not appear that the NIOSH contracting office conducted a "price reasonableness determination" as part of its bid evaluation process to identify if any bids were too high or too low to provide the services. Is that correct?

If so, why wasn't a price reasonableness determination included in the bid evaluation process for such a complex, large and impactful contract? It is our understanding that this process is included in many federal contracts award processes to prevent low-ball bidding at a level that is insufficient to provide the proper and adequate services called for in the contract, or to prevent a bid from being considered that is too high, and thus not cost-effective.

If a price reasonableness determination was NOT part of this bid process, what steps did the NIOSH contract office take to ensure that any low bid was not too low to ensure that the vendor would be able to provide adequate services?

2. Performance Metrics: In reviewing the solicitation records that are available in the System for Award Management, there are many performance metrics mentioned in the NPN Performance Work Statement and other solicitation attachments, including references to the Quality Assurance Surveillance Plan (QASP or QSP). (See Sections 4 and 5 of Attachment G.1 - WTCHP NPN PWS – 75D301-21-R-71962 08-17-2021).

However, the Performance Work Statement submitted by MCA/Sedgwick includes only in very vague terms about what will be monitored, how monitoring will take place, who will conduct the monitoring, how monitoring efforts and results will be documented, and which QASP elements are included in the delivery “Incentive and Disincentive Plan.” There is also a mention that the Performance Work Statement is a “living document” that can be revised on a regular basis.

We urge NIOSH to publicly share all performance metrics that will be part of this contract and allow for input by the World Trade Center Health Program Steering Committees with respect to performance metrics and help create an appropriate “incentive and disincentive” payment system that will insure proper service delivery.

For example, when NIOSH's vendor that is responsible for providing the WTC Health Program helpline services failed to adequately provide those services for eight weeks in the early Fall of 2021, it is our understanding that in that case no incentive or disincentive requirements were part of that contract and that vendor was paid the same as if they had fully provided their required services — despite the problem that this created for WTC Health Program members who were denied access to help with their care, or prospective members who could not access information on how to apply or the status of their applications.

We would hope that the new National Program Network vendor will have clear and concise performance incentives and disincentives.

Also, we would like to learn more about any recoupment of cost or reduction in invoice payments or claims policies and procedures that are in place and what triggers them.

The recent solicitation includes attachments addressing monthly reporting and “Reporting Data Definitions,” but we feel that there are items missing. Amending them with other reporting requirements will allow for improved contract administration and accountability, which will go a long way toward documenting the overall performance of the NPN contractor.

3. Logistics Health Incorporated (LHI) services during the transition: We have noticed an increase in wait times for responders and survivors seeking services from LHI in the last few weeks. These recent

increases are much higher than those we had seen during the height of the pandemic. In addition, NPN members seeking program services such as appointments with providers, certifications for active cancers that they are under treatment for, and for monitoring exams are being told that they must wait months for appointments.

What steps are being taken to assure that the current vendor, whose contract was extended, will maintain services up until the “Go Live” date for the change over to the new vendor?

What steps are being taken to ensure that LHI will complete sending payments for WTCHP-approved health services rendered to responders and survivors that have gone unpaid.

What will be the process before the “Go Live” date for the new vendor for provider appointments made after the change over?

4. “Go-Live” Date: Solicitation documents reference a “Go-Live Date” which is the “date where the NPN is fully operational, independent, and available for use following the implementation period.” Before going live, the NPN contractor must prove that its systems are fully operational and that the transition between contractors is seamless.

We understand that the agency set a tentative “Go-Live” date of May 1, 2022, and we have been reassured that the new contractor will not take over until the program is satisfied that the new contractor can carry out the contract. Does this mean that the CDC and NIOSH are still working out contract and QASP performance metrics and terms? What are the criteria that the program will use to be satisfied?

As we stated in question 5 of my letter of December 7th, we had serious concerns about the lack of overlap of Managed Care Advisors/ Sedgwick provider network with LHI’s provider network. We are heartened to learn that the recently completed gap analysis shows that the gap may not be as great as we had feared.

Nonetheless, we are still concerned about the ability of Managed Care Advisors/ Sedgwick (MCA/Sedgwick) in the next three months both to recruit and properly train staff as well as recruit and/or replace medical providers -- all of which has a tremendous impact on the care provided to the 9/11 responders and survivors. It is not clear what resources MCA/ Sedgwick must devote to closing the provider gaps, nor what is acceptable performance under the contract.

We have heard from the program that the new contract will not “Go Live” until the program is satisfied that the new vendor, Managed Care Advisors/Sedgwick, can perform the contract and that is a very positive development, but it is not clear from the available documents what are the metrics that program will use to make that determination.

What are MCA/ Sedgwick’s responsibilities for staffing?

What will be the case manager/ care coordinator case load and how will those ratios compare to staffing under the LHI contract?

What is an acceptable waiting period for members to see a new provider?

What is the acceptable response time to member inquiries for services?

And what happens if those metrics that are used to determine the go live date are not met?

Again, as we stated in the December letter, I understand these questions along with the earlier questions comprise a long list. But as you can see, we remain concerned that the award and current contract process may not have consider all the issues we have cited, all of which will directly impact members' access to WTC Health Program care. We would be happy to learn that is not the case and that the contract staff have clear answers to all our questions.

We hope 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