



February 10, 2023

The Honorable Kirsten Gillibrand
United States Senate
478 Russell Senate Office Building
Washington DC 20510

The Honorable Chuck Schumer
Majority Leader
United States Senate
322 Hart Senate Office Building
Washington DC 20510

Dear Senators Gillibrand and Schumer:

Please allow this to serve as our response to your letter dated January 20, 2023, addressed to our parent organization, concerning performance under the World Trade Center Health Program Nationwide Provider Network (NPN) contract. Let me assure you that the wellbeing of the program's members is of critical importance to our entire organization, and we will work tirelessly to ensure that their needs are met — not just now, but into the future.

Managed Care Advisors (MCA) went live with the Program on August 1, 2022, transitioning from the previous contractor, Logistics Health Incorporated (LHI), which had been the NPN provider since the Program's inception. Transitions are not easy and the change in healthcare delivery, especially to a chronically ill population, is complex. In coordination with NIOSH, MCA considered every known variable that could potentially impact access to care, along with the myriad of rules, regulations, systems, and measures of compliance that are inherent to the operation of a government-sponsored health plan.

We acknowledge that, despite our exhaustive preparation for performance, we identified further areas that needed improvement soon after transitioning into the Program. We initiated corrective measures that have resulted in quantifiable improvement.

With that said, the following specifically addresses each of your concerns:

Beneficiaries have experienced difficulties in even reaching the program's call center for several months in violation of contract requirements for the NPN's call center.

Both MCA and the Program monitor the call center performance continuously. A key cause of early performance issues was that actual call volumes far exceeded those the Program projected MCA would receive. Once MCA identified the Program's significant underestimate of expected calls, we immediately reacted and provided the Program with a detailed action plan to improve performance, including increased call center staff, increased oversight and monitoring, and ongoing education and training. MCA monitors the call center performance continuously, internally reports statistics daily, and provides the statistics to the Program weekly.

We have made substantial progress in remediating these issues: We reduced member services call abandonment rate (caller hanging up before the call is answered) from 45% (shortly after transition) on October 2, 2022, to 2.2% by January 15, 2023. We improved the average speed of answer for the same time frame from 18.5 minutes to just 45 seconds.

When beneficiaries can get through to the call center, they do not have calls returned or appointments scheduled.

As mentioned above, the anticipated call volume was significantly understated. When we became aware of the actual volume, we initiated a performance improvement plan to rapidly improve member services (call center) performance and the member experience. To address your specific point, we incorporated a “callback/hold my place in line” feature, along with staffing augmentation. As a result, we improved the average callback time to members from approximately two hours in the first week of August 2022 to 6 minutes and 3 seconds during the week ending January 15, 2023.

MCA staff provided inaccurate program information to beneficiaries, allegedly due to insufficient training.

We have an extensive onboarding, training, and quality assurance program to ensure our member service representatives are providing the most accurate and current information to those they interact with. We continue to train staff on an ongoing basis, and we have doubled the number of leaders available to member services colleagues to support call resolution on a real-time basis.

Beneficiaries have received inadequate member care in part due to high turnover of MCA staff operating the program.

This is simply not accurate. There is not a high turnover of MCA staff. An initial turnover rate of less than 8% turnover in the first month had declined to 1% by the end of 2022. Retention of staff continued to improve through the end of the year: August, 92%; September, 94%; October, 98%; November and December, 99%.

MCA has a robust colleague retention plan that was implemented in September 2022. In addition to staff increases to improve customer service and handle call volumes, MCA has also added key leadership and supervisory roles. The senior leadership team is consistent and remains engaged in all aspects of Program performance.

MCA operators provided inaccurate provider network information to the program to beneficiaries who have subsequently found that their original providers are now out of the program’s covered network.

Our network partners update provider rosters on a regular basis. As noted above, we regularly train our personnel on these matters. With provider disruption at the forefront of our network recruiting efforts, providers are being added to the network on a regular basis and the rosters updated accordingly. There are large-scale recruiting efforts in progress to augment the current network of providers, as well as the ability for any provider that can meet credentialing and program compliance and fee schedule requirements (FECA) to join the network.

Additionally, MCA materials and staff inaccurately describe providers as participating in the NPN, leading to confusion and delays in care.

During the transition from the predecessor contractor, there were instances of confusion with existing treating providers and/or their administrative teams/office staff; they did not recognize the change in administrator vs. the change in health plan (WTCHP), whereby the providers identify as out-of-network when they remain in-network. To address this confusion, we have increased provider communication efforts, including monthly provider town hall meetings. MCA sent notification letters to those members whose current providers remain outside the network (provider disruption) in July, October 2022, and January 2023 informing them of potential provider disruption and outlining next steps. In addition, and to avoid provider confusion and member disruption, the WTC Health Program NPN transition webpage provides clear direction that if members have a scheduled treatment or appointment with an NPN provider, they should call MCA at 1-800-416-2898 before going to the appointment. Then, we can confirm the appointment and verify that the provider is currently participating in the network and has the information they need regarding benefits, billing, and other related items.

MCA's new provider network for the NPN lacks key providers in many areas, particularly for mental health services needed by many program beneficiaries.

As you are aware, there is a national shortage of mental health providers. This shortage of providers directly impacts all networks and programs, including ours. The national crisis has created an environment where demand well outstrips supply, and providers can pick and choose which patients to see and whether to accept insurance or work under the confines of specific plan guidelines. Although we continue to increase the number, types, and geographic coverage of behavioral health providers, both in and out-of-network providers often refuse to see World Trade Center patients due to:

- The constraints of the FECA fee schedule that dictates reimbursement rates to providers for covered services;
- The requirement that providers be paid electronically; and/or
- Other program specific requirements (coordination of benefits, no balance billing, etc.).

We are working with the WTC Health Program through their Mental Health Forum leadership, current and prospective network partners, the health care industry, and other stakeholders to encourage more mental health providers to serve the WTC Health Program membership. We would welcome the opportunity to work with Congress to support improved access to behavioral health services nationwide.

As mentioned above, we are continuing to recruit additional providers across specialties, including centers of excellence in cancer care, and are in the process of finalizing an agreement with an expanded national provider network that will increase coverage in all areas of care. This is not unusual or unique; network development, recruitment and management is not a one-time activity – it is continuous. However, it is important to note that we DO NOT turn away currently treating providers who are out-of-network for members with acute issues. We will negotiate a short-term agreement so that the member



can access the care they need, while we work to negotiate a long-term agreement or transition to an in-network providers.

Program members are unable to obtain medical care or their annual medical monitoring exams.

As discussed above, we are working across our operations and provider network partners to accelerate the scheduling of annual monitoring exams to address the backlog of members both inherited and new. We are instituting a process to perform bulk scheduling based on due dates. Although we are showing substantial and quantifiable improvement in scheduling and completion of this crucial component of the WTC Health Program Nationwide Provider Network, this is and will continue to be a top priority, so that there is no backlog going forward.

We remain committed to providing the highest level of care and support to 9/11 responders and survivors — a privilege we do not take lightly. We have made much progress, and we appreciate that program members require and deserve our ongoing focus on care and the member experience.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Firestone".

Lisa M. Firestone
President, Managed Care Advisors