

Network Survey for Accelerating Medical Device and Diagnostic Reimbursement

Consultants, Advocates, and Associations

1. In what capacities do you work with medical technology developers (select all that apply)?
 - a. Provide reimbursement landscape assessments
 - b. Represent and advocate for medical device developers
 - c. Submit applications for new codes and/or coverage decisions
 - d. Represent and advocate for other key members of the ecosystem (physicians, patients, caregivers, etc.)
 - e. Create reimbursement/billing guides
 - f. Provide sales training related to reimbursement for the company's technology(s)
 - g. Create forums for interaction, partnership, and learning among developers
 - h. Other
 - i. [If other, please specify]
2. What do you or your organization specialize in with regards to reimbursement coding, coverage, and payment; type of client; or type of product? [*free response*]
3. Rank the following common gaps in understanding from most common (1) to least common (6) you see in how new technology developers approach your organization?
 - a. Lack of understanding the differing coding systems and how to request new codes
 - b. Lack of understanding of the impact of differing care settings on reimbursement (e.g., inpatient, outpatient, ASC, physician office, home).
 - c. Lack of understanding of how the payment amount is set
 - d. Lack of experience mapping technologies to plan benefit categories and exclusions
 - e. Lack of understanding of payors' clinical evidence requirements for coverage determinations
 - f. Lack of understanding the reimbursement cycle /ecosystem
4. Rank the following common mistakes from most common (1) to least common (5) you see in how new technology developers approach your organization?
 - a. Technology does not improve stars/quality rating or not a priority to improve stars/quality ratings
 - b. Technology not applicable to clinical workflows and financial incentives in different care settings
 - c. Technology not suited for patient population or not scalable to additional covered members
 - d. Technology best suited for alternative reimbursement type (E.g. Value-based-care arrangements, capitated payments, bundled services, B2B, D2C, etc.)
 - e. Technology that is not eligible for separate reimbursement (considered a supply or bundled in the payment rate for an existing procedure).
5. ARPA-H funds innovators through milestone-based contracts. The agency believes that additional support for innovators, sourced from leaders in the private sector, increases the odds that its R&D investments will impact health outcomes. On a scale of one to five, rate which elements should be

* medical technologies refer to devices such as surgical tools, implants, diagnostics devices, diagnostic assays, and software regulated by the Center for Devices and Radiological Health.

included in support resources to prepare medical technology developers to seek reimbursement:
(1-5, 1 = low value; 5 = essential)

- a. How-to guides for companies on securing reimbursement for their technologies across multiple buyers/payors, technology types, and provider types
 - b. Online interactive tools to determine areas for further reimbursement work by the company such as relevant party identification, value proposition development, provider strategy, advocate engagement, etc.
 - c. A map of high-quality reimbursement consultants and experts by stage of development and technology type
 - d. Purchasing mechanisms designed to provide modest discounts for reimbursement consulting services
 - e. A forum to convene and leverage multiple payors and provider systems to define key questions, run and analyze studies, or aggregate data that cover multiple populations
 - f. A boot camp to gain knowledge needed to develop and implement a successful reimbursement strategy.
6. Are you looking to expand your client portfolio/membership?
- a. Yes
 - b. No
7. *[if yes]* Would your organization be interested in entering a pre-contracting process with ARPA-H that would place you on a preferred vendor list to expedite contracting with our funded performers?
- a. Yes
 - b. No
8. *[if yes]* What are your areas of expertise and services/support could you offer ARPA-H performers?
[Free Response]
9. What incentives or features would make joining a preferred vendor list with ARPA-H the most valuable to you? *[free response]*
10. What are exemplary convenings, meetings, and collaboration structures you've seen that accelerate the reimbursement of medical technologies? *[free response]*
11. What are the weaknesses and incentive misalignments in existing collaboration structures and public-private partnerships for accelerating the reimbursement of medical technologies? *[free response]*
12. If ARPA-H is successful, it will help meaningfully reduce the time between authorization and nominal coverage, which will help improve health outcomes faster. From your perspective, what specific steps are most ripe for acceleration by ARPA-H and what non-policy actions should the agency take to improve them for its performers? Nominal coverage is defined as national coverage determination by CMS, local coverage determination by a Medicare Administrative Contractor, or implicit coverage aligned to a new billing code. *[free response]*
13. How much time would these changes ultimately save from the current median of 5.7 years from FDA market authorization to reimbursement? *[Drop-down in number of months from 0-60]*
14. The agency seeks additional meaningful metrics and milestones to understand if its efforts are successful or not. The agency is particularly interested in more immediate measures, in addition to reducing the gap. Examples may include time to develop a reimbursement strategy, spend on external consulting and support, and likelihood of raising financial capital to go to market. What other metrics should the agency share to demonstrate progress? *[free response]*

15. Based on the successes and failures of new medical technologies, what have you learned (insights, evidence required, exceptional partners, misunderstandings) that you wish innovators knew at the start of their technology development path? [*free response*]
16. May we contact you to set up a 30-minute follow-up call?

Thank you for taking the time to complete this Survey!

1. I agree to receiving communication about reimbursement
 - a. Yes, I would like to receive communications about Accelerating Medical Technology Reimbursement