

Network Survey for Accelerating Medical Device and Diagnostic Reimbursement

Questions for Commercial and Government Payors and Plan Administrators

1. What types of offerings do you provide? (*select all that apply*)
 - a. Commercial insurance to members (not employer-managed)
 - b. Medicare Advantage plans
 - c. Medicaid plans
 - d. Processing claims and making Local Coverage Determinations for Medicare beneficiaries
 - e. Insurance to employees (employer-sponsored plan / self-insured)
 - f. Veterans' Health Administration plans
 - g. State workers' compensation plans
 - h. Other
 - i. [If other, please specify]
2. Do you have a technology assessment process that helps determine whether a medical device or diagnostic is covered under your plan?
 - a. No
 - b. Yes
3. [If yes] Please describe the assessment process and criteria or provide links to any public documents you maintain that describe this.
4. Choose the top 5 factors that should be prioritized by medical technology developers to enable faster coding, coverage, and payment decisions and broad access to their technologies (rank order the top 5 / rate your top 5 from 1-5)?
 - a. Clinical studies published in peer-reviewed journals
 - b. Real-World Evidence (RWE)
 - c. Commercial or public payor pilots
 - d. 3rd party Health Technology Assessment (HTA)
 - e. Clinical evaluation reports (CERs)
 - f. Payor and clinician education
 - g. Case studies
 - h. Incorporation into medical society guidelines
 - i. Abstract presentation at medical society meetings
 - j. Meta-analyses and/or systematic literature reviews
 - k. Economic modeling (i.e., Markov models)
 - l. Health economics and outcomes research (HEOR) and QALYs
 - m. New care pathways designed for health plan compliance and physician standards
5. What else do you need from medical technology developers to streamline the process of covering and paying for their devices? (free response)
6. 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
7. Rank the following common mistakes from most common (1) to least common (5) you see when new technology developers approach your organization?
 - a. Technology does not improve Star/quality rating or not a priority to improve Star/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).
8. Do you conduct pilots with new technology developers to support evidence generation before broader roll-out and payment? (select all that are relevant)
 - a. Yes – they are initiated by our team
 - b. Yes – we are solicited for partnerships by developers
 - c. Yes – we run accelerator programs that mature technologies in preparation for deployment
 - d. No
9. Of which programs are you aware that support medical technology developers in tackling the challenges around reimbursement and adoption that solicit the best results? Are there any you don't recommend? [*free response*]
10. 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 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.
11. 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]*

12. 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]*
13. 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]*
14. Based on the successes and failures of covering 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]*
15. 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