

## Central Florida (Tampa and Orlando) Health Care Market Assessment

Thank you for taking the time to complete this market assessment survey, which is being fielded by Catalyst for Payment Reform (CPR) in collaboration with the Florida Alliance for Healthcare Value (the Florida Alliance).

Your participation will help analyze the best opportunities to implement innovative models of healthcare payment to improve the value of healthcare spending in Tampa / Orlando. **CPR and the Florida Alliance will not attribute your responses to you nor your organization, but will aggregate your response across stakeholder groups.**

If you have any questions about the survey, please contact Karen van Caulil, President and CEO of the Florida Alliance at [karen@FLHealthValue.org](mailto:karen@FLHealthValue.org) or (407) 425-9500.

**Please select one of the following choices regarding your response.**

(For the purposes of this survey, Polk County should be considered in the Tampa market.)

- ☐ I am responding solely for Tampa
- ☐ I am responding solely for Orlando
- ☐ I am responding for both Tampa and Orlando

Please provide your name and email address below.

**Individual survey responses will remain confidential and will be reported only in aggregate.** However, we ask that you provide your name and e-mail so that we can track who has completed the survey, and so that we can follow up with questions as needed.

- ☐ Name \_\_\_\_\_
- ☐ Email \_\_\_\_\_

For the purposes of this survey, **payment reform** refers to a range of healthcare payment models that use payment to promote or leverage greater value for patients, employers, health plans, and providers.

***Unless otherwise specified, please respond with a pre-COVID-19 perspective.***

Please indicate your perception of the level of involvement in payment reform efforts in Tampa / Orlando among:

	Uninvolved	Marginally involved	Moderately involved	Very involved
Individual public and private employers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health plans acting on behalf of their fully--insured business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitals/hospital systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regulatory/legislative bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list the individuals best positioned to lead payment reform in Tampa / Orlando (name and organization) and briefly explain:

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Please indicate the level of payer/health plan engagement in multi--stakeholder coalitions (e.g. involving providers, insurers, and employers) focused on payment reform or other health care issues in Tampa / Orlando:

	Unengaged	Marginally engaged	Moderately engaged	Very engaged
Past focus/activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current focus/activity and plans for future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What percentage of your current reimbursement to providers is:

	Fee-for-service
95% or more	<input type="radio"/>
75-94%	<input type="radio"/>
50-74%	<input type="radio"/>
0-49%	<input type="radio"/>

Please describe the degree to which you have employed the following tactics to drive change in patient (member) behavior:

	Not at all	Minimally	Moderately	Largely
Transparency on provider quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transparency on provider cost or efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiered networks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited (narrow) networks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value-based insurance design	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reference Pricing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Centers of Excellence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bundled or Episode Payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the degree to which hospitals in Tampa / Orlando have the capability to handle new forms of payment:

- ☐ Not at all
- ☐ Minimally
- ☐ Marginally
- ☐ Very

Do you think the level of hospitals' readiness and/or capability to handle new forms of payment has changed due to COVID-19?

- ☐ Increase in readiness and/or capability
- ☐ Decrease in readiness and/or capability
- ☐ Readiness and/or capability will stay about the same

Please indicate the degree to which your organization has participated in any reforms to the fee--for--service payment system as described below (e.g. implementation of non--payment and/or reporting for adverse events, use of supplemental payments to primary care physicians for care coordination or other previously non--reimbursed services, use of reference pricing for treatments and/or procedures, etc.):

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Do you think the degree to which your organization has or will participate in any reforms to the fee--for--service payment system will change due to COVID-19?

- ☐ Increase in participation
- ☐ Decrease in participation
- ☐ Participation levels will stay about the same

Please indicate the prevalence of provider--health plan contracts with:

	0-10%	11-25%	26-50%	51-100%
Pay--for- Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Centered Medical Homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared Savings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Global Payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bundled Payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountable Care Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has your organization given any technical support to providers to help them monitor their clinical or financial performance? Please indicate:

	None	Few	About half	Most
The proportion of your network providers that receive such support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is your health plan or the health plans you know about in the market able to customize payment reforms to this specific market?

☐ Yes

☐ No

Do you view the regulatory environment of the State of Florida as a benefit or barrier to private--sector payment reform efforts?

	Not at all	Marginally	Moderately	Largely
Benefit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe your response.

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Where does the balance of power lie in Tampa / Orlando among health plans, employers/health care purchasers, and providers/hospitals? Select who has the greatest power or influence when it comes to payment reform.

- ☐ Health Plans
- ☐ Employers/ Healthcare purchasers
- ☐ Providers/ Hospitals

Do you think the balance of power will change due to COVID-19? Explain.

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What do you think are the biggest barriers to payment reform in Tampa / Orlando?

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What do you think are the next best opportunities for payment reform in Tampa / Orlando?

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Are there any payment reform arrangements your organization plans to roll out in Tampa / Orlando in the near future?

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The Florida Alliance is one of 8 regional coalitions that the National Alliance of Healthcare Purchaser Coalitions selected to participate in “The Path Forward for Mental Health and Substance Abuse Initiative.” In support of this initiative, **please respond to the following questions regarding Mental and Behavioral Health.**

Do clinicians in your organization's commercial network use a validated standardized instrument or rating scales to drive treatment decisions and to monitor progress on outcomes?

☐ Yes

☐ No

If not, why?

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For the plan's commercial book of business, does the plan promote and reimburse for services related to the psychiatric collaborative care management [CoCM] model and/or behavioral health integration [BHI] models other than CoCM?

CoCM codes: CPT codes 99492- 99494. Services include CPT codes for interprofessional telephone/internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional.

☐ Yes

☐ No

If not, why?

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Is the health plan providing any type of support or technical assistance (such as EMR integration) to providers to start billing the codes?

☐ Yes

☐ No

Please describe.

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Has the health plan encountered any issues when attempting to build out its mental/behavioral health network?

☐ Yes

☐ No

If yes, what are the issues?

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How does the plan measure mental/behavioral health network adequacy?

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What steps has the plan taken to implement payment parity for tele-mental/tele-behavioral health?  
If the plan has not taken any steps, why not?

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Has COVID-19 impacted or changed the way the plan promotes, reimburses, and/or contracts for mental/behavioral health care services? Briefly describe.

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Do you anticipate the impact of COVID-19 on the way the plan promotes, reimburses, and/or contracts for mental/behavioral health care services will result in lasting changes to these practices? Briefly explain.

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