# Florida Medicaid Value-Based Care Provider Survey

**Introduction**

Thank you for participating in this survey for the Florida Agency for Health Care Administration (AHCA). Recent state legislation requires AHCA to develop a strategic plan for revising the Medicaid managed care value-based care requirements to drive cost-effective service delivery and improved health outcomes through a coordinated program of rewards to providers who deliver patient-centered, high-quality services. Value-based care (VBC) is a reimbursement strategy that links provider payments to improved performance by health care providers. VBC arrangements include contractual agreements between payers and health care providers that hold the health care providers accountable for both the quality and cost of care that they provide.

The goal of this survey is to learn about providers' readiness for and experience with VBC initiatives and to inform the contents of the state's strategic plan. We sincerely appreciate your timely completion of the survey. Your responses will help inform the contents of the strategic plan to improve quality and efficiency of care while minimizing provider burden to the extent possible.

**Survey Instructions**

Only one person should submit the survey on behalf of your clinical organization or provider association, although you may want to confer with team members to inform your survey response. This pdf copy of the survey has been provided to assist you in collecting information from appropriate staff, but the response should be submitted via the web application.

- The survey will be open for responses from **Wednesday, August 26** to **Wednesday, September 9.**
- The survey should take approximately **10 minutes to complete**.
- You can pause the survey at any time and return later; your progress will be saved.

**Please note:** Survey responses are a public record and therefore are subject to disclosure. We have made the respondent's name and title optional, but we would like to receive at least the organization's name and Medicaid provider number, as applicable.

Start of Survey

Q1. Please provide your full name and professional title:

- ○ First Name (optional) _____
- ○ Last Name (optional) _____
- ○ Title (optional) _____

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Q2. Please enter the name of the organization with which you are affiliated:

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Q3. Medicaid provider number (please note N/A if not applicable)

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Q4. Please select the type of organization(s) you represent.

- ○ Primary Care Practice
- ○ Behavioral Health Clinic
- ○ FQHC/Look-Alike/RHC
- ○ OB/GYN
- ○ Hospital
- ○ Provider Association
- ○ Other specialty practice (please specify) _____
- ○ Other (please specify) _____

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Q5. Please select all counties in which your clinical organization offers services. Associations should select “Statewide.”

[Survey will display list of 67 counties in Florida and Statewide option]

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Q6. Is your organization currently contracted with one or more Medicaid managed care plans in a value-based care arrangement? (Select one):

- ○ Yes, with multiple Medicaid managed care plans
- ○ Yes, with one Medicaid managed care plan
- ○ No
- ○ Not applicable

***Skip To: Q7 If Q6. Is your organization currently contracted with one or more Medicaid managed care plans in a v... = No***
***Skip To: Q7 If Q6. Is your organization currently contracted with one or more Medicaid managed care plans in a v... = Not applicable***

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***Display this question:***

***If Q6. Is your organization currently contracted with one or more Medicaid managed care plans in a v... = Yes, with multiple Medicaid managed care plans***

Q6.a. How many Medicaid managed care plans do you have value-based care contracts with?

[Survey will display a drop-down menu from 2-8]

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Q6.b. Does your value-based payment arrangement include quality metrics or populations in any of the following areas? (Select all that apply):

- ☐ Perinatal health
- ☐ Behavioral health
- ☐ Management of chronic conditions
- ☐ None of the above, but other clinical areas

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Q6.c. Please let us know which types of Medicaid value-based payment arrangements you have with health plans (we have included explanations for your reference; please select all that apply):

- [ ] **Population-Based** (payments applied to a broad population; this includes but is not limited to accountable care organizations, global capitation, or total cost of care shared savings and risk)
- [ ] **Targeted Population-Based** (payments applied to a specific population based on a chronic condition such as chronic kidney disease, diabetes, serious mental illness, substance use disorder [SUD], justice-involved, HIV/AIDs, or people with intellectual or developmental disabilities)
- [ ] **Enhanced Primary Care** (providers receive an enhanced payment such as a per-member-per-month [PMPM] care management fee or capitation payment; examples include Primary care Medical Home models, Comprehensive Primary Care Plus, Primary Care First, or Acute Unscheduled Care Model)
- [ ] **Targeted Enhanced Primary Care** (providers receive an enhanced payment such as a PMPM or capitation for providing primary care services to a specific population with a chronic condition such as the Integrated Care for Kids Model, Patient-Cetnered Asthma Care Payment, Patient-Centered Oncology Payment, Patient-Centered Payment for Care of Chronic Conditions, Patient-Centered Epilepsy Care Payment, or Patient-Centered Headache Care Payment)
- [ ] **Episode-Based** (payment applied to a target population for conditions such as asthma, attention deficit and hyperactivity disorder, cancer, cholecystectomy, colonoscopy, congestive heart failure exacerbation, dental emergency department [ED] visits, esophagogastroduodenoscopy, gastrointestinal bleed, headache, lower back pain, maternity, mental illness, neonatal, osteoarthritis, otitis media, pediatric acute lower respiratory infection, perinatal ED visits, skin and soft tissue infections, SUD, upper respiratory infection, urinary tract infection, or wound care) (5)
- [ ] **Quality** (bonus payments or penalties for quality reporting or performance that align with the Agency's performance measures)
- [ ] **Foundational Payments for Infrastructure and Operations** (payments to support advancement towards value-based payment agreements, such as care coordination fees, health information technology investments, or investment in payment reform to address health-related social needs)
- [ ] Not applicable

Q6.d. Did you earn (or do you expect to earn) incentive payments from your Medicaid value-based care arrangements for the February 2025 through September 2025 time period for the SMMC 3.0 contract?

- ○ I do not know.
- ○ No, we did not receive incentive payments .
- ○ Yes, we earned incentive payments, but it is uncertain whether the investment of effort was worthwhile.
- ○ Yes, we earned enough incentive payments to motivate our organization to invest resources to succeed in VBC arrangements in 2026.
- ○ Not applicable

Q6.e. Are you receiving timely and actionable data you would like from the Medicaid managed care plan(s)?

- ○ Yes, I receive timely and actionable data
- ○ Partially, I receive some of the data I need but the data is not timely and/or does not provide enough detail to help me succeed in the VBC arrangement
- ○ No, we are not receiving data
- ○ Dislike somewhat

Please explain why you answered Q6.e. the way you did.

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Q6.f. Are you receiving other support such as training and technical assistance you would like from the Medicaid managed care plan(s)?

- ○ Yes, I receive the other support I need
- ○ Partially, I receive some support of the support I need but would like more
- ○ No, we are not receiving other support
- ○ N/A – not participating in a Medicaid VBC arrangement

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Please explain why you answered Q6.f. the way you did.

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Q7: Do you participate in value-based care programs in Medicare with CMS, Medicare Advantage, or commercial insurance plans?

- ○ Yes
- ○ No

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***Display this question:***

***If Q7: Do you participate in value-based care programs in Medicare with CMS, Medicare Advantage, or... = Yes***

Q7.a. Do these Medicare, Medicare Advantage, or commercial insurance value-based care programs focus on any of the following areas?

- ☐ Perinatal health
- ☐ Behavioral health
- ☐ Management of chronic conditions
- ☐ None of the above

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***Display this question:***

***If Q7.a. Do these Medicare, Medicare Advantage, or commercial insurance value-based care programs fo... = Perinatal health***

Please describe the **perinatal health** value-based care program.

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***Display this question:***

***If Q7.a. Do these Medicare, Medicare Advantage, or commercial insurance value-based care programs fo... = Behavioral health***

Please describe the **behavioral health** value-based care program.

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***Display this question:***

***If Q7.a. Do these Medicare, Medicare Advantage, or commercial insurance value-based care programs fo... = Management of chronic conditions***

Please describe the **chronic condition management** value-based care program.

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***Display this question:***

***If Q6. Is your organization currently contracted with one or more Medicaid managed care plans in a v... = No***

Q7.b. If you were to participate in a Medicaid managed care value-based care program for the first time, what types of training, data, contracting guidance, and/or other support would you like to receive from the Medicaid managed care plan(s)? *(select all that apply)*

- ☐ Introduction to the principles of value-based care
- ☐ Change management
- ☐ Clinical quality improvement
- ☐ Building a workforce capable of succeeding in VBC
- ☐ Collaborating across the continuum of care
- ☐ Integration of behavioral health services with primary care
- ☐ Performance monitoring for quality measures
- ☐ Data sharing and interoperability
- ☐ Patient assignment and managing an assigned patient panel
- ☐ Other (please specify)

Q8. Please share any feedback you have about Florida Medicaid's current value-based payment approaches and options for providers.

Q9. Is there anything you would like to tell us about Medicaid value-based care that we haven't asked?

End of Survey