



Hosted by the Digital Medicine Society (DiMe) and the American Telemedicine Association (ATA), IMPACT is a pre-competitive collaboration of leading digital health companies, investors, payers, and consultants dedicated to supporting virtual first care (V1C) organizations and their commitment to patient-centric care.

Language matters. Terms used throughout this resource are defined in the [Glossary of Terms](#).

HOW TO USE THE GUIDE TO PAYER-V1C CONTRACTING

This document is organized by the two key parts of a contract:

1. The [Contract Body](#) lists sections routinely included in every contract. Some sections of the body adhere to standard approaches, while others should include language unique to V1C services.
2. The [Contract Exhibits](#) may or may not be applicable to a particular V1C solution, and therefore will be mixed and matched as applicable to a specific relationship. Readers should discern this for themselves.

Note that sections are presented in a logical order, but may be reordered as appropriate for a given agreement. This document should not be considered legal advice. You should seek appropriate counsel for your own situation.

As each section is discussed, contracting practices are denoted as ‘ideal,’ ‘acceptable,’ and ‘to avoid’ providing end users of these agreements with a spectrum of opportunities and practices to avoid. In specific instances, example text is included as a model for you to consider as you are crafting your own agreements.

Another feature of specific sections that have unique V1C considerations is discussion of Phase 1 and Phase 2 of a collaboration. Recognizing that many new V1C-payer relationships seek to balance risk, the partnership may start small with a goal of generating V1C service data in a given payer population before scaling more broadly.

- Phase 1 recommendations are intended to serve as critical aspects of an agreement that must be in place as the relationship gets started. Phase 1 is usually bound by a specific time period or number of members, and when that bound is reached, both parties can evaluate financial and clinical performance to inform the next phase.
- Phase 2 contemplates a larger, scaled engagement where additional measures and considerations in the contract may be appropriate and adjustments based on value created in Phase 1 may be appropriate. Where differentiation between

what might be needed at the outset differs from an agreement to support a fully scaled solution we have noted that.

On the whole, the suggestions included in each phase are recommended but not required — ultimately, what’s right for the relationship will be decided on a case-by-case basis.

Finally, some sections include sample language that refers to a specific point made in that section to model for readers how that section may be crafted in their agreements. Ultimately, this is meant to be a suggestion for consideration, and is not intended as legal advice, or as appropriate for your specific situation.

Throughout this document, providers of V1C are referred to as V1C services. This includes the management groups of V1C companies that are sometimes performing on behalf of themselves and affiliates that comprise their organization (such as one or several medical practices). As discussed above, other V1Cs may be providing services under protocols that do not require a professional corporation (PC) for the applicable healthcare professionals.

Individuals who may be eligible for and receive V1C are referenced two ways in this document. A member or plan member refers to an individual who has healthcare coverage through a payer. A participant or V1C participant refers to an individual who has signed up for a V1C service. Members of a health plan who sign up for V1C services are both members and participants — we’ve tried to use the appropriate language for the setting the individual finds them in throughout (e.g. when outreach is being conducted to invite someone to a V1C service, the outreach is to a plan member; reporting on individuals enrolled in a V1C service is on participants).

Finally, terms that are italicized throughout the document are fully defined in the [Glossary of Terms](#).

QUICK LINKS: [GUIDE TO PAYER - VIRTUAL FIRST CARE \(V1C\) CONTRACTING](#)

Overview

[Payer-V1C Contract Fundamentals](#)

[How To Use The Guide to Payer-V1C Contracting](#)

[Glossary of Terms](#)

Contract Body

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- [Business Associate Agreement](#)
- [Publicity](#)
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Contract Exhibits

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