



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](#).

PAYER-V1C CONTRACT FUNDAMENTALS

Foundational to this guide is the definition of V1C solution providers as healthcare providers (HCPs). Just because a V1C provider uses software to support care delivery does not make the V1C solution a vendor with a software as services model. V1C solutions are complete solutions that support a person to take all of the necessary steps in their health journey.

Specifically, V1C organizations deliver:

- “Health care” as defined in [federal regulations](#)
- Care as a “provider” as defined in federal law, including either:
 - [a provider of medical or health services](#); or
 - any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

V1C solutions are therefore Health Insurance Portability and Accountability Act (HIPAA)-covered entities, with additional implications:

- V1C solution’s own data: as between a payer and any provider, information collected by a V1C solution from individuals who receive care from them as a provider is owned by the V1C and not a payer.
- V1Cs have the same obligations toward their patients as brick-and-mortar providers do.

Throughout this toolkit, you will see references to payers. We define a payer as the person, organization, or entity that sets service rates, collects payment, processes claims, and pays claims associated with healthcare services administered by a provider. Payers include health plans who may represent their own populations or those populations of self-insured employers, as well as government-funded healthcare programs like Medicare and Medicaid.

Depending on the services provided, and the state(s) in which it operates, a V1C organization may follow a number of different organizational models, including separating duties between a professional corporation (PC) that provides health care services to patients, and a Management Services Organization (MSO) that provides

support services to the PC. If the V1C entity follows this type of structure, contracts with payers should avoid terms that interfere with the V1C company sharing responsibilities between the entities that make up their offering.

If V1C service has a structure that includes a PC and a MSO, the provider contract is typically between the PC and the payer.

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](#)

- [Termination Rights](#)
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