



Practice Assessment Data Request Form

The HCCI Practice Assessment is a collaborative, structured evaluation designed to support the growth and sustainability of your home-based primary care practice. It includes a comprehensive review of key operational areas such as clinical quality, financial health, human resources, legal compliance, and workflow efficiency. Through data collection, documentation review, and facilitated discussions, practices receive tailored feedback, actionable recommendations, and access to resources that promote long-term success and alignment with value-based care models.

The first step in the assessment process is to provide HCCI with supporting documentation or narrative description of each of the following items to assist the evaluators in understanding your practice's clinical model and standards of care. HCCI recognizes that there is no standard house call program, and each practice may have a unique model of care. Therefore, each practice may or may not have the materials requested.

SECTION 1

Instructions: Please complete each field below to the best of your ability. If a question is not applicable to your practice or if the information is currently unavailable, kindly indicate this with a brief explanation. Partial responses are acceptable, and any information you are able to provide will be valuable in supporting the assessment process.

Practice Name:

Year practice was established:

Current active patient census for HBPC:

- Less than 200 patients
- 800-1,200 patients
- 200-400 patients
- Over 1,200 patients
- 400-800 patients
- Don't know / prefer not to answer

Active palliative care patient census (if applicable):

Service area (e.g., counties):

Services provided by practice (select all that apply):

- Chronic Care Management
- Remote Patient Monitoring
- Advance Care Planning
- Longitudinal Care
- Mental Health
- Wound Care
- Telehealth
- Hospital at Home
- Transitional Care Management
- Specialty Care, Specify:
- Annual Wellness Visits
- Palliative / Hospice Care
- Trach tube Replacement
- G-tube Replacement
- Joint Injections
- Phlebotomy
- Immunizations
- Other Services, Specify:

Payer Mix (check all that apply):

- Fee-for-Service (FFS) Reimbursement Structure
- Value-Based Contracts (e.g., Alternative Payment Model Participation, PMPM Contracts)
- ACO-Affiliated Practice
- Self-Pay, including concierge and private pay
- Other, Specify:

Does your practice participate in any Alternative Payment Model(s) (e.g., Independence at Home, CPC+, Primary Care First, Direct Contracting, PCF-Seriously Ill Population, etc.)?

- Yes
- No

If yes, please specify:

If no, are you planning to apply in the future?

- Yes
- No

Staff full-time equivalent (FTE) breakdown (enter up to two decimals, e.g., 1.25 or 0.5 for each role):

Physician(s)

Nurse Practitioner(s)

Physician Assistant(s)

Pharmacist(s)

Psychologist(s)

Social Worker(s)

RN(s)

LPN(s)

Medical Assistant(s); office-based only

Medical Assistant(s); travel with provider

Practice Manager(s)

Non-clinical front office staff (e.g., Receptionist)

Coder(s) / Biller(s)

Other (specify)

Hiring status and open positions (if applicable):

Productivity Standards or wRVU goals as defined by the practice:

Performance and quality metrics measured by the practice:

Clinical Standards of Care (e.g., risk stratification methodology used etc.):

Average HCC Score for patient population served:

No-show rate (if known):

Average wait time for new patient visit:

Average wait time for TCM visit:

Technology and communication systems used (e.g. EMR, secure messaging, encryption type used, devices used by providers, third-party telehealth, patient portal, or revenue cycle management systems):

Physician vs. APP collaboration (e.g., visit roles, reviews, panel assignments):

Community resource partners (e.g., Meals on Wheels, fall prevention, adult day care, etc.):

Specialist connections (e.g., behavioral health, wound care, PT):

SECTION 2

Please complete the table below and provide supporting documents.

For each supporting document listed in the table:

- Mark the appropriate column with an “X” to indicate if it is available, not available, or not applicable to your practice.
- Attach available documents and email to Raabiah Ali, Program Manager, at rali@hccinstitute.org. Be sure to de-identify any PHI.
- For any items marked as “Not Available” or “Not Applicable”, briefly explain why in the space provided below the table.

We understand that some documents may not be available—simply provide what you can. Any information you share will help us better support you in the assessment.

Available	Not Available	Not Applicable	Supporting Document
Organizational Overview			
			Business Plan
			Practice Budget/Proforma
			Compliance Plan
			Risk Stratification Methodology
			MIPS Performance Scores – Last Fiscal Year
			Practice Performance Reports and/or quality metrics reports
Financial and Billing			
			Billing Analysis Reports (All CPT/HCPCS Codes – Last Fiscal Year)
			Provider Billing Reports – Last Fiscal Year
			List of Denials, Relevant A/R, collection reports – Last Fiscal Year
			Provider Compensation & Bonus Structure (de-identified)
Staffing and Human Resources			
			Job Descriptions
			Interview Guides
			Benefits Package Summary
			Employee Handbook, Contracts, or Code of Conduct
			Staff Performance Evaluations
			Onboarding Plan (30/60/90-days)
			Collaborative Agreements (de-identified)
Clinical Operations and Care Delivery			
			Policy & Procedure Manual
			Credentialing & License Renewal
			Sample IDT Meeting Agenda
			Call Volume Reports
			Open Encounter Report
			Provider Safety Manual

Available	Not Available	Not Applicable	Supporting Document
Patient Services and Resources			
			Patient/Caregiver Satisfaction Results
			New Patient Forms
			New Patient Welcome Packet / Caregiver Materials
			Patient/Caregiver Community Resource Handout
			Patient Financial Assistance / Hardship Policy
Service Area and Scheduling			
			Service Area Map
			Territory Map & Schedule Guides (Provider-specific)
			Intake/Geographic scheduling
			Appointment Confirmation / Pre-Visit Checklist
Clinical and Administrative Workflows & Protocols			
			Patient Identification Process
			Patient Referral Process
			Triage & Back Office Processes (Including Clinical Triage)
			Order Placement / DME Protocol
			Medication Reconciliation & Refill Process
			Acute Visit Request Protocol
			After Hours / On-Call Schedule Protocol
Marketing and Outreach			
			Practice Brochures, Marketing collateral, Flyers, etc.

For all items denoted as “**Not Available**”, please provide a brief explanation below:

For all items denoted as “**Not Applicable**”, please provide a brief explanation below: