



Affiliate Guide to Health-Care Resource Contracting



Department of Veterans Affairs
Veterans Health Administration
Procurement & Logistics Office
Medical Sharing/Affiliate Office

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Mission

VA health care facilities provide a broad spectrum of medical, surgical, and rehabilitative care.

Contracting for health care resources, also known as “medical sharing,” enables the VA to provide specialized quality health care economically and efficiently to eligible Veterans.

This guide provides educational institutions affiliated with the Department of Veterans Affairs (VA) and health care providers the information needed to understand the laws, regulations, operations and processes involved in health care acquisitions that involve graduate medical or dental educational training. The VA conducts an education and training program for health profession trainees to enhance the quality of care provided to Veteran patients within the Veterans Health Administration (VHA) system. In accordance with this statutory mission, "To educate for VA and for the Nation", education and training efforts are accomplished through coordinated programs and activities in partnership with affiliated U.S. academic institutions.

VA Celebrates Over 70 Years of Partnering with Medical Schools

Caring for the nation's Veterans is a shared honor and a shared responsibility. The Department of Veterans Affairs (VA) celebrated its 70th anniversary of its partnership with the nation’s medical and health professional schools in 2016.

*“To Educate for the
VA and the Nation”*

Since 1946, VA has worked with academic institutions to provide high quality, state-of-the-art health care to America's Veterans and to train new health professionals to meet the rapidly evolving health care needs within VA and the nation. Following the allied victory at the end of World War II, VA faced the imminent arrival of over 100,000 new patients and was confronted with a severe lack of resources as it had only 98 mostly rural hospitals offering fewer than 84,000 beds and 1,000 physicians.

To meet this challenge, VA created a landmark partnership with U.S. medical schools to establish a dynamic, talented workforce of students, physician residents, and faculty who provide world class care to Veterans while providing training to generations of future physicians that has evolved to include more than forty health care professions over the decades.

"Through this historic collaboration, VA has become the largest single provider of medical training in the country, where more than 40,000 residents and 20,000 medical students receive clinical training each year," said Darrell G. Kirch, former President and CEO of the Association of American Medical Colleges.

Today, VA conducts the largest education and training programs for health professionals in the United States. VA has affiliations with more than 1,800 educational institutions; more than 70 percent of all doctors in the U.S. have received training in the VA healthcare system. VA invests \$2 billion annually to provide clinical education and training programs to more than 120,000 interns, residents, fellows and students in more than 40 clinical health professions. Among them are over 11,000 graduate medical education (GME) positions training more than 40,000 physicians in training annually.

VHA Medical Sharing/ Affiliate Office (MSO)

MSO MISSION

The Medical Sharing/Affiliate Office (MSO) is dedicated to facilitating Veteran-Centric Care through safe and cost-effective health care resource sharing agreements and contracts with our affiliate partners and community care providers. Our goal is to continually improve the quality and timely processing of procurements through on-going staff training, effective quality oversight programs, and policy development and quality improvement plan implementation. Our vision is to strengthen partnerships with stakeholders understanding and exercising VA sharing authority under Title 38 U.S.C. §8151-8153.

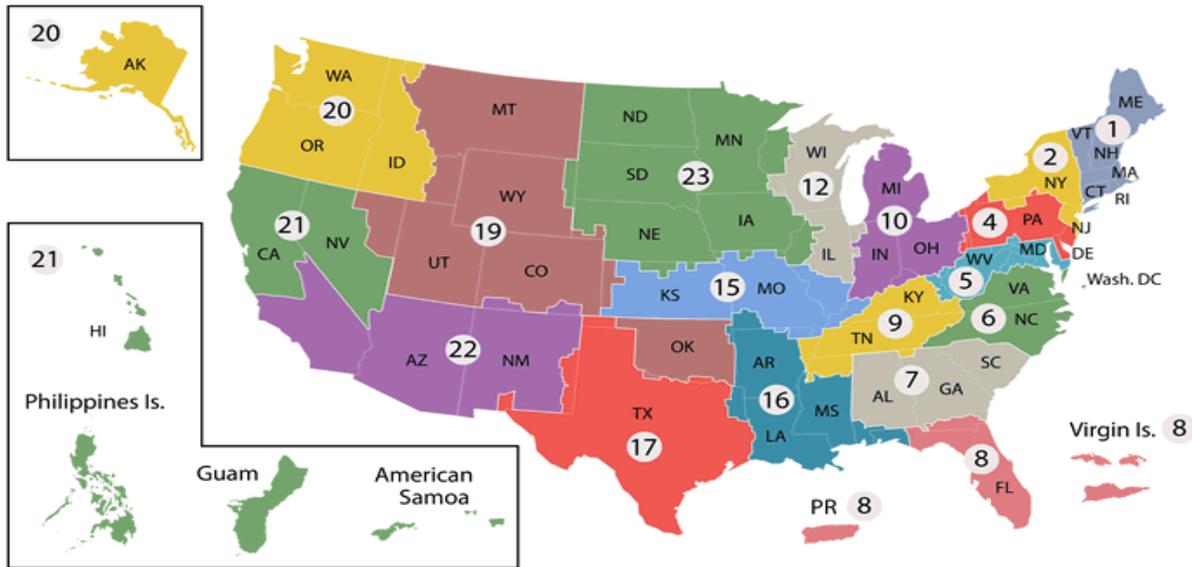
MSO is a VHA Central Office program responsible for providing acquisition policy, curriculum, training, technical reviews and negotiation and pricing assistance when buying, sharing or exchanging health-care resources (HCR) that cite Title 38 U.S.C. §8153. Some of MSO's responsibilities include:

- Conducting oversight on all HCR contracts pursuant to Title 38 U.S.C. § 8153 as defined in VA Directive 1663 and educational cost contracts under VHA Directive 1400.10;
- Providing technical guidance and support to VA for legal/technical reviews for proposed HCR contracts as defined by VA Directive 1663;
- Processing clinical reviews through Patient Care Services (PCS), Primary Care (PC), Specialty Care Services (SCS), National Surgery Office (NSO) and legal reviews through Office of General Counsel (OGC);
- Facilitating negotiations for sole source affiliate contracts (SSAC)s; including the consideration of sole source leasing authority under 38 U.S.C. § 8153 for mutual use of affiliate space and resources for research and clinical care;
- Developing and deploying acquisition training for all stakeholders involved with buying, selling and exchange of HCR pursuant to Title 38 U.S.C. § 8153;
- Preparing the annual Congressional Report on preceding fiscal year activities; to include recommendations for improvement / effective administration of activities;
- Processing all selling and exchange agreements under [VHA Directive 1660.01](#) (Selling) and [VHA Handbook 1101.03](#) (Organ, Tissue and Eye Donation).

MSO currently reviews:

- All commercial sole source (including affiliate) HCR procurements that meet the dollar threshold defined in the VHA Procurement Manual (VHAPM)
- Competitive professional physician services that meet the dollar threshold defined in the VHA PM
- All of the following regardless of dollar value:
 - Radiation Oncology
 - Emergency Department Physicians
 - Transplants
 - Outpatient Sites of Care (OSC) / Community Based Outpatient Clinics (CBOC)
 - Non-HCR Sole Source Affiliate Contracts
 - Educational Cost Contracts/Healthcare Resources Contracts
 - Interim Contract Authority (ICA) Requirements
 - Selling/exchange of services





MSO Team

The MSO team is comprised of FAC-C Level III Senior Procurement Analysts and Management Analysts. The procurement analysts perform services as Price Analysts, Principal Negotiators, Technical Advisors, and Training Officers. The Management Analysts measure and analyze effectiveness of the administrative and technical areas of MSO as a national program.

Technical Advisors	<ul style="list-style-type: none"> • Conduct HCR competitive and sole source technical reviews • Coordinate multi-disciplinary HCR clinical (NSO, PC, PCS, SCS) and legal reviews (OGC)
Principal Negotiators	<ul style="list-style-type: none"> • Facilitate negotiations for sole source affiliate contracts • Coordinate Office of Inspector General (OIG) field pricing assistance (per VA Directive 1663) • Review Interim Contract Authority (ICA) requests for approval
Price Analysts	<ul style="list-style-type: none"> • Conduct price and cost analysis for HCR proposals • Analyze OIG audit findings (based on 1663 policy review threshold) • Work with negotiation team to establish negotiation objectives
Training Officers	<ul style="list-style-type: none"> • Establish strategic training plan for stakeholders • Develop and deliver HCR training across multiple platforms • Maintain training and template resources for stakeholders
Management Analysts	<ul style="list-style-type: none"> • Prepare and organize data to support responses from GAO, OIG, and House Veterans Affairs Committee • Generate mandatory Congressional Report on Sharing HCR

MSO provides HCR review and guidance for all Regional Procurement Offices (RPOs), Network Contracting Offices (NCOs), Veteran Integrated Service Networks (VISNS) and VA facilities (Medical Centers and Health-care Systems) across the nation.

Office of Academic Affiliation (OAA)



The Office of Academic Affiliation (OAA)'s mission is to oversee and improve VA's academic partnerships and educational programs. The OAA provides assistance as the education subject matter expert (SME) to the MSO for matters of educational policy. OAA acts as a SME on all contracts where sole source justification is used for acquiring health care resources in a specialty or service with an affiliate program. OAA also provides assistance as a SME on any other contract where it is necessary to evaluate potential impact on educational programs, VA staffing or affiliation effectiveness. OAA works to:

- Enhance communication with internal and external stakeholders, including affiliates
- Develop strategic alliances that benefit VA's educational programs
- Foster excellence and innovation in learning
- Orient and develop Designated Education Officers (DEO) at VA facilities
- Ensure that VA's educational programs support and enhance its clinical mission
- Increase partnerships with affiliates to foster diversity of trainees and providers at VHA facilities
- Improve recruiting and hiring of trainees to VHA facilities
- Facilitate partnerships with academic affiliates for mutual sharing of affiliate resources and space for research and clinical care
- Improve access to healthcare through the support of two pilot programs in the VA MISSION Act: The Veterans Healing Veterans Medical Access and Scholarship Program and the Pilot Program on Graduate Medical Education and Residency

The VHA conducts education and training programs to enhance the quality of care and access to care provided to Veterans within the VA health care system. Building on the long-standing, close relationships among VA and the Nation's academic institutions, VA plays a leadership role in defining the education of future health care professionals that helps meet the changing needs of the nation's health care delivery system.

In accordance with Title 38 U.S.C. § 7302 mandates that VA assist in the training of health professionals to support the needs of the VA and those of the Nation. Through its partnerships with affiliated academic institutions, VA conducts the largest education and training effort for health professionals in the Nation.

Nearly 70% of VA staff physicians have joint appointments with a school of medicine

Almost 67% of U.S. medical students & the majority of medical residents train in the VA

Over 65% of all US-trained physicians and nearly 70% of VA physicians have had VA training prior to employment

Over 50% of all US-trained psychologists and 70% of VA psychologists have had VA training prior to employment

The infographic features a background image of two men in business attire, one standing and one sitting at a computer, engaged in a discussion. The text is overlaid on the left side of the image.

Resident Education & Supervision

VA's Medical and Dental Education program provides partnerships with allopathic and osteopathic schools of medicine, as well as dental programs. All medical and dental programs are sponsored in the name of the affiliated institution and are required to be accredited. The Accreditation Council for Graduate Medical Education (ACGME) requires that the supervising attending physician staff for resident physicians be approved by the Program Director at the sponsoring institution. The Program Director at the sponsoring entity determines the assignment to teach and supervise residents.

Appointment or assignment of supervising practitioners needs to be coordinated with the Program Director, the VA Site Director, the applicable VA Service Chief, and the affiliated Department Chair, as appropriate.

The specific staff approved to supervise residents at the VA medical facility should be delineated in the Program Letter of Agreement (PLA) between the VA facility, as a "participating institution" and the sponsoring educational institution (affiliate).

The contracts must comply with applicable VHA Handbooks. VHA Handbook 1400.09 Education of Physicians and Dentists delineates policies relating to the establishment and administration of residency and student training programs in allopathic and osteopathic medicine and in dentistry in VA medical facilities. VHA Handbook 1400.01 Resident Supervision provides the procedural requirements pertaining to the supervision of physician, dentist, podiatrist, and optometrist residents and focuses on resident supervision from the educational perspective.

- ✚ Tightening of standards of surgical supervision
- ✚ Attending physical presence required in all outpatient clinics with residents
- ✚ Documentation & monitoring requirements for all clinical settings
- ✚ Standards for telemedicine & home health

VA must work closely with affiliated educational institutions to meet all applicable requirements of accrediting body; this includes specifics on work hours and resources available to trainees and appropriate supervision approved by the Program Director.

If VA clinical training fails to meet accreditation requirements, the affiliate's program may incur citations and could lose accreditation.

Reference: VHA Directive 1400.01: Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents

https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=8579

NOTE: The term "supervising practitioner" is synonymous with the term "attending" or "faculty." ACGME defines supervising "faculty" as "any individuals who have received a formal assignment to teach resident physicians."



Authority to Sole Source with Affiliated Educational Institutions

The Department of Veterans Affairs (VA) health care resources (HCR) sharing authority pursuant to Title 38 U.S.C. § 8153 pertains to the Department's authority to buy, sell and exchange HCR (hospital care and medical services). Title 38 U.S.C. §7302 defines the educational institutions that may be affiliated with the Department. If an educational institution or health care provider falls within this definition, the Department may enter into contracts on a sole source basis.

The Department of Veterans Affairs has several directives and handbooks that outline the policy and processes used for buying, selling and exchanging HCR. These include: VA Directive 1663 (Health Care Resources (HCR) Contracting- Buying Title 38 U.S.C. 8153), VHA Directive 1660.01 (Selling/Sharing of HCR), VHA Handbook 1820.01 (Sharing Use of Space- not processed by MSO), VHA Directive 1400.10 (Educational Cost Contracts) and others.

VA Directive 1663, in accordance with Title 38 U.S.C. § 8153 identifies roles and responsibilities when sole source awards to educational institutions and healthcare providers affiliated with VA are contemplated. In order to sole source, there must be an affiliation agreement in place with the VA.

If a facility contemplates competing contracts for services where the VA has an affiliation, the facility must consider all implications to VA program objectives, including the impact on training programs of all types and patient care as provided in the sole source VA Directive 1663 Approval Memorandum for Network Director and Contracting approvals.

Contracting separately for services of residents is not allowed. This prohibition extends to contracting for resident services to 'moonlight' to provide coverage outside the scope of their training programs. The only allowable payment to affiliates for residents is through disbursement agreements managed through the facility as a part of the Graduate Medical Education (GME) training program supported by the facility.

Increased Opportunities to Contract with the VA

VA Directive 1663, recertified and published on May 10, 2018, provides additional opportunities and responsibilities to affiliates. Title 38 U.S.C. § 8153 is the Department's authority to buy, sell and exchange HCR (hospital care and medical services) and to sole source with institutions affiliated as defined in §7302.

Opportunity: If an educational institution or health-care provider falls within this definition, the Department may enter into contracts on a sole source basis when services provided include duties relating to professional health residency programs or when the affiliate has the capacity to deliver HCR in a manner that represents best value to the Government. This may include the leasing of the institution's space or resources for research and clinical care by VA if the space or resources are mutually used by VA and the institution, and that the health-care resources are not otherwise feasibly available, or that use of this authority is necessary to effectively utilize certain other health-care resources.

The VA MISSION Act of 2018 (Public Law 115-182, June 6, 2018) provided for Veterans to access healthcare in the community (Community Care). Affiliates may elect to become a Community Care provider for hospital care, medical services, and extended care services (services must not include participation of residents paid by VA funds) and payment rates for Community Care, with certain exceptions, are no more than Medicare rates.

Streamlined Health-Care Contract Processes

The Medical Sharing Affiliate Office has made great strides in streamlining the sole source process, culminating in the recertification of VA Directive 1663 (which implements the VA's authority to sole source with affiliated institutions). While VHA contracting has made these improvements to the contract process, affiliates also have a responsibility to ensure the full potential of these changes are realized.



VHA Internal Process Improvements:

- **Planning Changes:** Planning approvals have been cut in half. Procurement packages are routed to a reduced number for reviewing and approving officials.
- **Contracting Changes:** New goals for the overall Procurement Acquisition Lead Time (PALT) for Sole Source Affiliate Contracts (SSAC)s have been established. Awards are expected at:
 - ✓ <\$500K - 117 days;
 - ✓ >\$500K - <\$1M 172 days;
 - ✓ >\$1M - <\$50M 200 days;
 - ✓ >\$50M - 207 days
- **Proposal Changes:** If there are other costs that the VA negotiation team questions in determining fair and reasonable price, affiliates will be required to submit additional source documents for those elements as part of the negotiation process.
- **Process Changes:** VA Office of Inspector General (OIG) assistance is requested to facilitate continued movement in validating proposal costs. Contracting officers must submit contracts valued at \$400,000 annually or greater to the OIG per VA Directive 1663. To provide pricing verification assistance, the OIG shall review supporting documents, accounting records, and any other pertinent data (to include interviewing representatives) to validate proposed elements.

Affiliate Expectations:

- ✓ Respond to solicitation within 30 days.
- ✓ Propose allocable and allowable contract costs with supporting data on summary sheet with corresponding source documentation.
- ✓ Provide documentation for any questioned costs in a timely fashion (within 3-5 business days)
- ✓ Ensure timely scheduling of negotiations with VA team with the goal to conclude negotiations within 30 days.

Conflict of Interest (COI)

Conflict of interest requirements cannot be waived. The Contracting Officer must ensure all Conflicts of Interest issues are resolved before members can participate on an Acquisition Team in accordance with applicable law, regulations and policy.

Statutory Definition of Conflict of Interest Provisions - Provisions in the United States criminal code prohibits an employee from participating in the procurement of a health care resource if the employee has certain relationships with the non-VA parties (including affiliates) involved in the procurement.

VHA Policy on Conflict of Interest - VHA Directive 1660.03 - Conflict of Interest for the Aspects of Contracting for Sharing of Health-Care Resources (HCR) (to be published), provides definitive guidance on how the criminal code provisions limit VA employees' activities with respect to sharing contracts, and delineates situations where facilities must seek guidance from OGC or from ethics staff.

In accordance with VHA Directive 1660.03, the Medical Center Director must ensure all facility VA employees who could be involved in any procurement processes (i.e. development of PWS, participation on the evaluation panel) receive a copy of VHA Directive 1660.03 and sign an acknowledgement form required by the directive. The acknowledgement form is placed in the contract folder.

VA Employees providing services under contracts – The United States criminal code prohibits the supplementation of an employee's salary for duties the employee performs as a Federal employee. It is a general rule that part-time VA physicians should not provide the same services under contract for which they receive VA pay. However, under special circumstance a waiver may be approved by the Medical Center Director in consultation with the Office of General Counsel (OGC) Ethics team or OGC local region.

Organizational Conflict of Interest Prohibition on Contract Employees - In addition to the restrictions placed on employees by the criminal code and VHA Directive 1660.03, Part 9.5 of the Federal Acquisition Regulation provides information about situations that could potentially create organizational conflict of interest. The Contracting Officer shall consult with OGC Ethics team or OGC local region if medical care professionals employed by the Affiliated Institution are involved in the acquisition process to ensure that any organizational conflicts of interest are dealt with properly.



Keys to COI

Collaboration among VA Facilities – In instances where conflict of interest prevents participation of key clinical personnel on an acquisition team for a particular medical facility contract, the medical center Chief of Staff or VISN leadership shall assist in identifying clinical personnel at another VA medical facility or representation from clinical national program directors who can serve on the acquisition team.

Individual Certification regarding Conflict of Interest – The CO shall require each member of the acquisition team or the IPT to sign a disclosure statement certifying that the member has no financial relationships with the affiliated educational institution or, if the member has a financial or other relationship with the affiliated educational institution, such person has disclosed the relationship to the OGC Ethics team or to OGC region and obtained the advice that the relationship does not preclude participation on the acquisition team.

NOTE: Having an unpaid faculty appointment with the affiliated institution does not, in and of itself, preclude participation on an acquisition team. The contracting officer should advise each member of the acquisition team to review VHA Directive 1660.03 (to be published). Questions about conflict of interest should be referred to the OGC Ethics team or to OGC region.

Conflict of Interest Tips

- ✚ Identify VA staff members that have faculty appointments (paid and unpaid).
- ✚ Identify any other affiliate staff with relationships to VA staff that may be or become involved in the procurement.
- ✚ Communicate with contracting officer and list VA staff with faculty appointments and other relationships with the VA that may impact the procurement.
- ✚ Sign and return Organizational Conflict of Interest Memo in response to VAAR Provision 852.209-70 affirming no conflicts exist or outline the known conflicts that have been identified. Return memo with other proposal documentation.
- ✚ While procurement is in process, refrain from communication with VA facility leadership/staff about procurement- direct all communication to contracting officer.



References:

Authority: Title 18 U.S.C. Section 208(a), and Title 5 Code of Federal Regulations (CFR) Section 2635.402.

VHA Directive 1660.03- Conflict of Interest for the Aspects of Contracting for Sharing of Health-Care Resources (HCR).

VAAR Provision 852.209-70 Organizational Conflict of Interest

The VA Contracting Process

Acquisition Planning and Establishment of Planning Teams

Acquisition planning is the key to a successful HCR commercial contract. The VA is responsible for forming an acquisition team or Integrated Product Team (IPT) in a timely manner to discuss the VA requirements and identify any potential opportunities to engage and exchange information with industry/affiliate prior to initiating the procurement process. The purpose of exchanging information is to improve the affiliate’s understanding of VA requirements and VA understanding of industry/affiliate capabilities.

The CO shall facilitate these meetings and be the focal point of any exchange of information during the planning phase. At no time will VA staff participate in meetings with the affiliate about the procurement in which the CO is not present.

Membership of Acquisition Planning Teams – all members will be vetted for conflict of interest.

A multi-disciplinary team approach will be used that must include clinical subject matter experts with sufficient knowledge of the operation of the facility and the requesting service to ensure services to Veterans will not be compromised and that the resource to acquire HCR commercial services is consistent with the overall mission of the facility.

In addition to a CO and the designated COR, team members may include but are not limited to Finance, Office of Community Care (OCC); such as, Business Manager, Fee Manager, Medical Care Collection Fund (MCCF) Manager, Health Information Management System (HIMS) Manager, Coding Manager, Quality Assurance, or staff involved in utilization review, as appropriate.

Members of the Planning Team may be recommended by the VISN Network or Medical Center Director, the VISN CMO or the Medical Center Chief of Staff (COS), and final membership acceptance shall be determined by the contracting officer.

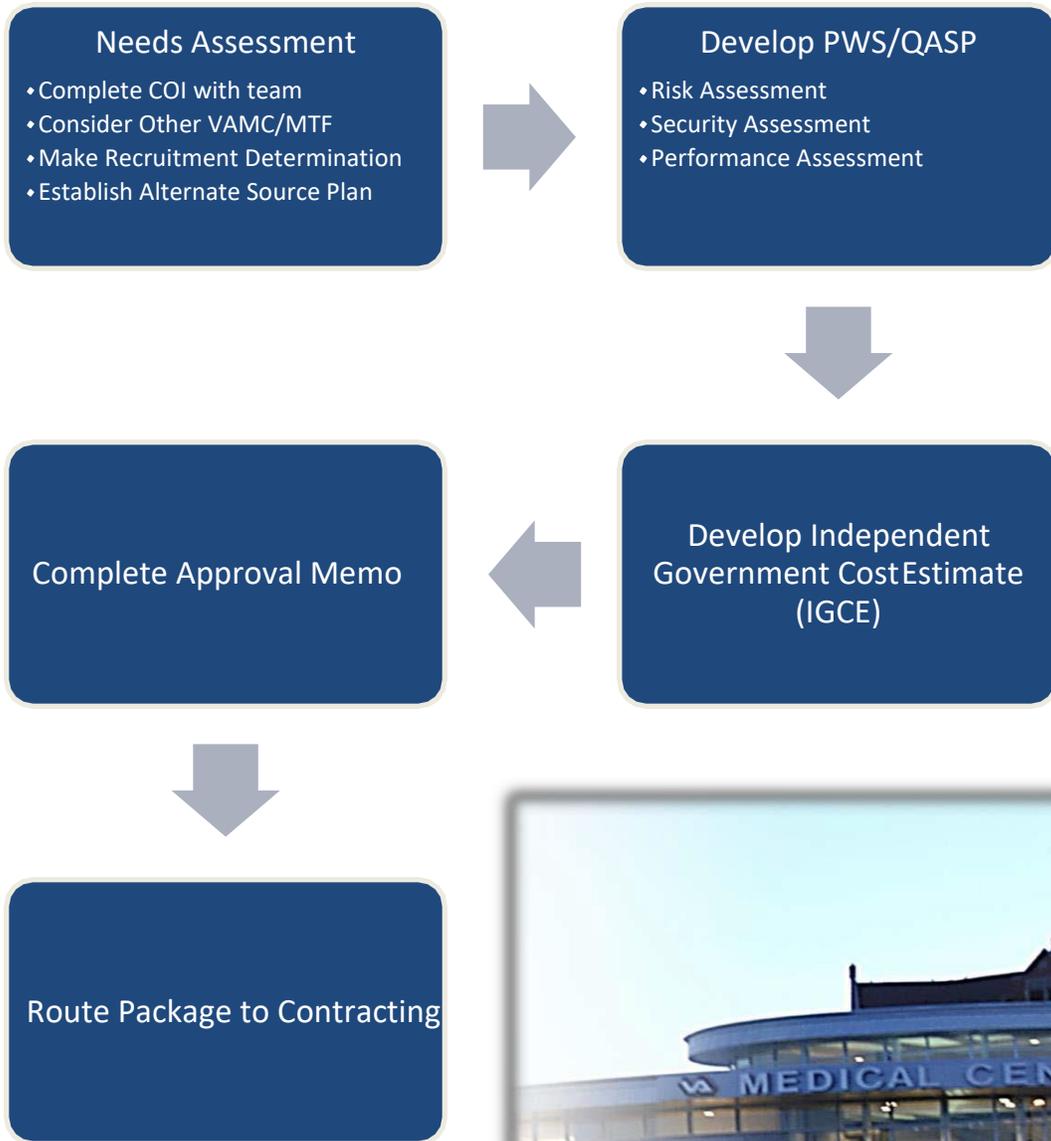
Depending on dollar value of the procurement, an IPT may be required and will be established in accordance with all applicable acquisition policies and guidance.

Acquisition Planning Process

What happens once the VA acquisition planning team gets together? The following flow chart outlines the steps the acquisition planning team takes in preparing the procurement package. The first step is determining the Government’s need through a workload analysis and reviewing the required steps to meeting that need in accordance with VA Directive 1663.

An Integrated Product Team (IPT) is a formal acquisition planning team

Steps in Acquisition Planning

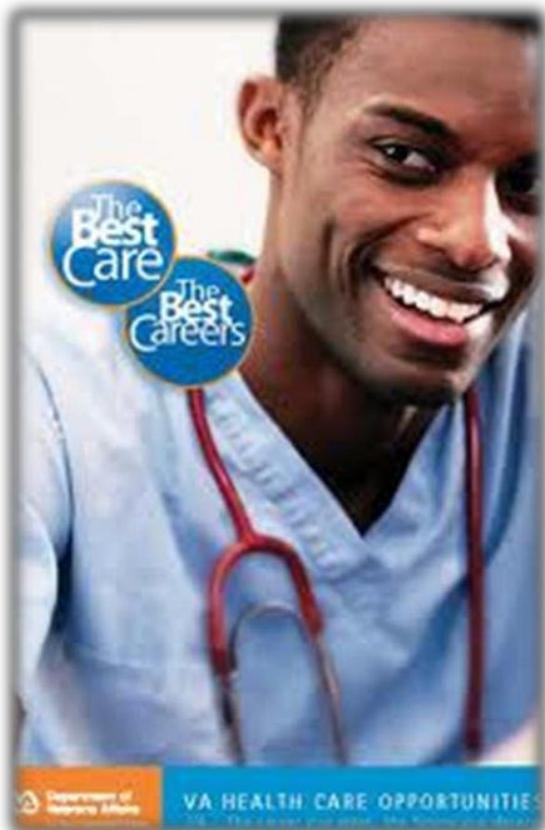


Needs Assessment

The Government must conduct a needs assessment (workload analysis) to determine the bona fide need of the facility. The needs assessment is conducted independently by Government personnel. Facilities must follow the required process that outlines the solutions that must be considered before deciding to contract for services.

Needs Assessment

- Other VAMC/MTF
- Recruitment Determination
- Alternate Source Plan



Recruitment Requirements

The VA must consider recruitment options before contracting for HCR commercial services as it is the priority to hire for identified clinical requirements. Ideally, joint recruitment efforts are a goal of the VA facility and its affiliate. The Office of Academic Affiliations (OAA) recommends the following strategies:

- Without compensation (WOC) physician from affiliate or Department of Defense
- Exchange of physician services between VA and affiliate (no cost, within specialty)
- Joint VA-affiliate hire (new or existing)
- New VA hire who obtains academic appointment at affiliate
- Affiliate faculty with VA appointment caring for Veterans at a VA space located at the affiliate under a “mutual use” sole source lease agreement
- Consideration of another type of practitioner to deliver clinical services (physician extender, pharmacist, etc.)
- Patriotism; support of military
- Increased loyalty & accountability to VA
- VA facility budget/FTEE considerations

Benefits of VA physician as employee

- Leadership opportunities & experience
- Research funding opportunities
- Unique patient population at VA
- Opportunities to have regional or national impact in clinical specialty
- Greater understanding of the VA system and its policies
- Participation in innovative, inter-professional models of care

Benefits of Shared VA-Affiliate faculty

- Expanded patient population in specialty
- VA research opportunities (must be 5/8th VA paid)
- Enhanced job security for VA physicians
- Enhanced ability of VA & affiliate to recruit with shared faculty in place
- Joint recruitment strengthens affiliation relationships
- Intangible benefits to VA & affiliate in terms of academic model, shared faculty and ‘cross fertilization’ (sharing ‘notable practices’ from both partners)

Performance Work Statement (PWS)

Develop PWS/QASP
Risk Assessment
Security Assessment
Performance Assessment

After determining the need for health-care services, the next step in developing a procurement is defining the requirement. This is accomplished by preparing a Performance Work Statement (PWS).

Medical Centers are required to use standardized templates for developing the Performance Work Statements and corresponding Quality Assurance Surveillance Plans. These templates contain mandatory standards of care to ensure appropriate care and oversight are maintained. Examples of standards include but are not limited to, pricing methodologies, credentialing and privileging requirements of [VHA Handbook 1100.19](#), and participation of Attending Physicians in procedures and examinations to qualify for payment. A reference to Title 42 Code of Federal Regulations (CFR) 415.170, as a condition of payment, must be included in all per-procedure HCR contracts.

If the services provided include resident supervision, the PWS must require compliance by contracted employees with [VHA Handbook 1400.01](#). This handbook pertains to standards of resident supervision from the standpoint of quality care, patient safety, resident education, and residency program accreditation standards. Contracted commercial HCR services, including those on a per-procedure basis, are expected to meet VHA standards of resident supervision in terms of the qualifications of the contract physician to supervise residents and of the supervising physician's physical presence in clinical settings and procedural involvement, including pre-operative evaluation and post-operative care as specified in the policy.

NOTE: Provision of healthcare services by physician, dental, podiatry, or optometry residents or by other health professions trainees may not be included in commercial HCR contracts. Only Office of Academic Affiliation funds may be used to pay healthcare trainee salaries.

All HCR commercial contracts awarded by the VA must contain appropriate information and security language from VA Handbook 6500.6.

http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=471&FType=2



Quality Assurance Surveillance Plan (QASP)

In addition to the standardized PWS, standardized QASPs are available through MSO. All care provided under a commercial HCR contract must meet VA quality standards of care, whether the care is provided in a VA facility or in the affiliated educational institution's facility.

The COS or CMO at the VA facility or Network level is responsible for ensuring that the appropriate quality assurance standards data methods are in place, collection is performed, and the performance of medical care under a commercial HCR contract is monitored. The PWS and the QASP are developed independently by Government personnel.

If performance of commercial HCR services will be delivered at the affiliate's facility, documentation of the Affiliate's quality records for staff, equipment and facility shall be part of the contract requirement and must meet or exceed VHA standards of care.

Items identified on the QASP usually are the result of (1) the Government's risk assessment performed while developing the PWS (past performance risks/quality/privacy/cost risk) and (2) VHA standards identified in the PWS that are selected for additional monitoring by the Government.

Common measures selected for monitoring may include, but are not limited to, the following:

Measures
NOTE: Specific quality of care measures are expected to meet or exceed levels of care for the standards set by the American College/Association/Academy of Physicians for that specialty and The Joint Commission or equivalent standards. Quality of care is typically monitored by peer review process.
1 - Qualifications of Key Personnel All contract physician(s) shall have current licensing and other credentials (board certification/board eligibility) in accordance with PWS requirements.
2 - Scope of Practice/Privileging Contract physician(s) perform within their individual scopes of practice/privileging
3- Patient Access Contract physician(s) shall be available and in location as needed to perform tasks as specified.
4 -Patient Safety Patient safety incidents shall be reported using Patient Safety Report. All incidents reported immediately (within 24 hours).
5 - Maintains licensing, registration, and certification Updated Licensing, registration and certification shall be provided as they are renewed. Licensing and registration information kept current.
6 - Mandatory Training Affiliate shall complete all required training per VAMC policy
7 - Privacy, Confidentiality and HIPAA Affiliate is aware of all laws, regulations, policies and procedures relating to privacy, confidentiality and HIPAA and complies with all standards.

Independent Government Cost Estimate (IGCE)

Members of the planning team will prepare an IGCE based on the needs assessment (which drives quantity of services) and market research/historical data (drives estimate of price per unit). This estimate is prepared independently, and affiliates cannot contribute to or be informed of the content of the IGCE (or any other document that is determined to be procurement sensitive).

Once the estimate is complete, the acquisition planning team will finalize the acquisition package and route for approvals. After the package is approved, it is submitted to the local contracting office.

Review Process

VA commercial HCR procurements are reviewed through a thorough and coordinated process required by VA Directive 1663 and VHA Procurement Manual (VHA PM) requirements. Once the acquisition planning team (or IPT) completes the acquisition package and this package is reviewed and approved by the required healthcare executives, it proceeds to contracting. There are several stages of review during the healthcare acquisition cycle that begins at the local network contracting office (NCO) level and processed to and through MSO.

Planning Reviews

The local NCO (depending on the value of services to be contracted) will review the acquisition plan for the procurement. In some cases, a SF 2268 is prepared. The purpose of this document is to track the agencies efforts in meeting socio-economic goals, especially in contracting with Service Disabled Veteran Owned Small Business (SDVOSB) and Veteran Owned Small Businesses (VOSB). After local planning reviews are completed, the contracting officer drafts the solicitation.

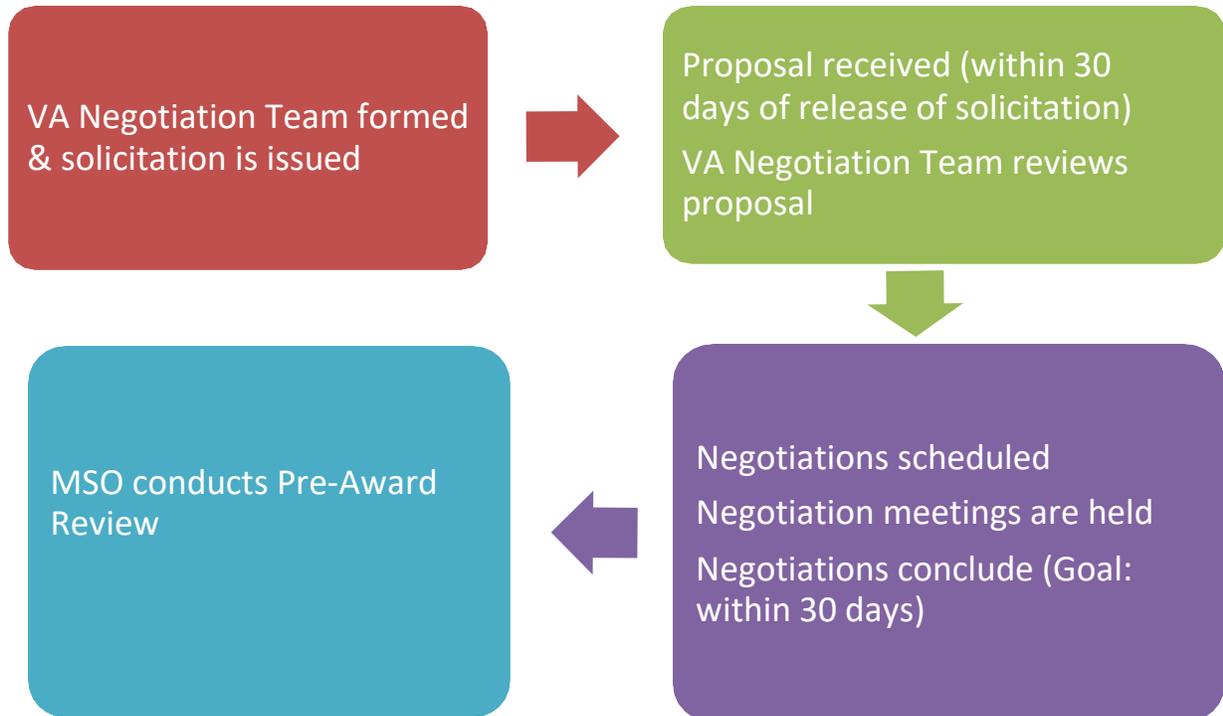
(1) Pre-Solicitation Reviews: The focus of this stage of review is to ensure technical, quality and legal sufficiency of the solicitation prior to its release. Once a solicitation meets local quality review requirements, depending on the dollar threshold of the acquisition, the solicitation package is sent to MSO for acquisition technical review and policy compliance. These reviews include OGC (for legal sufficiency), PC, PCS, SCS or NSO (for clinical quality and safety) and can include the Office of Academic Affiliations (for educational cost contracts). For procurements valued at certain dollar thresholds, a contract review board (CRB) is convened. All recommendations from clinical, legal and technical reviews must be implemented before the solicitation is released.

Reviews: Pre-Solicitation



Negotiation

(2) **Sole Source Negotiation Process:** Pre- Negotiation for sole source affiliate contract(s) is a part of the MSO Negotiation Process. The Negotiation Process is facilitated by the MSO principal negotiator and MSO price analyst along with the local contracting officer.

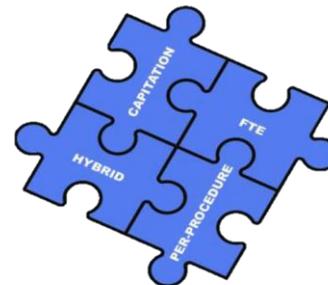


Pricing Methodologies

HCR commercial contracts must comply with all applicable laws and regulations.

VA has identified acceptable reimbursement methodologies for specific types of professional HCR:

1. FTE/Fixed Hourly Rate Contracts Performed at VA Facilities
2. On-Site Per-Procedure – Services performed on-site at VA Facilities
3. Off-site Per-procedure - Services performed at non-VA Facilities
4. On call, weekend, and holiday coverage
5. Contracts with Mixed Pricing Methodologies



Special circumstances (such as limited availability of medical specialists) may require concurrent on-call duty (where a physician provides call for the VA and the affiliate at the same time), and in this situation, the Medical Center Director must approve inclusion of payment for concurrent on-call duty under the contract and the Clinical Service Chief or Medical Center COS must certify that concurrent on-call will not adversely impact patient care.

Affiliate educational institution contracts are sole source. Information supporting proposed rates (called “Other than Certified Cost and Pricing Data”) is requested. FTE/fixed hourly rates for sole source affiliate HCR commercial contracts will be to reimburse allowable, allocable and reasonable direct expenses associated with the HCR contract. Administrative costs that are reasonably related to the HCR commercial services provided to the VA may also be included in determining contract rates with supporting documentation demonstrating the allocability.

The preferred method of determining pricing for commercial HCR services provided by affiliates, that are performed off-site at the affiliate, is by establishing a fixed-rate, per- procedure contract based on a percentage of Current Procedural Terminology (CPT) or Diagnostic Related Group (DRG) rates established by Centers for Medicare and Medicaid (CMS). Payment to the affiliate must be based on actual procedures performed. This percentage is adjusted (removal of practice expense component) if the commercial HCR services are delivered on site at the VA. Multiple procedure discounts and other CMS pricing procedures cited in the procurement apply.

NOTE: To calculate the “hourly rate” for each physician, the VA will total the proposed compensation elements and all direct cost components and then divide the annual amount by the total number of annual hours the physician is required to work. Total annual hours include hours served on-call for the affiliate (unless separately paid). All documentation needed to establish actual hours physicians work for their compensation packages is required.

Proposal Documentation: Price and Technical Instructions

The instructions to offeror(s) provide the direction on what the offeror (affiliate or health care provider) is required to submit. The following list is a sample of typical documentation requirements:

1. Signed SF 1449
2. Completed price schedule for all CLINS
3. Signed Conflict of Interest Memo from Section D- Contract Documents, Exhibits, or Attachments
4. Signed Immigration Certification from Section D- Contract Documents, Exhibits, or Attachments
5. Signed Quality Assurance Surveillance Plan (QASP) from Section D- Contract Documents, Exhibits, or Attachments
6. Signed Contractor Rules of Behavior from Section D – Contract Documents, Exhibits, or Attachments
7. Contingency Plan for emergency substitutions if key personnel are not available
8. Copies of all Key Personnel malpractice and medical liability insurance certificates
9. Copy of VETS 4212 Report
10. Listing of Key Personnel in the schedule with required qualification information for each:
 - a. Copy of Curriculum Vitae (CV)
 - b. Copies of Advance Cardiac Life Support/Basic Life Support (ACLS/BLS) Certifications
 - c. Board Certification (or documentation demonstrating board eligibility)
 - d. Health Safety Items – Provide proof of Health Record as required by solicitation
 - e. Drug Enforcement Agency (DEA) Card if required by solicitation.
 - f. National Provider ID (NPI)
11. A breakdown of the proposed unit cost entered on the solicitation ‘Price Schedule’ must be provided with the proposal, preferably in an excel spreadsheet. All elements used to arrive at the proposed unit cost must have adequate support documentation and should be submitted with the proposal as “Other than Certified Cost and Price” information.

Include the following at a minimum:

- a. Salary Information – Provide HR screenshot with annual salary or W2 supporting proposed salary amount for all providers. Indicate full or part-time status and identify what portion of the salary is guaranteed or variable. If any portion of any of the salary is funded by grants, provide the grant salary detail and the percentage of time dedicated to fulfilling the grant obligation.
 - b. Provide policies and procedures governing any variable non-guaranteed/incentive/performance-based payments made to the providers proposed for use under the contract.
 - c. Detailed support documentation for employer paid fringe benefit expenses. If a flat fringe benefit percentage is used – be sure to identify each element of that percentage and the portion of each element within that flat fringe benefit percentage. Please do not use abbreviations for element descriptions.
 - d. Provide support documentation for medical professional liability insurance expense and show how the amount is allocated to each individual provider.
 - e. Supporting documentation for any direct provider expense. The support documentation must detail what makes up the expense and/or any policy governing the set amount allotted per provider. (e.g. continuing education, licenses, or professional dues)
 - f. Policies and procedures governing amounts paid to providers for on-call, call-back, and weekend or holiday hours. Confirm whether providers are paid additionally for providing after hours on-call services beyond their guaranteed salary amounts. Further, if salary amounts include on-call services, identify the portion of expected on-call required for each full-time provider.
12. Policies and procedures governing timekeeping procedures for providers. Indicate the number of hours allotted annually per provider for sick leave, vacation time, training, etc.

Award Process

After negotiations, the contract award document is prepared. The contract document will be routed for pre-award reviews.

Pre-Award: Pre-Award reviews involve both VA Executives and MSO Technical Advisors. VHA Executives have specific responsibilities at Pre-Award under VA Directive 1663. The focus of MSO reviews at Pre-Award is to ensure that all prior review recommendations were implemented and are a part of the proposed contract and that the negotiation and pricing strategies are documented and supported in compliance with federal regulations and VA policy.

For procurements at certain dollar thresholds, a Contract Review Board (CRB) may be convened at the Pre-Solicitation and Pre-Award Stage. All recommendations from the CRB must be implemented before the contract can be awarded.

Contract Performance Monitoring and Reporting

Joint Commission Standard LD.04.03.09 for contracted healthcare services require monitoring for quality and performance measures. Affiliates should strive to contact the contracting officer at least quarterly to review their performance. More frequent contact may be ideal if there are ongoing concerns. CPAR ratings will be based on performance monitoring of items identified in the Government's Quality Assurance Surveillance Plan (QASP) and other requirements of the contract.

Consideration for Failure to Meet Acceptable Quality Level of Performance

If the affiliated educational institution fails to meet the Acceptable Quality Level on any performance measure the COR will notify the CO and the CO will contact the affiliate to negotiate appropriate monetary consideration for the failure to meet performance standards set forth in the contract.

For example: The COR will prepare a Contract Discrepancy Report (CDR) and will notify the CO in the event the affiliated educational institution failed to meet the AQL established for any performance measure. The CO will provide the affiliated educational institution with the CDR and documentation (as appropriate) supporting the performance level of the affiliated educational institution and the Government's intent to negotiate appropriate consideration. The affiliated educational institution has thirty (30) days to respond if the affiliated educational institution wishes to provide evidence that the AQL was met or to assert that the Government's action or inaction prevented the affiliated educational institution from reaching performance at the AQL. The contracting officer shall make the final determination regarding the affiliate's response and will issue decision on the amount and support for consideration to be paid by the affiliate.

Contract Performance Assessment Reporting System (CPARS)

In addition, FAR 42.1502 require all Federal agencies to collect past performance information on contracts. The VA has implemented use of the Contract Performance Assessment Reporting System (CPARS) to comply with this regulation. One or more past performance evaluations will be conducted in order to record contract performance as required by FAR 42.15.

The past performance evaluation process is a totally paperless process using CPARS. CPARS is a web-based system that allows for electronic processing of the performance evaluation report. Once the report is processed, it is available in the Past Performance Information Retrieval System (PPIRS) for Government use in evaluating past performance as part of a source selection action.

The following guidelines apply concerning the use of the past performance evaluations:

Protect the evaluation as “source selection information.” After review, transmit the evaluation by completing and submitting the form through CPARS. If for some reason the affiliate is unable to view and/or submit the form through CPARS, the affiliate should contact the contracting officer for instructions. Strictly control access to the evaluation within the organization. Ensure the evaluation is never released to persons or entities outside of the affiliate’s control.

Prohibit the use of reference to evaluation data for advertising, promotional material, pre-award surveys, responsibility determination, production readiness reviews, or other similar purposes.

If the affiliate wishes to discuss a past performance evaluation, they should request a meeting in writing to the contracting officer no later than seven days following the receipt of the evaluation. The meeting will be held in person or via telephone or other means during your 30-day review period. A copy of the completed past performance evaluation will be available in CPARS for viewing and for Government use supporting source selection actions after it has been completed.

VA Contract Billing and Electronic Payments:

FTE/Hourly on-site contracts

Invoice requirements and supporting documentation: Supporting documentation and invoice must be submitted by the specified workday of the month. Subsequent changes or corrections shall be submitted by separate invoice. In addition to information required for submission of a “proper” invoice in accordance with FAR 52.212-4 (g), all invoices must include:

Name and Address of Affiliate

Invoice Date and Invoice Number

Contract Number and Purchase/Task Order Number

Date of Service

Contract physician(s) (Name of Affiliate’s employee(s))

Hourly Rate

Quantity of hours worked

Total price

All invoices will be reviewed and validated by the contracting officer representative (COR) against the terms of the contract and attendance documentation.

The affiliated educational institutions shall be paid only for actual work performed onsite.

Payment adjustment formula (if any) will be defined. For example: If the contract physician works a portion of an hour, the Government may adjust payments by 15-minute increments. Contract physicians shall be responsible for accurately reporting time worked.

Per Procedure Contract Billing

HCR commercial contracts that identify per procedure reimbursement require a different type of invoicing process. Invoicing requirements and conditions for payment will look similar to the language below. This is sample language and may be different than the language in any given requirement. The language that is provided in the issued solicitation and resultant contract is the language that will be implemented.

SAMPLE PER PROCEDURE BILLING LANGUAGE

All claims processing is done internally by VA. Proposed claims processing solutions must include a mechanism for supplying VA with detailed claims information that can be loaded or entered into VA's Fee Basis Claims Software (FBCS) system. All claims are paid based on the current edition of Medicare edits.

Affiliate will submit initial valid claims for payment within 30 days of patient discharge. Valid claim submissions are: Completed red and white CMS1450/UB04 or CMS/HCFR 1500 forms, depending on the type of care provided.

All claims shall identify the company's name, tax ID number, rendering facility and provider NPI number, patient name, full 9-digit social security number, appropriate diagnosis (ICD) and procedural codes (CPT/DRG), description of services, period of performance for services billed, dollar amount, and remit to address. Complete clinical information must accompany every claim. Should mandatory elements of a valid claim change, the VA will notify the Affiliate of these changes. Valid claims are processed within 30 calendar days from receipt. The validity of a claim is determined by the VA. For those claims that are missing any of the required documentation, they will be rejected, and the payment processing will not be considered until a valid claim is received. No interest will accrue for the submission of a claim that is found to be invalid for processing.

The VA will provide information on all rejected claims and corrections necessary via mailed Preliminary Fee Remittance Advice Report (PFRAR). The PFRAR will outline all actions taken on a claim during processing. Upon adjudication of a claim, a PFRAR is generated and mailed via US Postal Service to the address identified for payment receipts. Usual US Postal Service timeframes apply. On the 3rd valid rejection of a claim, the VA reserves the right to reduce reimbursement of the contract rate by 10%. Once a valid claim is processed, it is transmitted to the Austin Automation Center for payment by the US Treasury. The US Treasury on average processes payments 3-6 weeks after a valid claim is transmitted. Once payment is processed, an Explanation of Benefits (EOB) is generated and mailed via US Postal Service to the address identified for payment receipts. Usual US Postal Service timeframes apply. This EOB shall be used by the Affiliate to reconcile patient accounts receivable. Affiliates may also utilize the Vendor Inquiry System (VIS) website created by the Austin Automation Center to view and print EOBs generated.

No Billing VA Beneficiaries

The affiliated educational institution with VA or health care provider shall accept payment for services rendered under this contract as payment in full. VA beneficiaries shall not under any circumstances be charged nor their insurance companies charged for services rendered by the affiliated educational institution, even if VA does not pay for those services. This provision shall survive the termination or ending of the contract. To the extent that the Veteran desires services which are not a VA benefit or covered under the terms of this contract, the affiliated educational institution must notify the Veteran that there will be a charge for such service and that the VA will not be responsible for payment. The affiliated educational institution with VA or health care provider shall not bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against, any person or entity other than VA for services provided pursuant to this contract. It shall be considered fraudulent for the affiliated educational institution with VA or health care provider to bill other third-party insurance sources (including Medicare) for services rendered to Veteran enrollees under this contract.



Credentialing and Privileging

Credentialing and privileging will be done in accordance with the provisions of VHA Handbook 1100.19. This VHA Handbook provides updated VHA procedures regarding credentialing and privileging, to include incorporating: VHA policy concerning VetPro; the Expedited Medical Staff Appointment Process; credentialing during activation of the facility Disaster Plan; requirements for querying the FSMB; credentialing and privileging requirements for Telemedicine and remote health care; clarifications for the Summary Suspension of Privileges process in order to ensure both patient safety and practitioner rights; and the credentialing requirements for other required providers.

All VHA health care professionals who are permitted by law and the facility to provide patient care services independently must be credentialed and privileged. The requirements of The Joint Commission (TJC) standards and VHA policies have been used to define the processes for credentialing, privileging, reappraisal, re-privileging, and actions against clinical privileges, including denial, failure to renew, reduction, and revocation. Handbook 1100.19 applies to all VHA LIPs permitted by law and facility to provide direct patient care, including telemedicine, and who are appointed or utilized on a full-time, part-time, intermittent, consultant, attending, without compensation (WOC), on-station fee basis, on-station contract, or on-station sharing agreement basis. The credentialing, but not privileging, requirements of Handbook 1100.19 apply to those Advanced Practice Registered Nurses (APRN), Physician Assistants (PA), and clinical pharmacy specialists who do not practice as licensed independent practitioners, as well as physicians, dentists, and other practitioners assigned to research or administrative positions not involved in patient care.

VetPro is VHA's electronic credentialing system and must be used for credentialing all practitioners who are granted clinical privileges or are credentialed for other reasons. One component of VHA's Patient Safety Program is quality credentialing and the use of VetPro is necessary to reduce the potential for human error in the credentialing process. In addition, documentation other than in VetPro that is required by Handbook 1100.19 or local policy must be maintained in a paper or electronic medium.

The requirements of this policy are the same whether carried out on paper or electronically. For example, if a signature is required and the mechanism in use is electronic, then that modality must provide for an electronic signature.

Credentialing and privileging must be completed prior to the initial appointment or reappointment to the medical staff and before transfer of practitioner from another medical facility. If the primary source verification(s) of the practitioner's credentials are on file (paper or electronic), those credentials that were verified at the time of initial appointment (and are not time-limited or specifically required by policy or TJC to be updated or re-verified) can be considered verified.

Reference: http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2910

Personal Identification Verification (PIV) and Background Investigations for Contracted Staff VHA Handbook 0170 Personnel Security and Suitability Program (May 2016)

Contractor Investigations

- (1) All contract personnel assigned to work for or on behalf of VA must undergo a background investigation commensurate with the risk and sensitivity level designation associated with the work to be performed, at the level indicated in the contract through the use of the Position Designation Tool.
- (2) The investigation is required regardless of the location of the work. This includes contractor employees who use technology for remote access to VA facilities or VA information technology systems as well as those who have direct physical access to any VA data outside of any VA facility.
- (3) The COR must submit a background investigation request and supporting documents for all contractors in Non-Sensitive positions to the SIC within five calendar days of the contract award. If the SIC cannot apply reciprocity for previously adjudicated background investigations, they will initiate the investigation within five days of receiving all required, complete documentation associated with the request. Administrations can develop their own internal procedures for processing contractor investigations, but the final adjudication of contractor investigations must be determined by the SIC.
- (4) The contractor will have five days to complete e-QIP and certify and release the required documentation to the SIC. After the contractor returns a complete, valid e-QIP package, the investigation will be submitted to OPM for processing within five days.
- (5) Failure of the contractor to complete the background investigation process, to include e-QIP and submission of fingerprints and all required documents in a correct and legible form, will result in the revocation of access and removal of the specified noncompliant individual from the contract until such time as the background investigation is scheduled at OPM.
- (6) VA is not currently a member of the National Industrial Security Program (NISP) and does not have the authority to enter into any national security classified contracts. Approval of any potential classified contracts must be made by the Director, Office of Operations and National Security.



Contractors

(1) All contractor fitness determinations within the VA will be conducted by the SIC. Contractor fitness determinations will be performed in the same manner as employee determinations, using the suitability criteria of 5 CFR 731. VA reserves the right to restrict access to VA facilities, sensitive information, or resources, for any contractor.

(2) A contractor on whom unfavorable or derogatory information has been discovered or detected during a personnel investigation will be so advised by the SIC and offered an opportunity to refute, explain, clarify, or mitigate the information in question.

(a) The individual should also be advised that the VA will not disclose any details of the adverse information to the contractor's firm.

(b) After final adjudication of unsuitable or unfavorable information on an individual working on a contract the SIC will notify the individual and the COR. The Contracting Officer (or COR if authorized to communicate with the contractor employee's employer under this circumstance) must communicate to the employer (contract company) that:

- The contractor personnel are being denied staff-like access for reasonable cause,
- Such a finding makes the contractor employee ineligible to render services (or otherwise perform) under the contract, and
- The decision by the Government does not intend to imply that the contract employee's suitability for employment elsewhere in the company is in any way affected by the VA determination on access to VA facilities or information.

VACO POCs for Personnel Security Specialist, Program Management Office (PSS PMO) contact information:

Phone: (202) 461-5240

e-Mail: VAPERSEC@va.gov



Educational Cost Contracts

VHA Directive 1400.10 *"HEALTHCARE RESOURCES CONTRACTING: Educational Costs of Physician and Dentist Resident Training Pursuant To Title 38 United States Code 8153"* sets forth the procedures and responsibilities for implementing and managing HCR contracts under VA's sharing authority that pertain to the pro-rated payment of educational costs of Graduate Medical Education (GME) or Graduate Dental Education (GDE) to the sponsors of affiliated programs under which physician or dentist residents participate in providing health care services to VA beneficiaries.

These commercial contracts pertain to certain educational costs only and do not include the salary and benefits of physician or dentist residents. Any existing contracts and/or agreements must be reviewed to ensure compliance with policy as outlined in VHA Directive 1400.10. Costs covered by these procurements may not be duplicate costs (same costs as covered by the Disbursement Agreement or any other agreement or contract between VAMC and Affiliate - such as a medical sharing clinical service contract).

The entity with which a local VA facility may enter into a GME or GDE educational cost contract must be the sponsoring institution. The sponsoring institution must be listed as such on the affiliation agreement. *Program-by-program or clinical department-by-department contracts are not allowable under this policy. Only one contract covering VA's pro-rata share of educational costs for all sponsored GME or GDE programs at an affiliate may be executed between a VA facility and each affiliate.*

The VA's share of pro-rated costs is determined by the number of filled VA resident positions divided by the total number of filled resident positions in a program or in the total of all affiliated programs. Affiliates must support costs with "other than cost and pricing documentation" of all proposed educational costs using the Educational Cost Worksheet provided by the contracting officer in the solicitation attachments.

Allowable Educational Costs	Not Allowable *
<ul style="list-style-type: none"> ✚ Accreditation fees ✚ National Resident Match Program (NRMP or "Match") participation fees ✚ In-service examination fees ✚ Residency program management software fees ✚ Required training and recertification. ✚ User fees for simulation centers, provided an equivalent simulation experience is not available on-site at the local VA facility. ✚ Mobile communication devices (e.g., pagers, cell phones, PDAs), if used during VA experience and not provided by VA. ✚ Recruitment expenses not involving meals, travel or entertainment. ✚ Other. Justification and (10A2D) approval required. 	<ul style="list-style-type: none"> ✚ Licensing fees ✚ Licensing examination (e.g., USMLE) fees or registration ✚ Board certification examination fees ✚ Malpractice insurance ✚ Administrative expenses ✚ Recruitment or orientation expenses that involve meals, travel, or entertainment ✚ Faculty salaries or benefits. <p>*list not all inclusive</p>

Sharing Agreements – Selling and Exchange

In accordance with Title 38 U.S.C. § 8153, VHA may enter into sharing agreements for the sale or exchange of HCR with any health care provider, or other entity, group of individuals, corporations, associations, partnership, State or local Governments, or individuals (see also VHA Directive 1660.01 published June 20, 2018).

The medical center facility team is responsible for submitting a written recommendation to the VISN Director and Medical Center Director on whether or not to sell or exchange the resource in question, if the resource being sold or exchanged is in the interest of the VA, and that all provisions of law, regulation and policy is taken into consideration.

The Medical Center Director must certify the recommendation as being necessary to maintain or improve services to Veterans and that the proposal is a sound business decision. The medical center Director must sign the recommendation.

All agreements for the sale or exchange of HCR must be in writing. No oral agreements are permitted. Agreements for services may be executed for periods up to 5 years. Agreements for the use of *equipment* may be executed for up to 5 years or for the useful life of the equipment.

Definitions/Terms used in sharing or selling process/agreements	
Authority	38 USC 513 authorizes the Secretary enter into contracts or agreements with private or public agencies or persons (including contracts for services of translators without regard to any other law). <i>A warranted contracting officer</i> is delegated this authority by virtue of the appointment and is authorized to sign agreement(s) in compliance with dollar amounts identified in the letter of delegation.
Concept Proposal	The concept proposal provides a summary of the requirement, identifies the requesting facility and VISN, discusses the resources to be sold or exchanged, identifies the sharing partner, terms of the agreement, costing methodology, estimate for revenue to be generated, security and identifies the benefit to the Veteran. The concept approval is submitted to the Rapid Response Team (RRT) as the 1 st step in determining whether legal authority exists before legal or technical review of the agreement is processed.
Exchange/Selling Agreement	The completion of the agreement is the final step in the sharing/selling process. A document providing specific detailed information about health care resources to be exchanged and/or sold. The draft agreement is submitted to the RRT after the concept proposal has received approval.
Inpatient Care	Inpatient care is defined as any inpatient services lasting more than 23 hours and 59 minutes.
RRT	Rapid Response Team – composed of MSO and OGC and, if required, appropriate clinical representative from clinical national program office.

Reimbursement Considerations in Selling and/or Exchange Agreements

When selling HCR resources, the Government must obtain the 'full cost' of the resources being sold. The methodology for determining 'full cost' must be fully explained and documented when sending the concept proposal for review.

If a sharing agreement is contemplated, the full cost of the Government resources and the fair and reasonable cost of the sharing partner's resources must be of equitable value. Agreements processed cannot include any form of payment from the Government to the sharing partner. However, sharing agreements can include a difference payable by the sharing partner to the Government.

All proceeds generated by HCR sharing must be credited to the appropriate medical or research appropriation at the facility providing the service and are to be immediately available for use by the facility. Any amount received as payment for services provided by VA in a prior fiscal year may be obligated during the fiscal year in which the payment is received. It may be to the medical center's advantage to include terms in the Sharing Agreement for VA to receive payments normally made in September on or after October 1.

Reimbursement Terminology	
Full Cost	<p>'Full cost' is defined by the Federal Accounting Standards Advisory Board (FASAB) in the Statement of Federal Financial Accounting Standards Number 4, Managerial Cost Accounting Concepts and Standards for the Federal Government < http://files.fasab.gov/pdffiles/handbook_sffas_4.pdf, as "The sum of the costs of resources consumed by the segment that directly or indirectly contribute to the output and identifiable supporting services provided by other responsibility segments within the reporting entity, and by other entities."</p> <p>NOTE: <i>The Managerial Cost Accounting Implementation Guide, issued jointly by the Government Chief Financial Officer (CFO) Council and Joint Financial Management Implementation Program (JFMIP) in February 1998, is a technical practice aid intended to assist Federal entities in implementing cost accounting. The Guide elaborates on the FASAB definition of full cost, by indicating that "Full cost is the sum of all costs required by a cost object including the costs of activities performed by other entities regardless of funding sources. It includes direct costs (costs specifically identified with the output) and indirect costs (costs used to produce multiple outputs). The direct and indirect costs can be funded, reimbursed, unfunded, or non-reimbursed."</i></p>
Local Direct Cost	The Decision Support System (DSS) fixed direct, variable labor and variable supply are included in the local direct cost.
Variable Overhead	Variable overhead is the portion of total overhead that varies directly with changes in volume. Examples are supplies and power.
Fixed Cost	"Fixed" is the portion of total overhead that remains constant over a given time period without regard to changes in the volume of activity. Examples are depreciation and rent.

Selling or Exchange of VA Direct Patient Care

1. Agreements for selling or exchange of VA direct patient care services (inpatient or outpatient care) may be executed under the HCR enhanced sharing authority.

NOTE: Without the expressed permission of the Under Secretary for Health and the Secretary of Veterans Affairs, no agreements for selling or exchange of VA inpatient services for non-Veterans will be considered or executed under HCR sharing authority.

2. Selling or exchange of patient care services involving Medical Records (see sidebar) generated by the VA and all agreements involving direct patient care must contain language that protects patient record information.
3. HCR agreements may be executed to provide outpatient care.
4. VA selling or exchange of professional services of VA pharmacists and also may provide mail-out pharmacy and pharmacy benefits management services to a sharing partner provided the sharing partner buys or provides the drugs and/or supplies. VA may not re-sell pharmaceuticals or supplies.
5. VA may sell or exchange radio-pharmaceuticals produced by VA for use outside of a VA facility provided all necessary approvals from the Food and Drug Administration and the Nuclear Regulatory Commission are obtained for the manufacture of the items as a new drug.

Medical Records

All agreements for the sale or exchange of direct patient care services by VA employees in VA-owned or leased space must specify that:

- ✚ VA owns the records of care provided;
- ✚ Individually-identified and retrieved patient records are protected by the Privacy Act, 5 U.S.C. 552a;
- ✚ Where VA is treating an individual for one of the medical conditions covered by Title 38 U.S.C., Sections 7332 and 7332 also applies to the treatment records; and
- ✚ Where these statutes apply, the facility may release these records only as authorized under these statutes.

Individually-identifiable patient records created by VA employees in VA-owned or leased space in the course of providing direct patient care services, are protected by the Privacy and Security Rules promulgated by the US Department of Health and Human Services (HHS) under the authority of HIPAA, 45 CFR Parts 160 and 164.

- ✚ Records generated by VA employees providing services to the general public at non-VA facilities are not VA records and are not covered by either the Privacy Act or Title 38 U.S.C. § 7332.
- ✚ Records generated by VA employees providing services to the general public are not protected by Title 38 U.S.C. § 5701, the VA benefits records confidentiality statute.
- ✚ Records generated by VA employees providing direct patient care services to the general public at non-VA facilities are also covered by the HIPAA regulations at 45 CFR Parts 160 and 164.
- ✚ Agreement for the sale of direct patient care services must provide that the parties comply with the HIPAA Administrative Requirements contained in 45 CFR Part 162.

Use of VA Equipment

1. Sharing agreements for use of VA equipment may be executed under the sharing authority.
2. Sharing agreements must address responsibility for equipment maintenance and loss.
3. The sale, resale or other disposition of VA property is not authorized under VHA Directive 1660.01.
4. Sharing agreements for the use of equipment may be executed for up to 5 years or for the useful life of the equipment.

NOTE: Disposition of Government property is governed by Federal Property Management Regulation Title 41 Code of Federal Regulations (CFR) 101, or Federal Management Regulations 41 CFR Parts 102-1 through 102-22.

Selling or Exchange of Services

1. VA may sell or exchange support services and professional, managerial, and administrative services performed by VA staff. Agreements may be executed for periods up to 5 years.
2. VA may sell or exchange education services provided the educational program is part of Veteran patient or staff continuing education.
3. When catering services are requested, the canteen service has the right of first refusal. Only after the canteen service has indicated they are not interested can the medical center's food and nutrition service enter into a sharing agreement to provide catered food service on VA grounds.
4. VA police officers have law enforcement authority only on VA property and VA may only sell or exchange police and security services to sharing partners who are physically located on VA property.
5. VA may not sell or exchange agent cashier services. VA may not hold money for another party or pay out money on its behalf.
6. Pursuant to Title 38 U.S.C. § 8153 all sharing agreements for human immunodeficiency virus (HIV) testing service alone or as part of medical evaluations, clinical care or screening programs must include as part of this service pre-test counseling and post-test counseling to be conducted by VA HIV test counselors or appropriately trained VA personnel.



NOTE: Sharing agreements for the use of VA space **ONLY**, including parking, outdoor recreational facilities, and vacant land, are authorized pursuant to Title 38 U.S.C. § 8153 (see VHA Directive 1820). These agreements are not processed through MSO

Research

The VA research program is an intramural program. The Office of Research and Development (ORD) allocates appropriated medical and prosthetic research funds to VA medical facilities for scientifically meritorious research related to the high-priority health care needs of Veterans to be conducted by VA employees. VA investigators may also obtain funding support for their research from extramural sources, such as other Federal agencies, private voluntary health organizations and foundations, and commercial entities.

Research funds may only be awarded if the Principal Investigator (PI) and any Co-Principal Investigator (Co-PI) have employment status and activities that demonstrate a primary professional commitment to VA. The eligibility of each prospective PI (and Co-PI) must be established prior to the funding of a research proposal. To demonstrate primary professional commitment to VA, the PI (and Co-PI) must meet all of the following requirements:

Unlike agencies such as the National Institutes of Health and the Department of Defense, VA does not have the statutory authority to make research grants to colleges and universities, cities, states, or any other non-VA entity.

(1) **VA Employment Status.** A current VA paid appointment of at least 25 hours per week (5/8ths) is required before a research project can be funded.

(2) **Physical Presence at VA.** VA research must be conducted, principally, in a VA facility or VA-leased space. The PI (and Co-PI) must have designated research space within a VA facility or VA-leased space. <https://www.research.VA.gov>



(3) **VA Information Systems.** VA investigators must use VA email for VA correspondence and VA business, and must comply with all VA privacy and information security requirements as stated in VA Handbook 6500 at: http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=637&FType=2

(4) **Commitment to VA.** The PI's (and Co-PI's) curriculum vitae or biographic sketch must provide evidence of past and current roles and responsibilities within VA, including research, patient care, teaching, committee work, etc.

Intergovernmental Personnel Agreements (IPA) for Research

Questions about Research may be addressed to The Office of Research and Development (10P9) at (202) 443-5600.

Regarding the use of IPA: Per VA Handbook 5005/32 Part 1, Chapter 3 Section C:

Within VA, the majority of IPAs are approved to support VHA research projects through the use of affiliated university staff.

Under no circumstances should IPAs be used as a mechanism for hiring clinical staff or as a substitute for scarce medical specialist, sharing, commercial item, or other clinical services contracts. Nor is it appropriate to use IPAs for administrative and support positions.

In general, IPAs should not be used to circumvent restrictions on hiring due to budget constraints, reductions-in-force, freezes on grade levels, or ceiling allocations. Temporary assignment agreements for employees of State and local Governments, institutions of higher education, and other outside organizations, who are detailed or appointed to VA, will be made in accordance with guidance provided in 5 CFR 334.106.

Non-VA employees may exercise supervision over VA employees. Non-VA employees must be employed in a permanent position by their organization for at least 90 days to be eligible for an IPA assignment. Details of these employees may be made on a reimbursable, non-reimbursable, or a shared cost basis.

VA employees may be detailed or placed in leave without pay status, to a State or local Government or institution of higher education. In either case, non-VA and VA employees remain employed by their original organization and retain the rights, benefits, and obligations associated with their original appointment.

Contracts for Services Supporting VHA Research

Title 38 U.S.C. § 8153 may be used to sole source commercial services in support of VA Research. The affiliated educational institution must have an affiliation agreement in place with the requiring VA Medical Center.

VA Office of Research & Development (ORD) Program Guide provides guidance for research conducted under a partial or full off-site waiver is considered VA-approved research being performed by a VA employee with research duties during VA official time and must comply with applicable regulations and VA policies This includes individuals under an IPA agreement or working without compensation appointments while on VA time, utilizing VA resources. Research funded through ORDs Cooperative Studies Program is exempt from the requirement of this handbook.

Appendix A: Acronyms

AAMC	Association of American Medical Colleges
AAPM	American Association of Physics in Medicine
ACGME	Accreditation Council for Graduate Medical Education
ACLS	Advanced Cardiac Life Support
ACO	Administrative Contracting Officer
ACR	American College of Radiology
ADHC	Adult Day Health Care
AMA	American Medical Association
AQL	Acceptable Quality Level
ARC	Acquisition Resource Center
ASC	Ambulatory Surgery Center
BAA	Business Associate Agreement
BI	Background Investigation
BLS	Basic Life Support
CA	Contract Administrator
CAMPEP	Commission on Accreditation of Medical Physics Educational Programs
CBOC	Community-based Outpatient Clinic
CDC	Centers for Disease Control and Prevention
CCR	Central Affiliate Registration
CEU	Certified Education Unit
CFR	Code of Federal Regulations
CHAMPVA	Civilian Health and Medical Program of the United States Department of Veterans Affairs
CLC	Community Living Center
CLIN / LIN	Contract Line Item Number / Line Item Number
CLO	Chief Logistics Officer
CME	Continuing Medical Education
CMO	Chief Medical Office
CMS	Centers for Medicare and Medicaid Services
CNH	Community Nursing Home
CO	Contracting Officer
COS	Chief of Staff
COR	Contracting Officer's Representative
CPARS	Affiliate Performance Assessment Reporting System
CPR	Customary, Prevailing, and Reasonable
CPRS	Computerized Patient Record System
CPT	Current Procedural Terminology
CRB	Contract Review Board

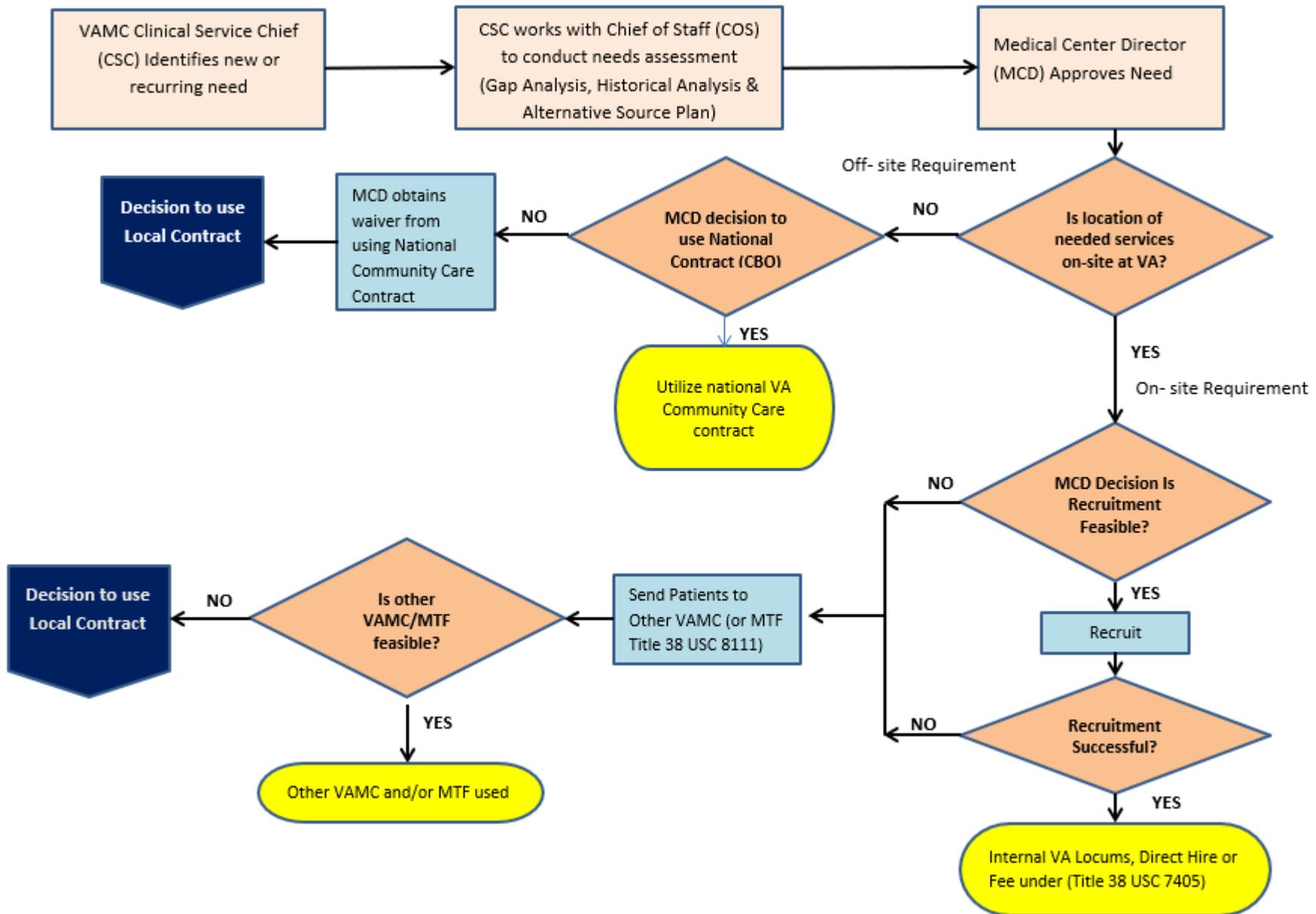
CRC	Community Residential Care
CRT	Contract Review Team
CSC	Clinical Service Chief
CTC	Concurrent Technologies Corporation
CV	Curriculum Vitae
D&F	Determination and Findings
DEA	Drug Enforcement Agency
DRG	Diagnosis-Related Group
DUSHOM	Deputy Under Secretary of Health for Operations and Management
eCMS	Electronic Contract Management System
EPA	Economic Price Adjustment
EPLS	Excluded Parties List System
EPO	Exclusive Provider Organization
FAR	Federal Acquisition Regulations
FFP	Firm Fixed Price
FP-EPA	Fixed Price – Economic Price Adjustment
FMS	Financial Management System
FPDS-NG	Federal Procurement Data System – Next Generation
FSMB	Federation of State Medical Boards
FSS	Federal Supply Schedule
FTE	Full-Time Equivalent
GAO	Government Accountability Office
GEM	Geriatric Evaluation and Management
GFR	Government-Furnished Resources
GME	Graduate Medical Education
GPCI	Geographic Practice Cost Index
GSA	General Services Administration
HCA	Head of Contracting Activity
HCFA	Health Care Financing and Administration
HCHV	Health Care for Homeless Veterans
H/HHA	Homemaker and/or Home Health Aide
HHS	Health and Human Services
HICPAC	Healthcare Infection Control Practices Advisory Committee
HIMS	Health Information Management System
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HR	Human Resources
HUBZone	Historically Underutilized Business Zone
IBR	Incorporated by Reference

ICD	International Classification of Diseases
ICD-9	International Statistical Classification of Diseases and Related Health Problems
IDIQ	Indefinite Delivery – Indefinite Quantity
IDQ	Indefinite Quantity
IDN	Integrated Delivery Network
IFB	Invitation for Bid
IFCAP	Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement
IGCE	Independent Government Cost Estimate
IGRT	Image Guided Radiation Therapy
IL	Information Letter
IOP	Integrated Oversight Policy
IPT	Integrated Product Teams
IPA	Intergovernmental Personnel Act
ISO	Information Security Officer
J&A	Justification and Approval
JAFOC	Justification and Approval for Other than Full and Open Competition
LOS	Length of Stay
MCCF	Medical Care Collection Fund
MGMA	Medical Group Management Association
MP	Malpractice (in Relative Value Unit Payment Formula)
MRI	Magnetic Resonance Imaging
MSO	Medical Sharing Affiliate Office
MTF	Military Treatment Facility
MISSION Act	Maintaining Internal Systems and Strengthening Integrated Outside Networks Act (MA)
MU	Monitor Unit
NAICS	North American Industry Classification System
NCA	Network Contracting Activity
NHPP	National Health Physics Program
NPI	National Provider Identifier
NRC	National Radiation Safety Committee
OAA	Office of Academic Affiliation
OCC	Office of Community Care
OCOI	Organizational Conflict of Interest
OFPP	Office of Federal Procurement Policy
OIG	Office of Inspector General
OLCS	On-line Certification System
OPO	Organ Procurement Organization
ORD	Office of Research and Development
ORCA	Offeror Representations and Certifications
OSDBU	Office of Small and Disadvantaged Business Utilization

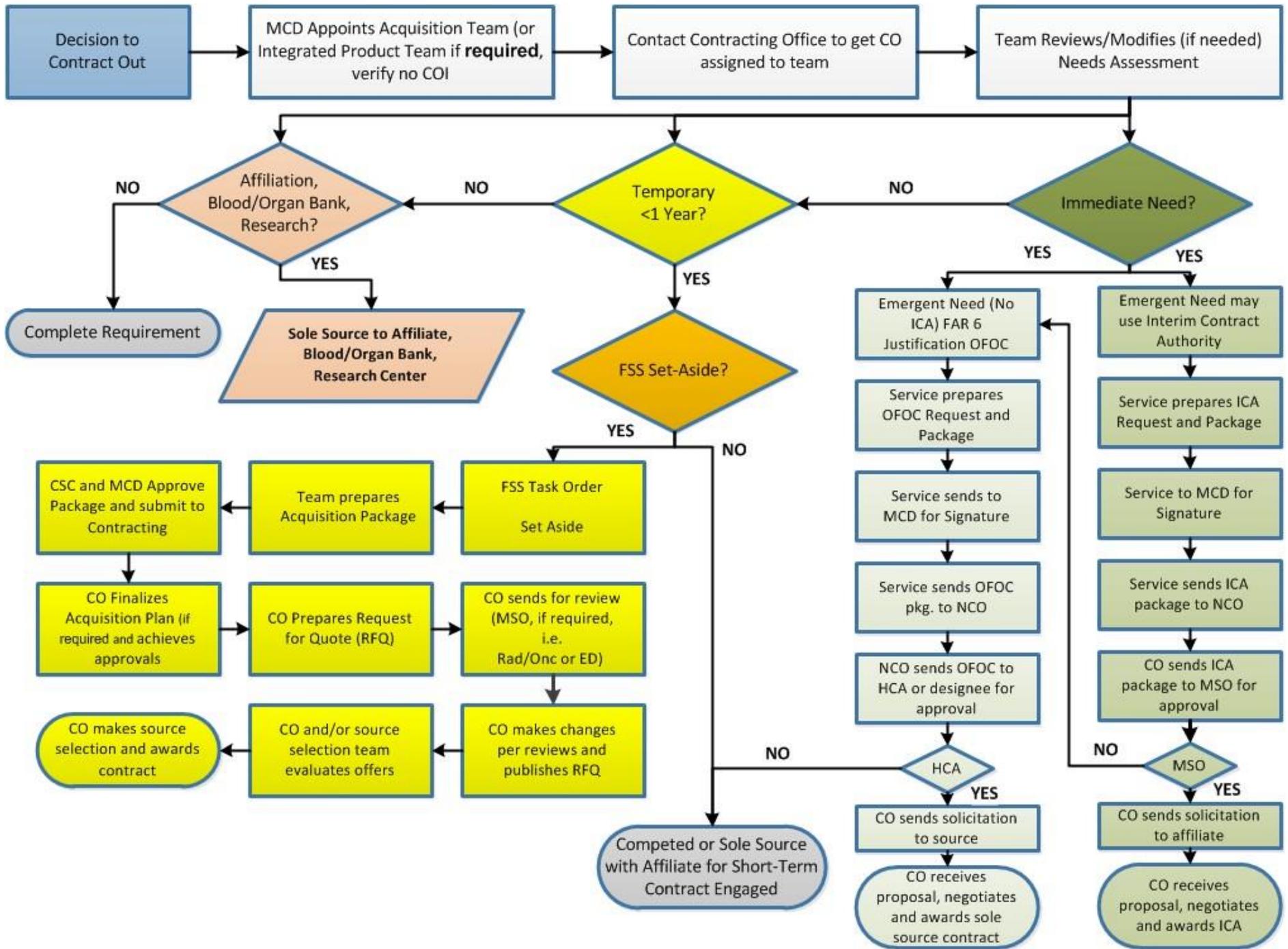
P&LO	Procurement and Logistics Office
PBSA	Performance-Based Service Acquisition
PCS	Patient Care Services
PE	Practice Expense
PIV	Personal Identity Verification
PL	Public Law
PNM	Price Negotiation Memorandum
PNO	Price Negotiation Objective
PO	Purchase Order
POS	Point-Of-service
PPO	Preferred Provider Organization
PPS	Prospective Payment System
PWS	Performance Work Statement
QA	Quality Assurance
QASP	Quality Assurance Surveillance Plan
QMP	Quality Management Program
RBRVS	Resource-Based Relative Value Scale
RFP	Request for Proposal
RUG	Resource Utilization Group
RVU	Relative Value Unit
SAC	Special Agreement Check
SAC	Standard Acquisition Charge (Organ Procurement)
SAO	Service Area Office
SAT	Simplified Acquisition Threshold
SCS	Specialty Care Services
SDVOSB	Service Disabled Veteran-owned Small Business
SME	Subject Matter Expert
SOO	Statement of Objectives
SOW	Statement of Work
SSD	Sole Selection Decision
SOP	Standard of Practice
SOP	Standard Operating Procedure
SRS	Stereotactic Radio Surgery
SRT	Radio Therapy
SSA	Source Selection Authority
TLD	Thermo-luminescent Dosimeter
TLO	Terminal Learning Objective
UA	Urine Analysis
UNOS	United Network for Organ Sharing

US	United States
USC	United States Code
VA	United States Department of Veterans Affairs
VAAA	United States Department of Veterans Affairs Acquisition Academy
VAAR	United States Department of Veterans Affairs Acquisition Regulations
VAMC	United States Department of Veterans Affairs Medical Center
VERA	Veterans Equitable Resource Allocation
VetBiz	The Center for Veterans Enterprise Web Portal
VETPro	Federal Credentialing Program for Healthcare Providers
VHA	Veterans Health Administration
VIP	Vendor Information Pages
VISN	Veterans Integrated Service Network
VOSB	Veteran-Owned Small Business
WOC	Without Compensation

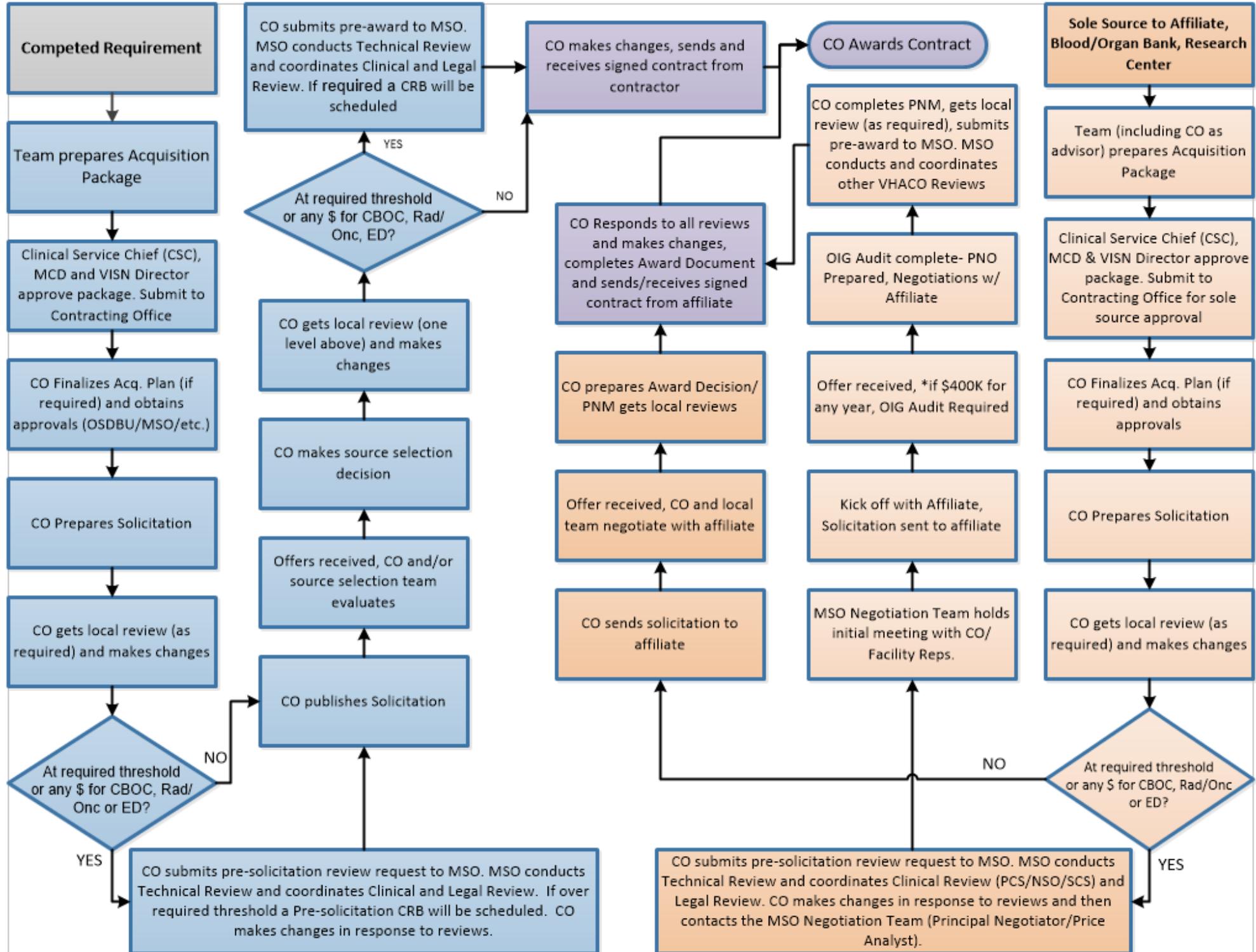
VA Directive 1663 Decision Tree and Process Flow Charts



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*Mission Statement
To fulfill President Lincoln's Promise*

*"To care for him who shall have borne the battle,
and for his widow, and his orphan"*

*By serving and honoring the men and women
who are America's Veterans*