

VA National Dialysis Contracts Frequently Asked Questions (FAQs)

How long are the contracts available and how often will they be renewed?

The contracts were awarded for one year, with four option years.

Where will the contracts be available? The contracts are available nationally. All 21 VISNs have access to the contracts.

What is Patient Care Information System (PCIS)? PCIS is the Financial Services Center (FSC's) system to create, view, duplicate, edit or print authorizations. Claims can also be searched and viewed, and PCIS has the capability to run a wide variety of reports including obligation balance, outstanding authorizations, payments by authorization, and estimated remaining liability.

Who has access to PCIS? Only VA Staff. The Non-VA Medical Care Office Supervisor determines who needs access to PCIS. This usually includes an ordering official who works in the Non-VA Medical Care Office and a clinical coordinator. The Contracting Officer's Representative works with FSC to add users to PCIS.

What is the Provider Portal? The Provider Portal is FSC's tool to communicate with dialysis contractors. It eliminates the need to fax authorizations which reduces waste, eliminates duplicative work, provides increased security of patient information, and allows for easy tracking of Explanation of Benefits (EOBs).

How long may care be authorized and when should authorizations be renewed?

Authorizations may cover care for up to one year. It is recommended that VA Medical Centers renew all authorizations at the same time and initiate the renewal process in July, finalizing all renewals by the start of the new fiscal year (October).

What are some best practices for managing the dialysis contracts? One of the keys to effectively managing dialysis contracts is a close working relationship between the Non-VA Medical Care Office and the clinical office point of contact, such as the social worker. Having the two offices coordinated helps to smooth the Veteran's experience in receiving dialysis care from the community provider.

How do VA Medical Centers handle transient and transfer patients under the nationwide contracts? Transient patients (requiring care at a different facility for less than 30 days) and temporary transfer patients (requiring care at a different facility for fewer than 31 days to approx. 6 months) must be issued a new authorization. For transient patients, the home facilities continue to pay for the care. For temporary transfer patients, the two facilities must negotiate and agree on a plan identifying who will pay what, and for how long.

How much does dialysis care cost through the contracts? Costs vary by contract. Care was purchased at a pre-negotiated rate, which is a percent of Medicare and is all-inclusive of equipment, facility, nursing, technical personnel, laboratory testing, drugs, supplies and professional services (social work and dietary). Nephrology services for the patient's overall ESRD care are not included.

Does the bundle include labs? The bundle includes labs. Anything beyond what is considered routine and necessary should be paid separately.

Who has oversight of the contractors' performance? Contracts oversight will be managed by the Denver Acquisition and Logistics Center in collaboration with the Dialysis Program Management Office within the Non-VA Medical Care Office.

Can facilities be added to the contract? Yes. The contractor must use the facility listing to add or remove facilities or make changes to existing facilities. The information provided will be updated in the VA system on a monthly basis. The process for facility change is outlined in Section 6 of the Performance Work Statement (PWS) of the nationwide contracts.

Can Veterans change facilities? To change the facility where they receive care, the Veteran needs a new authorization. The contractor should not allow a Veteran to change facilities unless the appropriate paperwork has been completed by the VA Medical Center.