

VHA SHARING DATABASE (SD)

1. PURPOSE. This Veterans Health Administration (VHA) Handbook provides the procedures for maintaining the Sharing Database (SD). This database provides a centralized repository of information on the use of Title 38 United States Code (U.S.C.), Section 8153 sharing authority in VHA, with detailed information on agreements for the purchase of physician services.

2. SUMMARY OF CHANGES. This revised Handbook addresses all procedures for entering and updating data in the SD. Since SD has been significantly modified, this Handbook:

- a. Details both the new and previously existing database requirements.
- b. Specifies new responsibilities for facility Fiscal Officers for end of year updates, which require financial information related to agreement obligations, expenditures, and revenue.
- c. Eliminates the requirement to enter sharing agreements for the sale of space in the SD.
- d. Changes the quarterly financial reporting to annual reporting.

3. RELATED ISSUES. VHA Directive 1660.1, Enhanced Health Care Resources Sharing Authority-Selling; VHA Handbook 1820.1, Sharing Use of Space.

4. RESPONSIBLE OFFICE. The VHA Chief Prosthetics and Clinical Logistics Officer (10F) is responsible for the contents of this Handbook. Questions may be addressed to 202-254-0426.

5. RESCISSIONS. None.

6. RECERTIFICATION. This document is scheduled for recertification on or before the last working day of November 2011.

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1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides the procedures for maintaining the Sharing Database (SD).

2. BACKGROUND

a. Title 38 United States Code (U.S.C.) Section 8153 (g), requires an annual report to Congress on the use of sharing authority and how the use of that authority can be improved to serve the health care needs of veterans.

b. Historically, data for the Sharing Authority Annual Report to Congress was collected by a Department of Veterans Affairs (VA) Central Office database after the end of each fiscal year. Although this database was helpful for the annual report to Congress, it did not provide sufficient information to monitor the use of the sharing authority during the year and it did not provide information for evaluating contract physician resources and productivity. In 2003, the Sharing Agreement Database (SAD) was created to meet these additional needs (now known as SD).

c. In order to meet new contracting requirements and in response to feedback from key stakeholders, including the Office of Inspector General, Specialty Physician Productivity Subcommittee and various VHA field users, this database has been expanded in scope to include Scarce Medical Specialist agreements and has been extensively revised.

3. SCOPE

a. The SD is used to produce an annual report to Congress on the use of the sharing authority and to provide quantitative data on the use of sharing authority throughout VA. This database also collects specific information on agreements for physician labor, which is utilized by the Specialty Physician Productivity Subcommittee as one data source in the development of physician productivity and staffing measures.

b. The database provides a centralized location for collection of information on contracts utilizing Sharing (8153). The database includes all Sharing Agreements including Interim Agreements and Task Orders issued by Contracting Officers for Locum Tenens services, which are under the Federal Supply Schedule (FSS). The SD does not include any sharing agreements for the sale (rent) of medical space. Any space agreements done under the Sharing Authority must be entered into the Office Facilities Management's Space and Functional Database (see VHA Handbook 1820.1 Sharing Use of Space) *NOTE: The SD is not to be used for collecting information on VA Employed Fee Basis staff.*

c. The SD database is located at the following site:
<http://vssc.med.va.gov/sharingagreements/mainv2.asp>.

d. The information in this database is used by VA Central Office for reporting and oversight purposes. The information in this database can also be used by Veterans Integrated Service Networks (VISNs) and facilities for their internal review and monitoring purposes.

NOTE: This Handbook pertains strictly to the collection and use of data from the SD for management review and oversight functions. This Handbook is not intended to provide guidance or direction on contracting, including negotiation of agreements at the facility or VISN level.

4. RESPONSIBILITIES OF VETERANS INTEGRATED SERVICES NETWORK (VISN) DIRECTOR

The VISN Director, or designee, is responsible for ensuring that:

a. The VISN Chief Logistics Officer (CLO), or designee, has received VISN access to the database and reviews the facility's submissions, as appropriate. The expectation is that CLOs do initial data entry into the database and provide annual expenditures, obligations, and revenue.

NOTE: In cases where facility contracting staff report to the VISN, the duties outlined in following paragraph 5 must be followed by the VISN.

b. By the end of the second work week in November, the database has been updated for the previous fiscal year, including total year cost, the revenue for all selling agreements, and total year obligations and expenditures for purchasing agreements.

c. Agreements that are VISN-wide, or agreements that are awarded for more than one facility or VISN, are entered into the database by the station that awarded the agreement.

d. That all facilities within the VISN, where work is performed, provide quarterly and/or annual financial updates to the database, if they obligated dollars against the agreement, regardless of whether or not they awarded the agreement.

5. RESPONSIBILITIES OF FACILITY DIRECTOR

The Facility Director is responsible for:

a. Identifying contract and fiscal staff members responsible for data submission and updates.

b. Ensuring that the initial entry into the database is accomplished by contracting staff within 10 days after the execution of a new Sharing Agreement. The data required to be entered may necessitate soliciting input from various staff at the facility, including contracting, fiscal, administrative, and/or clinical.

(1) An initial database entry is required at the time of award for all Sharing Agreements as well as interim agreements that have a new contract number. This includes all agreements for physician services, including locum tenens whether done under a Federal Supply Schedule (FSS) contract or open market.

(2) For those agreements that cover multiple facilities, an initial database entry is required to be made by the facility awarding the agreement.

(3) Edits to the initial entry can be made at any time to correct original submissions or to make modifications. Modifications might include changes to contract expiration date or contractor name. Because the database has been extensively revised beginning in Fiscal Year (FY) 2006, previously existing contracts in the database will require edits to ensure that they include all of the newly added data fields.

(4) The flag that shows whether an agreement has expired (Expired Yes or NO (yes or no (Y/N))) from the Edit page of the database must be modified by the end of the quarter in which a contract expires.

c. Ensuring that the database is updated annually by contracting staff within 20 days after the end of the fiscal year for all agreements that are for the purchase (buy) of physician services regardless of whether the agreements are for full-time equivalent (FTE) employee, per procedure, or capitation based. Updates are to include both actual obligations and actual expenditures. *NOTE: For agreements that cover multiple facilities, updates must be made by each facility where work is performed and dollars are obligated, regardless of whether that facility awarded the agreement.*

d. Ensuring that by the end of the second work week in November the database is updated by contracting staff for all agreements (buy and sell), including total year revenue for all selling agreements and total year obligations (cost) and expenditures for purchasing agreements active at each facility. *NOTE: For agreements that cover multiple facilities, annual updates must be made by each facility where work is performed and dollars are obligated, regardless of whether that facility awarded the agreement.*

e. Ensuring that health care resources purchased are coded in this database from VA Form 2237, Request, Turn-In and Receipt for Property or Services, VA Form 1358, Estimated Miscellaneous Obligation or Change in Obligation, or a Purchase Order.

6. RESPONSIBILITIES OF THE PROSTHETICS AND CLINICAL LOGISTICS OFFICER (PCLO)

The PCLO (10FL), designee, is responsible for the:

a. **Security Password.** Every facility and VISN must be provided with a password to access the database for contract staff.

b. **Annual Report to Congress.** An annual report to Congress on activities carried out under the health care resources sharing program, as required by 38 U.S.C. Section 8153 (g), must be prepared. The annual report is prepared based on information provided in this database. For the end of year report, medical centers are requested to furnish comments on the effectiveness of the program, the degree of cooperation from other sources (financial and otherwise), and any recommendations for the improvement or more effective administration of the program.

c. **Database Design, Modification and Analysis.** The CLO, or designee, works with VA Central Office and field stakeholders to evaluate data in the database and identify and communicate required enhancements to the database, including new reports to support VA Central Office and field monitoring activities. This is done by:

- (1) Maintaining and updating the SD at the direction of the PCLO (10FL).
- (2) Providing help-desk and technical support to field and VA Central Office users of the database.
- (3) Producing ad-hoc reports from the database.
- (4) Deleting agreements from the database.

7. RESPONSIBILITIES OF THE VISN SUPPORT SERVICE CENTER (VSSC)

The VSSC (10NS) is responsible for:

- a. Providing hardware, software, and network support for hosting the SD.
- b. Providing the Prosthetics and Clinical Logistics Office developers with developer access to develop and maintain the SD.
- c. Forwarding any customer service requests not involving host hardware, software, and VISN support to the PCLO.

8. DATABASE FACTORS TO BE COMPLETED FOR ALL SHARING AGREEMENTS

For all sharing agreements the following factors must be completed for initial entry into the database:

- a. Contract number (facility number).
- b. Date of award (mm/dd/yyyy).
- c. Contract expiration date (mm/dd/yyyy).
- d. Contractor name.

- e. Agreement type. (Drop down list – select Buy or Sell)
- f. Term of Agreement (base and option years).
- g. Resource provided at VA facility (yes, no, or partially).
- h. Facility awarding the contract. (Drop down list)
- i. Name of the Contracting Officer.
- j. Telephone number of the Contracting Officer.
- k. Name of the Contracting Officer Technical Representative (COTR).
- l. Telephone number of the COTR.
- m. Estimated FY obligation (for purchasing) and/or revenue (for selling) amount.
- n. Healthcare Resource (select all resources covered in an agreement).
- o. VA Form 2237, VA Form 1358, or Purchase Order number.
- p. General Comments. This field is for contract staff to make any annotations related to database entries.

9. DATABASE FACTORS TO BE COMPLETED ONLY FOR PURCHASING (BUY) AGREEMENTS

In addition to the factors stated in paragraphs 7 and 8, the following factors must be completed for purchasing (buy) agreements for initial entry into the database:

- a. VA Central Office Technical and Legal Review (yes or no).
- b. Fair and Reasonable determined by? (check all that apply).
- c. Agreement involves training of medical residents? (yes or no).
- d. Select the VA facilities the work is provided for.

10. DATABASE FACTORS TO BE COMPLETED ONLY FOR PURCHASING (BUY) AGREEMENTS FOR PHYSICIAN RESOURCES

In addition to the factors stated in paragraphs 8 and 9, the following factors must be completed for purchasing (buy) agreements that involve physician resources for initial entry into the database. *NOTE: This pertains to any agreement which involves purchase of physician*

services, including contract Community-based Outpatient Clinics (CBOCs) and regardless of whether the agreement is based on salary, per procedure, or capitated arrangement. For contracts that include physician services, the following must be provided, after checking true for physician labor and add for reimbursement rate:

a. **Salary.** The database collects information on the contracted physician salary scale, in relationship to American Association of Medical Colleges (AAMC) (academic medicine) or Medical Group Management Association (MGMA) (private sector) average salaries, as a basis for comparison. Specify the quartile of AAMC or MGMA salary survey for physician labor for the specialty being contracted. **NOTE:** *Although the salary survey information is collected in this database as one tool for oversight of physician contracts, they are not to be regarded as the sole basis for negotiating contracts.* In addition, calculate the total physician FTE included in the agreement. **NOTE:** *Links to the professional salary surveys from the AAMC and the MGMA are available on the website at: <http://vssc.med.va.gov/sharingagreements/mainv2.asp>*

(1) The national AAMC salary table must be used in this database to describe the reimbursement for sole source agreements with affiliated institutions.

(a) The AAMC national salary represents the negotiated salary for medical specialists with medical colleges or their associated teaching hospitals in the United States. The salary tables represent three categories of income; those are: guaranteed salary, medical practice component, and bonus and incentives. The AAMC salary survey does not include malpractice insurance or fringe benefits. For purposes of comparison, these costs need to be excluded from the contract cost. All other costs need to be included in the contract costs, including contract overhead.

(b) This salary survey is an aggregate of medical sub-specialists in the nation. It represents the individual salary package negotiated by an affiliated institution to recruit or retain a medical specialist. If VA requirements demanded the same amount of time, the pay package might be similar; however, VA does not use the terms guaranteed income, bonus and incentives, or medical practice component in their pay package.

(2) The MGMA salary survey includes all salary, bonus and incentive payments, research stipends, honoraria, and distribution of profits; however, it does not include fringe benefits, dollar value of expense reimbursements, or retirement and/or insurance contributions.

(a) The MGMA salary survey does not include fringe benefits, dollar value of expense reimbursements or retirement/insurance contributions.

(b) For purposes of comparison, the costs not included in the salary survey need to be excluded from the contract cost. All other costs should be included in the contract costs, including contract overhead.

(c) The MGMA salary survey is an aggregate of medical sub-specialists in the nation and it refers to agreements with medical providers in general private practice.

b. **Per Procedure.** Specify the percentage of locality specific Medicare work relative value unit reimbursement rate. For those agreements where separate rates have been negotiated for work done at VA and work done at the providers' location, provide a separate entry for each rate. *NOTE: Per-procedure rates for Medicare are available at state or locally specific internet sites under the Centers for Medicare and Medicaid Services (CMS) website at: http://www.cms.hhs.gov/PhysicianFeeSched/01_overview.asp or <http://www.cms.hhs.gov/providers>.*

c. **Capitation.** Describe the capitation rate. This pertains to CBOC contracts. Specify the rate per enrollee per month and include a description of physician and support services provided, such as laboratory, x-ray, pharmacy, etc.

d. **By time slice.** Specify the rate for the time of the physician providing services. Indicate the time period that the rate is based on, whether hourly, or daily, or weekly, or monthly.

11. DATABASE UPDATES

a. **Buying Agreements (except those covered under preceding subparagraph 11a) and Selling Agreements.** Updates to the database are required only at the end of the fiscal year.

(1) For buying agreements, total obligations and expenditures are required for the end of fiscal year report.

(2) For selling agreements, the total annual revenue received and the total the health care resource is required for the end of the fiscal year report.

NOTE: The Decision Support System (DSS) is the recommended source when appropriate (see VHA Directive 1660.1).

(3) For agreements that cover multiple facilities, updates must be made by each facility where work is performed and dollars are obligated, regardless of whether that facility awarded the agreement.

(4) For agreements that expired during the FY, updates are required to be made to the agreement at the end of the FY.

b. **Expiration.** The Expired flag must be modified to Y (yes) by the end of the quarter in which an agreement has expired, with the expiration date specified.

(1) Expired agreements must be deleted from the report after the end of the fiscal year in which they expired, to ensure that all agreements that were active in a fiscal year are included in the Annual Report to Congress.

(2) Interim agreements that extend beyond the expiration date with a new contract number require a new entry into the database.

(3) Temporary extensions on the same contract number require a change in the term of agreement field and annual update entries, based on the type of agreement, until the agreement is no longer in effect.

12. REFERENCES

- a. Title 38 U.S.C. Sections 8151-8153.
- b. Public Law 104-262, Section 301.
- c. VA Acquisition Regulations (VAAR) 801.602 and 801.690.
- d. VA Directive 1660.1.
- e. Federal Acquisition Regulations (FAR) 15.403 and 15.404.