

Becoming a VA Community Care Partner

How to Join the Network & Submit a Consult (RFS) for VA Approval

Prepared for prospective NUSHU- prescribing providers - Based on current VA Community Care published guidance (2026)

Who this is for. This guide is for clinics and providers who want to care for Veterans through VA and prescribe or dispense items like NUSHU therapeutic footwear. It covers two things: (Part A) how to become a VA community care partner, and (Part B) how to submit a consult – a Request for Service (RFS) – to the VA for approval. It is an educational overview based on VA’s published guidance; specific steps can vary by VA facility.

Part A - Becoming a VA Community Care Partner

VA purchases care from community providers through the **Community Care Network (CCN)** – VA’s national network, administered by two third-party administrators (TPAs). The TPA handles enrollment, credentialing, and claims so the local VA medical center can focus on coordinating care. Which TPA you work with depends on your region.

Your region’s TPA	Who it is & how to reach them
Region 1: Optum	Third-party administrator for Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, Vermont, Virginia, and West Virginia. Contact: 1-888-901-7407
Region 2: Optum	Third-party administrator for Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. Contact: 1-844-839-6108
Region 3: Optum	Third-party administrator for Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, Puerto Rico, South Carolina, Tennessee, and the U.S. Virgin Islands. Contact: 1-888-901-6613
Region 4: TriWest	Third-party administrator for Arizona, California, Colorado, Hawaii,

Healthcare Alliance	Idaho, Montana, Nevada, New Mexico, Oregon, Texas, Utah, Washington, Wyoming, American Samoa, Guam, and the Northern Mariana Islands. General Portal: vaccn.triwest.com Customer & Provider Line: 1-877-226-8749 (1-877-CCN-TRIW)
Region 5: TriWest Healthcare Alliance	Third-party administrator for Alaska. General Portal: vaccn.triwest.com Customer & Provider Line: 1-877-226-8749 (1-877-CCN-TRIW)

Enrollment Steps

1. **Confirm your region and TPA.** CCN has five regions.
<https://department.va.gov/vha/community-care/partnerships/community-care-network/>
2. **Submit a contract / network request to the TPA.** Use the Provider Contract Request website or number above. Have your practice administrator or credentialing contact ready with your NPI and practice details.
3. **Complete credentialing.** The TPA verifies your credentials and finalizes a network agreement. This establishes you as an in-network CCN provider eligible to receive VA referrals and be reimbursed.
4. **Set up HSRM access.** HealthShare Referral Manager (HSRM) is VA's system for receiving/tracking referrals and submitting RFS forms online. Access requires an active CCN agreement, your NPI on the agreement, one HSRM training via VHA TRAIN, and ID.me identity verification. HSRM Help Desk: 844-293-2272 - HSRMsupport@va.gov.
5. **Register for training and portal access.** TriWest provider tools (Availity Payer Space, Provider Handbook, quick-reference guides) and required trainings prepare your team to receive referrals and submit claims correctly.

Part B - Submitting a Consult (RFS) for VA Approval

Once you're an in-network provider seeing a Veteran under an active VA referral, you use **VA Form 10-10172 (Community Care Provider - Request for Service, "RFS")** to ask VA to authorize care beyond that referral – including durable medical equipment (DME) like NUSHU. The RFS is how a consult gets to VA for approval and an order.

When an RFS is required

- Additional visits or time beyond what's authorized in an active referral (e.g., an authorization that's expiring).
- A new speciality service referral.
- An additional procedure, service, or item not included in the original Standardized Episode of Care (SEOC).

DME timing rule: For routine DME, submit the RFS within 24 hours or by the next business day after the visit that generated the prescription. Urgent/emergent DME needed immediately to stabilize the Veteran is covered under existing authorization and may be provided without a separate RFS.

Exceptions: Dental and IVF/ART services do not require a Form 10-10172.F

The submission workflow, step-by-step

#	Step	What happens
1	Veteran is seen & need identified	During a visit under an active VA referral, the provider identifies the need for the item or service (e.g., NUSHU therapeutic footwear)
2	Confirm an RFS is required	An RFS is needed for anything beyond the active referral – a new service, added visits, or an item not in the original SEOC. Routine DME follows the DME/Prosthetics RFS path.
3	Complete VA Form 10-10172	Fill out one form for the single request. Provider signs and dates it (electronic or wet signature).
4	Attach supporting records	Include provider notes, care plan, and any relevant labs/radiology that establish medical necessity. The form alone is not enough.
5	Submit to local VA CC office	Send via HSRM (preferred), secure email, direct message, fax, or mail (if the facility permits). Submit routine DME within 1 business day of the visit.
6	VA intake & completeness check	VA screens for signature, records, one-request-per-form, and correct routing. Missing items = denial.
7	Clinical & SEOC review	VA confirms medical necessity and whether the item is in-scope under the SEOC or needs a new authorization.
8	Consult approved & order written	VA builds the authorization (CCRA) and issues the order. Target processing is 3 business days; some facilities run longer.
9	Fulfillment	The authorized order routes to the supplier for dispensing, fitting, and follow-up with the Veteran.

Accepted submission channels: HSRM (preferred – it’s the only channel with end-to-end tracking), secure email, direct (secure) messaging, fax, or mail if the facility permits. VA processes requests within 3 business days and notifies the provider by their preferred method; requests missing documentation or a signature are denied.

Pre-submission checklist

Run each 10-10172 through this before it goes out. Most delays and return-and-resubmit cycles trace to one of these items.

	Check	What it means
☐	Provider signature & date	Signed (electronic or wet) and dated by the ordering provider. Unsigned = automatic denial.
☐	Supporting medical records	Notes, current care plan, and relevant labs/radiology attached to justify medical necessity.
☐	One request per form	A separate 10-10172 for each item or service. Bundled requests fail intake.
☐	Correct RFS pathway	Submitted through the DME/Prosthetics RFS route, not the Medical RFS route.
☐	In-scope vs. new authorization	Confirm the item is covered under the active SEOC, or flag that a new authorization is needed.
☐	Timely DME submission	Routine DME submitted within 24 hours / next business day after the visit that generated the prescription.
☐	Submitted via HSRM where possible	HSRM gives end-to-end tracking; fax/email must be manually keyed in and can go silent.
☐	Monitored notification contact	Confirm the provider’s preferred communication method is watched, so any VA response reaches you.
Tip for faster approvals. Submit through HSRM whenever possible and confirm the request is routed to the DME/Prosthetics pathway (not the Medical pathway). If you don’t hear back, don’t wait passively – check status in HSRM, or contact the facility’s community care office and ask them to look the RFS up by Veteran and submission date. Processing times vary by facility and can run longer than 3-day target.		

Key resources & links

Official VA and TPA pages for enrollment, forms, and submission

Resource	Link
Join CCN	Call https://www.vacommunitycare.com/provider
Community Care Network Overview	department.va.gov/vha/community-care/partnerships/community-care-network/
RFS & DME requirements	department.va.gov/vha/community-care/care-coordination/request-for-service-requirements/
VA Form 10-10172 (download)	www.va.gov/find-forms/about-form-10-10172/
Care coordination tools (HSRM guides)	https://department.va.gov/vha/community-care/care-coordination/care-coordination-tools/?target=HSRM
Facility contacts for care coordination	department.va.gov/vha/community-care/care-coordination/facility-contacts/
Standardized Episodes of Care (SEOC)	department.va.gov/vha/community-care/care-coordination/standardized-episodes-of-care/
Optum - provider portal	https://www.vacommunitycare.com/provider
TriWest - provider portal	vaccn.triwest.com

Educational reference based on VA Community Care published guidance (community-care network, RFS/DME requirements, and care-coordination pages), current as of 2026 page updates. Steps and timelines can vary by VA facility; confirm specifics with the local VA community care office and your regional TPA.