A RFP 2026 Info

Approved RFS Scenario

Paradigm.

Listed in the table below is the approved Request for Service (RFS) workflow within the VA Community Care Network (CCN) system. These are the outcomes that the VA is requesting that the contractor be able to fulfill.

The next document is a provider checklist, which outlines immediate steps home care agency owners and operators can take to stay compliant, credentialed, and ready as VA Community Care contracts change.

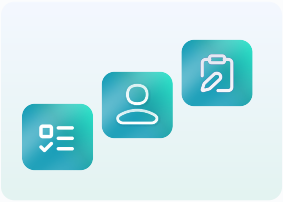
Ref.	Activity	Outcome
1	**Network Provider Requests Services**	The network provider submits RFS to the Contractor to request additional, modified, or extended services from VA. Contractor Self Service Portal
2	**Contractor receives and acknowledges receipt of RFS.**	Contractor acknowledges and transmits receipt of RFS to network provider, and generates unique RFS ID. EDI 278/DAS
3	**Contractor evaluates RFS submission for package completeness.**	Upon receipt, the Contractor reviews the RFS and other documentation submitted by the network provider for submission to VA. If more information/documentation is required or missing, the Contractor rejects the RFS and requests additional information. EDI 278/DAS
4	**Contractor performs UR on RFS.**	The Contractor reviews the services requested, the documentation and justification provided, and the scope of the original VA Approved Referral, then makes a recommendation for VA's consideration. Contractor's UM Platform
5	**Transmit RFS Package**	Provides an RFS package to VA. EDI 278/DAS
6	**VA Reviews RFS and makes final determination.**	Decision in the form of an Approved Referral is transmitted back to Contractor, Veteran, and Network Provider. EDI 278/DAS secure fax secure email mail, or message
7	**Veteran Visit Completed**	The network provider completes the visit, prepares, and sends a claim to the Contractor's system for adjudication and payment. The submitted claim must include the referral number. EDI 837
8	**Claim Adjudicated and Payment to Provider is Generated**	The Contractor validates the claim submitted by the network provider and uses the VA Approved Referral to properly adjudicate the claim and accurately generate payment to the network provider. EDI 835 Electronic Remittance Advice (RA) Automated Clearing House (ACH)
9	**Claim Invoice Sent to VA for Reimbursement**	The Contractor generates a claim invoice for reimbursement and sends to VA. EDI 837 Coordination of Benefits (COB)

Provider Checklist.

Immediate steps providers can take to stay **compliant, credentialed, and ready** as VA Community Care contracts change.

Credentialing hygiene:

Inventory your current VA Community Care contracts, portals, EFT/ERA, and points of contact.

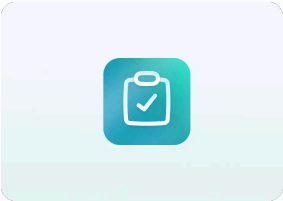


EVV readiness:

Ensure your AMS is EVV capable and ready to integrate the new changes.

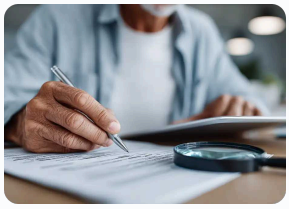
Data validation:

Confirm NPIs, pay-to, taxonomy, and clearinghouse settings are clean and consistent.



Documentation rigor:

Standardize notes, care plans, and visit attestations to be audit-ready.



For more information on the VA RFP, visit Paradigmseniors.com

Speak with a VA credentialing or billing expert: **(754) 755-4805.**