

Veteran Community Care Workflow Checklist

1. Referral Received – Intake

Referral Team

- ❑ Identify referral as VA Community Care immediately
- ❑ Use VA Community Care Referral and Authorization Checklist
- ❑ Upload the complete referral/authorization into the EHR
- ❑ Confirm the referral is authorized, rather than simply a clinical referral/request
- ❑ Establish a prominent EHR indicator such as:

VA COMMUNITY CARE PATIENT: VERIFY AUTHORIZED SERVICES & DATES BEFORE TREATMENT

For routine non-urgent/non-emergent community care, authorization is required in advance.
The authorization communicates the approved provider, care, and authorization period.
How to Get Community Care Referrals and Schedule Appointments

2. Authorization Validation/Prior Authorization

Financial Clearance

Before the first visit:

- ❑ Confirm the practice/location matches the authorized site
- ❑ Confirm the treating provider is covered by the authorization
- ❑ Confirm diagnosis matches the referral
- ❑ Verify:
  - » Consultation
  - » Office visits
  - » Labs
  - » Imaging
  - » Pathology
  - » Procedures
  - » Infusion services



- » Radiation services, if applicable
- » Drugs administered in the office
- » Supportive care

- ❑ Identify anything potentially outside the authorized episode of care
- ❑ Document authorization expiration date and/or visit limits in the EHR
- ❑ Create an expiration alert, ideally 30—60 days before authorization expiration

Do not assume a service is covered simply because it is medically necessary.

When additional visits/time, a new specialty service, or another procedure/service outside the original authorized episode is necessary, the community provider generally submits a Request for Services (RFS), VA Form 10-10172, to the local VA Community Care office. The RFS can also be submitted electronically through HealthShare Referral Manager (HSRM). VA vendor email for questions about SEOCs, RFS, expiration dates: VHAMINCommunityCareVendor@va.gov.
Request for Service Requirements

3. Obtain and Reconcile Medical Records

Clinical Intake

- ❑ Confirm receipt of relevant VA records

  For oncology, request/reconcile as applicable:
  - » Oncology consultation notes
  - » Pathology
  - » Molecular/genomic testing
  - » Surgical history
  - » Radiation history
  - » Previous systemic treatment
  - » Treatment response/progression history
  - » CT/PET/MRI reports
  - » Actual imaging when necessary
  - » Recent CBC/CMP and disease-specific labs
  - » Cardiac testing
  - » Pulmonary testing
  - » Infectious disease screening
  - » Medication list
  - » Allergies
  - » Comorbidities
  - » Performance status
  - » Central line/device information
- ❑ Identify missing information before consultation
- ❑ Reconcile VA medications against the community EHR medication list
- ❑ Document outside medications and identify potential duplicate therapy/interactions

The Department of Veterans Affairs indicates that relevant records are normally shared with the community provider, although Veterans may still need to bring imaging or other requested materials.
Understanding the Community Care Process

4. Initial Community Oncology Consultation

Provider

- ❑ Review VA referral and authorized condition
- ❑ Complete new patient evaluation
- ❑ Confirm diagnosis/stage/risk
- ❑ Review prior treatments
- ❑ Determine proposed treatment plan
- ❑ Determine whether proposed plan falls within the scope of the existing VA authorization

Immediately identify any new needs:

- ❑ Additional imaging
- ❑ Biopsy/pathology
- ❑ Molecular testing
- ❑ Surgery consultation
- ❑ Radiation oncology
- ❑ Interventional radiology
- ❑ Cardiology
- ❑ Palliative care
- ❑ Home health
- ❑ DME
- ❑ Other specialty referral
- ❑ Treatment extending beyond authorization period

If new services fall outside the existing authorization, initiate an Request for Service (RFS).
Request for Service Requirements



5. Treatment Plan Financial Clearance



HARD STOP BEFORE TREATMENT SCHEDULING.

Authorization Team + Pharmacy

- ❑ Review complete regimen:
  - » Antineoplastic agent(s)
  - » Route
  - » Dose
  - » Frequency
  - » Number of cycles
  - » Administration services
  - » Supportive medications
  - » Growth factors
  - » Hydration
  - » Labs
  - » Imaging/response assessments
- ❑ Verify treatment is consistent with authorized care
- ❑ Clarify authorization questions with the VA/Community Care administrator before drug procurement or administration
- ❑ Document the outcome in the patient's referral/authorization record



6. Medication Workflow

A

B

Office-Administered Medication

- ❑ Verify the infused/injected medication is within the authorized treatment episode
- ❑ Confirm appropriate billing pathway before administering high-cost therapy
- ❑ Validate authorization dates on each treatment date
- ❑ Confirm supportive agents are included/ appropriate
- ❑ Do not rely solely on the medical claim being accepted as proof that future treatments are authorized



Oral Anticancer / Specialty Medication

Before sending the prescription:

- ❑ Determine where the medication is supposed to be dispensed

Possible pathway:

Community oncologist orders › **VA pharmacy processes/dispenses**

or, when the specific Community Care arrangement permits:

Community provider › **Authorized network/ community pharmacy**

- ❑ Determine VA formulary requirements
- ❑ Determine whether VA clinical review/prior authorization is required
- ❑ Send supporting documentation with the medication request when necessary:
  - » Diagnosis
  - » Treatment history
  - » Treatment plan
  - » Relevant labs
  - » Molecular findings
  - » Rationale for therapy
- ❑ Track prescription until dispensing is confirmed
- ❑ Confirm expected start date with the Veteran
- ❑ Prevent duplicate prescriptions through VA and community specialty pharmacies

The VA maintains specific Community Care medication and pharmacy processes, so the dispensing pathway should be verified rather than assuming that the Veteran's usual retail or specialty pharmacy is appropriate. **Community Care Overview**

7. Treatment Scheduling

Scheduling

Once clinical and financial clearance is complete:

- ❑ Schedule treatment
- ❑ Verify authorization active on Day 1
- ❑ Ensure required labs/testing completed
- ❑ Confirm medication availability
- ❑ Confirm oral medications have been received when part of a combination regimen
- ❑ Educate Veteran on:
  - » Regimen
  - » Schedule
  - » Toxicities
  - » Who to call after hours
  - » Community practice vs. VA responsibilities
  - » Where prescriptions will be filled
- ❑ Document patient education

8. Treatment Day Checklist

Nursing / Pharmacy

Before each treatment:

- ❑ Authorization remains active
- ❑ Treatment is within authorized scope
- ❑ Orders signed
- ❑ Labs acceptable
- ❑ Medication reconciliation completed
- ❑ Treatment changes reviewed by pharmacist/provider
- ❑ Dose reductions/delays documented
- ❑ Toxicities documented
- ❑ New supportive medications communicated appropriately
- ❑ VA medication list considered when assessing interactions



9. Communication Back to VA

AN ACTIVE WORK QUEUE, NOT DEFERRED UNTIL THE END OF THERAPY.

After significant encounters, provide appropriate documentation to VA:

- ❑ Initial consultation
- ❑ Confirmed diagnosis/staging
- ❑ Treatment plan
- ❑ Treatment initiation
- ❑ Major treatment changes
- ❑ Significant toxicity
- ❑ Hospitalization/ED visit
- ❑ New diagnosis
- ❑ New specialty referral
- ❑ Imaging/response assessment
- ❑ Treatment discontinuation/completion
- ❑ Follow-up plan

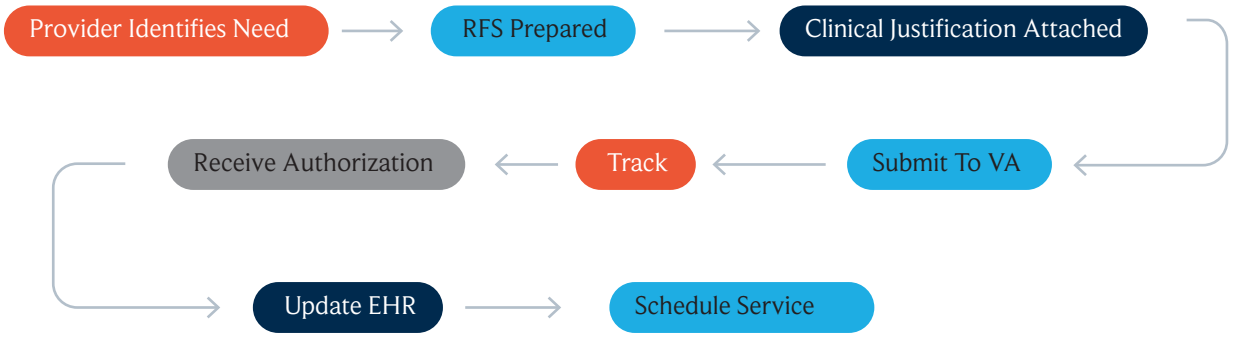
The VA distinguishes documentation required for care coordination from documentation associated with claims. Sending information for one purpose does not necessarily satisfy the other requirement.

10. Additional Services or Change in Treatment

Trigger an RFS/Authorization Review if:

- ❑ Authorization nearing expiration — setting the expiration date 60 days prior allows for time to ensure new authorization is received
- ❑ Authorized visits exhausted
- ❑ New procedure required
- ❑ New specialty referral required
- ❑ Disease progresses
- ❑ Treatment plan changes substantially
- ❑ New service is outside the original authorized scope
- ❑ Treatment needs to continue beyond authorization period

Workflow:



VA identifies VA Form 10-10172 as the standard RFS mechanism for additional visits/time, new specialty services, and procedures/services not included in the original authorized episode.
Community Care Referral & Authorization Login

11. Claims / Billing

Billing Team

- ❑ Claim matches authorized diagnosis/service
- ❑ Authorization number included where required
- ❑ Correct payer/VA Community Care network identified
- ❑ Correct rendering provider/location
- ❑ Infused medication coding verified
- ❑ Units/dose accurately documented
- ❑ Claims submitted to the entity identified by the referral/authorization
- ❑ Denials tracked separately as:
  - » No authorization
  - » Authorization expired
  - » Service outside authorization
  - » Provider/location mismatch
  - » Coding
  - » Missing documentation
  - » Other payer issue

For authorized care, the VA states that the referral identifies where claims should be submitted. For VA Community Care Network arrangements, claims may go to the appropriate third-party administrator, such as Optum or TriWest, depending on the authorization/network.

12. End of Treatment / Transition Back to VA

- ❑ Document reason therapy ended:
  - » Completed therapy
  - » Progression
  - » Toxicity
  - » Patient preference
  - » Transition to surveillance
  - » Transition to VA care
  - » Hospice/palliative care
  - » Other
- ❑ Send final oncology note/treatment summary to VA

  Include:
  - » Diagnosis/stage
  - » Regimen
  - » Treatment dates
  - » Cumulative treatment where clinically relevant
  - » Best response
  - » Toxicities
  - » Current medications
  - » Outstanding monitoring needs
  - » Surveillance plan
  - » Recommended next treatment if progression occurs
- ❑ Reconcile medications
- ❑ Confirm who owns ongoing:
  - » Oncology follow-up
  - » Laboratory monitoring
  - » Imaging
  - » Prescriptions
  - » Port maintenance
  - » Supportive care
- ❑ Close authorization/referral tracking only after final documentation is complete



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