



TRICARE South Region
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State Vaccine Program
Participation Agreement

TRICARE STATE VACCINE PROGRAM APPLICATION

TRICARE PARTICIPATION AGREEMENT FOR STATE VACCINE PROGRAMS (SVPs)

In order to receive payment under TRICARE, _____
aka _____, as the provider of services agrees:

1. Not to change a beneficiary for the following:
 - a) Services for which the provider is entitled to payment from TRICARE;
 - b) Services for which the beneficiary would be entitled to have TRICARE payment made had the provider complied with certain procedural requirements;
 - c) Services not medically necessary and appropriate for the clinical management of the presenting illness, injury, disorder or maternity;
 - d) Services for which a beneficiary would be entitled to payment but for a reduction or denial in payment as a result of quality review; and
 - e) Services rendered during a period in which the provider was not in compliance with one or more conditions or authorization.
2. To comply with applicable provisions of 32 CFR 159 and related TRICARE policy;
3. To accept the TRICARE determined allowable payment combined with the cost-share, deductible, and other health insurance amounts payable by, or on behalf of, the beneficiary, as full payment for TRICARE allowed services;
4. To permit access by the Director, DHA, or designee, to the clinical record of any TRICARE beneficiary, to the financial and organizational records of the provider, and to reports of evaluations and inspections conducted by state or private agencies or organizations; (this requirement may not apply to a SVP participation agreement);
5. To provide to the Director, DHA, or designee (e.g., Managed Care Support Contractor), prompt written notification of the provider's employment of an individual who, at any time during the twelve months preceding such employment, was employed in a managerial, accounting, auditing, or similar capacity by an agency or organization which is responsible, directly or indirectly, for decisions regarding Department of Defense payments to the provider;
6. To cooperate fully with a designated utilization and clinical quality management organization which has a contract with the Department of Defense for the geographic area in which the provider renders services;
7. Comply with all applicable TRICARE authorization requirements before rendering designated services or items for which TRICARE cost-share/copayment may be expected;

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RJ Shavelson



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Fordney's Medical Insurance and Billing - E-Book Linda M. Smith, 2024-08-07 Gain the skills you need to succeed in insurance coding and billing Fordney's Medical Insurance and Billing 17th Edition helps you master the insurance billing specialist's role and responsibilities in areas such as diagnostic coding procedural coding HCPCs coding medical documentation billing and collection Using clear explanations this book covers all types of insurance coverage commonly encountered in hospitals physicians offices and clinics Step by step guidelines lead you through the submission of electronic claims and paper claims as well as the job search and professional advancement Written by coding specialist and educator Linda M Smith this market leading text is a complete guide to becoming an efficient insurance billing specialist NEW HCPCs Coding chapter covers ambulance billing supply billing and certificates of medical necessity NEW Content on professionalism includes customer service conflict management diversity awareness leadership and other competencies to help you become an effective engaged and highly functioning employee NEW Additional content on medical decision making helps you select the appropriate evaluation and management codes under the current documentation guidelines NEW Additional examples of CMS claims include those from Blue Shield and Automobile Insurance NEW Updates to credentialing include those specific to Medicare Medicaid and Workers Compensation Coverage of medical documentation diagnostic coding and procedural coding provides you with the foundation and skills needed to work in a physician's office as well as ambulatory and inpatient settings Coverage of the role and responsibilities of the insurance billing specialist emphasizes advanced job opportunities and certification Chapter on HIPAA compliance as well as Compliance Alerts highlight important HIPAA compliance issues and the latest regulations Step by step procedures detail common responsibilities of the insurance billing specialist and coder Key terms and abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Color coded icons denote and clarify information rules and regulations for each type of payer Insights From The Field includes more interviews with experienced insurance billing specialists providing a snapshot of their career paths and offering advice to the new student Scenario boxes help you apply concepts to real world situations Quick Review sections summarize chapter content and also include review questions Student Software Challenge on the Evolve website allows you to practice filling out interactive CMS 1500 forms

The State of the Military Health Care System United States. Congress. House. Committee on Armed Services. Subcommittee on Military Personnel, 2008

Uniformed Services Almanac Debra M. Gordon, Dana L Smith, Holley Wiedemann, 2006

Handling the Medical Claim Catherine Cochran, 2017-07-27 When a doctor sees a patient how does the doctor's office get paid If a claim for a service or procedure provided is denied how does the doctor's office get the patient's insurance company to pay Handling the Medical Claim An 8 Step Guide on How To Correct and Resolve Claim Issues explains from beginning to end how to bill and collect on claims

Understanding Hospital Billing and Coding Debra P. Ferenc, 2013-02-26 A basic guide to hospital billing and reimbursement Understanding

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