



TRICARE South Region
Provider Data Management
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Fax 803-453-2668

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www.myTRICARE.com or HHS

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;

Tricare South Region Provider Manual Dme

M Woodhall



Tricare South Region Provider Manual Dme:

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