

**Defense Health Agency Great Lakes  
(DHA-GL)**

**Process Guide**

**March 2024**

## **DEFENSE HEALTH AGENCY GREAT LAKES (DHA-GL) Process Guide**

This guide was developed to assist active duty, reservist, guard members, unit medical and command representatives with commonly used DHA-GL services (or processes).

| <b>HOW TO...</b>   | <b>Page</b> |
|--|-------------|
| <b>How to Submit Medical Eligibility Documentation to DHA-GL</b>   | <b>3</b>    |
| <b>How to Submit a Request for Pre-authorization for Line of Duty (LOD) Medical Care to DHA-GL</b>                       | <b>6</b>    |
| <b>How to Submit a Formal Appeal to Defense Health Agency Great Lakes DHA- GL</b>  | <b>9</b>    |
| <b>How to Submit Pharmacy Reimbursement for Guard and Reservist with Line of Duty (LOD) injuries or illness - DHA-GL</b> | <b>12</b>   |
| <b>How to Obtain Debt Collections Assistance by DHA-GL</b>   | <b>15</b>   |

# How to Submit Medical Eligibility Documentation to DHA-GL

---

**Who this is for** National Guard and Reservist

**Purpose** Medical eligibility documents are used to document, establish, manage, and authorize civilian health care for eligible Reservist, and National Guard members who incur or aggravate an injury, illness or disease in the line of duty.

Defense Health Agency Great Lakes (DHA-GL) is responsible for the authorizations of civilian health care for eligible Reservist and National Guard members residing in the United States, District of Columbia and U.S. Virgin Island Only.

**Eligibility** Reservist and National Guard members who incur or aggravate an injury, illness or disease in the line of duty on orders under 30 days

**Submitting Eligibility** Follow these steps to forward medical eligibility documentation to DHA-GL:

| Step | Action   |
|------|--|
| 1    | Unit medical representative completes package for Medical Eligibility <a href="#">DHA-GL Worksheet-01</a> <ul style="list-style-type: none"><li>- Block 16 <b>MUST</b> be CAC verified with a digital signature.</li><li>- Certified copy of orders/drill attendance</li><li>- ER/Urgent care notes (Not discharge notes or after visit summary)</li></ul> |

| Step | Action  |
|------|---|
| 2    | <p><b>Army Reserve and Army National Guard <u>MUST</u> submit eligibility documents through <a href="#">eMMPS/MEDCHART</a>.</b></p> <p>For all other branches of service, the unit medical representative submits the medical eligibility package with DHA-GL Medical Eligibility Verification Worksheet 01 to the following <b><u>email(preferred)</u></b>, fax, or address:</p> <ul style="list-style-type: none"> <li>• <a href="mailto:dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil">dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil</a></li> <li>• FAX: 224-447-0152</li> </ul> <p><u>Mailing Address:</u><br/> Defense Health Agency Great Lakes (DHA-GL)<br/> Attn: Reserve Eligibility<br/> 2834 Green Bay Road<br/> Bldg 3400 STE 304<br/> Great Lakes IL 60088</p> |
| 3    | <p>Ensure provider submits claims to appropriate region and uses the service members SSN as the member ID number on the medical claim.</p> <p><b>**Do not send bills to DHA-GL, all claim forms must be submitted to TRICARE**</b></p> <p><u>TRICARE East</u><br/> Tricare East Region Claims<br/> New Claims<br/> P.O. Box 7981<br/> Madison, WI 53707-7981</p> <p><u>TRICARE West</u><br/> Tricare West Region Claims Submission<br/> Health Net Federal Services, LLC<br/> c/o PGBA, LLC/TRICARE<br/> P.O. Box 202112<br/> Florence, SC 29502-2112</p>   |

**Note:**

**Note:** If a service member needs follow-up medical care, please see DHA- GL Process Guide – “How to Request Pre-Authorization for Line of Duty (LOD) Medical Care”

The request must include a Service Approved Line of Duty. Any Claims for medical care rendered without a pre-authorization will be denied.

---

**Results and Follow-up** After the required medical eligibility documents have been submitted to DHA-GL the Service member should have a Beneficiary account with either region where they can review claims and view/print EOBs (Explanation of Benefits). The websites are [www.humanamilitary.com](http://www.humanamilitary.com) for TRICARE East or [www.tricare-west.com](http://www.tricare-west.com) for TRICARE West.

**Link** **DHA-GL Medical Eligibility Request** - Click on link to retrieve document. [DHA-GL Worksheet-01](#)

**Point of Contact** If you have questions or need additional assistance beyond the information provided here, contact:

|                          |  |
|--------------------------|--|
| Branch                   | Military Medical Support Office  |
| Position                 | Customer Service Representative  |
| Phone                    | 888-647-6676   |
|                          | <b>For questions about:</b>  |
| Billing/Claims           | Dial option 2  |
| Pre-authorizations       | Dial option 1  |
| Fax                      | 224-447-0152 or 224-447-0153   |
| <b>Email (preferred)</b> |  |
| Billing/Claims           | <a href="mailto:dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil">dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil</a>               |
| Pre-authorizations       | <a href="mailto:dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil">dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil</a> |

---

**Privacy Act Statement:** This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: [http://dpclo.defense.gov/privacy/SORNS/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.

# How to Submit a Request for Pre-authorization for Line of Duty (LOD) Medical Care to DHA-GL

---

**Who this is for** National Guard and Reservist

**Purpose** Defense Health Agency Great Lakes (DHA-GL) pre-authorizes civilian medical care for eligible National Guard and Reservist who have been injured or became ill in the line of duty during a period of qualified duty who resides greater than 50 miles/one hour drive time from a Military Treatment Facility (MTF).

Defense Health Agency Great Lakes (DHA-GL) is responsible for the authorizations of civilian health care for eligible Reservist and National Guard members residing in the United States, District of Columbia and U.S. Virgin Island Only.

**Eligibility** You must meet the following criteria:

- National Guard or Reservist and have been issued a Line of Duty Determination (LOD) **and** resides outside 50 miles/one hour drive time of a MTF. MTF Locator link below:

[Find a Military Hospital or Clinic | TRICARE](#)

- Have medical eligibility documentation on file at DHA-GL prior to requesting care. See DHA-GL process guide “How to Forward Medical Eligibility Documentation to DHA-GL” for complete instructions.

**Submitting Request** Follow these steps to receive pre-authorizations for civilian health care:

| Step     | Action  |
|----------|---|
| <b>1</b> | <p>Unit medical representative <b>must</b> complete a Pre-Authorization Request for Medical Care <a href="#">DHA-GL Worksheet-02</a></p> <ul style="list-style-type: none"> <li>- Block 18 MUST be CAC verified with a digital signature.</li> <li>- Service approved LOD</li> <li>- Certified orders/attendance roster</li> <li>- Clinical documentation</li> </ul> <p><b>**Clinical documentation should validate that the medical condition was incurred or aggravated while the member was in a qualified duty status.</b></p> <p>Most authorizations will be completed for evaluate and treatment. If evaluate and treatment may not be warranted in a certain case, please contact DHA-GL. Exceptions to evaluate and treatment authorization will be considered on a case-by-case basis.</p> |

| Step | Action   |
|------|--|
| 2    | <p><b>Army Reserve and Army National Guard <u>MUST</u> submit pre-authorization request through <a href="#">eMMPS/MEDCHART</a></b></p> <p>For all other branches of service, the unit medical representative submits Line of Duty package with Pre-Authorization Request for Medical Care DHA-GL Worksheet 02 to the following <b><u>email (preferred)</u></b>, fax, or address:</p> <ul style="list-style-type: none"> <li>• <a href="mailto:dha.great-lakes.j-10.mbx.mms0-initial-lod-mma@health.mil">dha.great-lakes.j-10.mbx.mms0-initial-lod-mma@health.mil</a></li> <li>• FAX: 224-447-0153 or 224-447-0151</li> </ul> <p><b><u>Mailing Address:</u></b><br/> Defense Health Agency Great Lakes (DHA-GL)<br/> Attn: Medical Pre-Authorizations<br/> 2834 Green Bay Road<br/> Bldg 3400 Ste 304<br/> Great Lakes IL 60088</p> |

## **Line of Duty (LOD) Episode of Care (EOC) Authorizations**

- THP MMSO authorizes treatment of a specific LOD medical condition to which can include diagnostic tests, durable medical equipment support, treatment (to include surgery, if indicated) and any required/related follow-on care to include physical therapy, follow-on testing, etc. There is no longer a requirement for incremental requests to authorize care for each step in the treatment process. Episode of Care (EOC) authorizations result in a better coordinated treatment process for the RC service member and reduces delays in providing needed care.
- Under EOC, often referred to as “Primary Care Manager (PCM) evaluate and treat,” the PCM manages the entire episode of care to include diagnostics, treatment, and follow-on care. **THP MMSO does not select PCMs, the TRICARE contractor does.** The PCM initiates the referral/preauthorization request directly to the respective TRICARE managed care support contractor through the provider referral/authorization portal. Once the TRICARE contractor receives the referral, they provide an authorization directly to a specialty provider for the specialty services requested by the PCM. This process occurs independently of THP MMSO and the Unit. The member and/or the unit may see these authorizations once completed on the TRICARE Contractor’s authorization self-service portal (**East:** <https://www.humanamilitary.com> **West:** <https://www.tricare-west.com> ). **\*\*\*It is the Service member’s responsibility to keep the Unit informed on the status of their care throughout the entire EOC treatment process.**
- Most LOD follow-on care pre-authorizations issued by THP MMSO (Defense Health Agency, Great Lakes) are 365-day EOC authorizations. LOD care can only be approved for maximum of 12 months, if eligible, SM can seek additional care through VA. SM also should be referred to Disability Evaluation System (DES).

---

**Link**            **DHA-GL Pre-Authorization Request for Medical Care** - Click on link to retrieve document [DHA-GL Worksheet-02](#)

**Point of Contact**    If you have questions or need additional assistance beyond the information provided here, contact:

|                          |  |
|--------------------------|--|
| Branch                   | Military Medical Support Office                          |
| Position                 | Customer Service Representative                          |
| Phone                    | 888-647-6676   |
|                          | <b>For questions about:</b>                              |
| Billing/Claims           | Dial option 2  |
| Pre-authorizations       | Dial option 1  |
| Fax                      | 224-447-0153 or 224-447-0151                             |
| <b>Email (preferred)</b> |  |
| Billing/Claims           | dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil        |
| Pre-authorizations       | dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil |

---

**Privacy Act Statement:** This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: [http://dpclo.defense.gov/privacy/SORNS/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.



# How to Submit a Formal Appeal to Defense Health Agency Great Lakes DHA-GL

---

**Who this is for:** National Guard and Reservist

**Purpose:** This explains how an eligible member submits a formal appeal to the Defense Health Agency Great Lakes (DHA-GL) to request:

- Payment of a denied authorized medical care claim
- Approval of a pre-authorization for medical care previously denied

**Eligibility:** To be eligible to submit a formal appeal to DHA-GL, you must have been either denied a payment of medical care claim(s), or denied pre- authorization request(s) for authorized medical care, and meet the following criteria:

| If ...   | Then on date of care, <b>MUST</b> ...  |
|--|--|
| <b>National<br/>Guard<br/>or<br/>Reservist</b> | Have an approved Line of Duty (LOD) on file at DHA-GL for the illness or injury. |

Definition: Authorized health care: A medical treatment or procedure which is medically necessary.

**\*\*\*Appeals are not a guarantee of Claim Payment or Pre-Authorization Approval \*\*\***

---

**Appeal Process:** Follow these steps to submit a formal appeal to DHA-GL

| 1 | Member                     | Contacts Medical/Unit Representative for clarification, guidance, and assistance with denial of claim or pre-authorization request.  |
|---|----------------------------|--|
| 2 | Member/Unit Representative | <p>Contacts appropriate DHA-GL point of contact below via telephone for further information regarding the reason for denial.</p> <p style="text-align: center;">*Assists member in developing appeal.</p> <p><b>Note:</b> If the member lives <u>within</u> 50 miles/one hour drive time to a military treatment facility (MTF) then all of their care is managed by that MTF; contact that MTF for appeal process.</p>  |
| 3 | Member/Unit Representative | <p>Completes the formal appeal worksheet and includes:</p> <ul style="list-style-type: none"> <li>• Copy of the Explanation of Benefits (EOB), if applicable</li> <li>• Eligibility: to include certified orders/drill attendance sheet, or Service approved LOD (if not on file at DHA-GL)</li> <li>• Additional clinical documents if required.</li> </ul>   |
| 4 | Member/Unit Representative | <p><b>EMAIL</b> appeal request package to DHA-GL at the below address:</p> <p><b>Denied Claim Appeal -</b></p> <ul style="list-style-type: none"> <li>• <a href="mailto:dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil">dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil</a></li> </ul> <p><b>Denied Pre-Authorization Appeal –</b></p> <ul style="list-style-type: none"> <li>• <a href="mailto:dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil">dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil</a></li> </ul> |

| Examples of when appeals do not apply:   |  |
|--|--|
| Non-covered services, non-certified provider, expired authorization, no service approved LOD, SM no longer in military (not limited to this list). |  |

---

**Results and Follow-up** If the appeal is denied, the reason for the denial will be provided via phone call or email.

**Link** **DHA-GL Formal Appeal Request - DHA-GL Formal Appeal Worksheet 03:**  
Click on link to retrieve document [DHA-GL Worksheet-03](#)

**Point of Contact** If you have questions or need additional assistance beyond the information provided here, contact:

|                          |  |
|--------------------------|--|
| Branch                   | Military Medical Support Office                          |
| Position                 | Customer Service Representative                          |
| Phone                    | 888-647-6676   |
|                          | <b>For questions about:</b>                              |
| Billing/Claims           | Dial option 2  |
| Pre-authorizations       | Dial option 1  |
| Fax                      | 224-447-0152 or 224-447-0153                             |
| <b>Email (preferred)</b> |  |
| Billing/Claims           | dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil        |
| Pre-authorizations       | dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil |

**Privacy Act Statement:** This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.

## Pharmacy Reimbursement for Guard and Reservist with Line of Duty (LOD) injuries or illness - DHA-GL

---

**Who this is for** National Guard and Reservist on a Line of Duty residing in the CONUS, DC, Alaska & Hawaii

**Background** Defense Health Agency Great Lakes DHA-GL in conjunction with Express Scripts Incorporated (ESI) began processing Retail Pharmacy reimbursements for National Guard and Reservist on 15 November 2004.

**Eligibility** National Guard and Reservist who have pre-paid or have been billed for pharmaceuticals in conjunction with a Line of Duty Determination (LOD) injury or illness.

**Note:** Over-the-counter drugs and any non-covered pharmaceuticals will Not be reimbursed.

**Process for Reimbursement** Follow these steps to get reimbursed for authorized pharmaceutical items:

| Step | What Happens  |
|------|---|
| 1    | <p>Member/Designated person with a Power of Attorney ONLY completes and signs a CHAMPUS Claim - Patient's Request for Medical Payment. Click on link to retrieve document <a href="#">DD Form 2642</a></p> <p>** Ensure that the member's SSN is on the form.</p>   |
| 2    | <p>Member provides claim printout or paid civilian pharmacy invoice with all the following information:</p> <ul style="list-style-type: none"> <li>• Doctors Name</li> <li>• Drug Name</li> <li>• National Drug Code (NDC) number</li> <li>• Quantity</li> <li>• Cost share or amount charged</li> <li>• Date of service</li> </ul> <p>Name of Retail Pharmacy and address (required)</p> |

| Step | What happens   |
|------|--|
| 3    | Obtain eligibility documentation that covers the date of injury and/or pharmacy, i.e. orders, attendance roster, or LOD if not already sent to/ on file at DHA-GL.<br><br><b>Army Reserve and Army National Guard must submit eligibility through <a href="#">eMMPS/MEDCHART</a></b>   |
| 4    | Submit the <a href="#">DD Form 2642</a> , pharmacy invoice, eligibility documentation/LOD, and DHA-GL Medical Eligibility Verification Worksheet to the following <b>email (preferred)</b> , fax or address:<br><br><ul style="list-style-type: none"> <li>• Email: <a href="mailto:dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil">dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil</a></li> <li>• Fax: 224-447-0152 or 224-447-0153</li> </ul> <p><u>Mailing Address:</u><br/>           Defense Health Agency Great Lakes (DHA-GL)<br/>           Attn: RC Retail Pharmacy Reimbursement<br/>           2834 Green Bay Road<br/>           Bldg 3400 Ste 304<br/>           Great Lakes, IL 60088</p> |

| <b>Note:</b>  |
|---|
| <p>If DHA-GL determines your pharmacy bill is related to your LOD injury or illness they will instruct ESI to process your claim for reimbursement. Within 30 business days, you should receive an Explanation of Benefits (EOB) statement with a reimbursement check from ESI.</p> <p>Website: <a href="https://www.express-scripts.com/">https://www.express-scripts.com/</a></p> |

---

**Website** TRICARE website for TRICARE Pharmacy Program –  
<http://www.tricare.mil/pharmacy>

**Point of Contact** If you have questions or need additional assistance beyond the information provided here, contact:

|                          |  |
|--------------------------|--|
| Branch                   | Military Medical Support Office                          |
| Position                 | Customer Service Representative                          |
| Phone                    | 888-647-6676   |
|                          | <b>For questions about:</b>                              |
| Billing/Claims           | Dial option 2  |
| Pre-authorizations       | Dial option 1  |
| Fax                      | 224-447-0152 or 224-447-0153                             |
| <b>Email (preferred)</b> |  |
| Billing/Claims           | dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil        |
| Pre-authorizations       | dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil |

**Privacy Act Statement:** This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.

# How to Obtain Debt Collections Assistance by DHA-GL

---

**Who this is for** National Guard and Reservist

**Purpose** To assist members with resolving debt collection issues, the Under Secretary of Defense established Debt Collection Assistance Officer (DCAO) Programs at every Lead Agent Office and Military Treatment Facility worldwide.

DCAOs assist by providing the correct regional contractor's billing information to the provider(s)/collection agency.

**Note:** While DCAOs cannot provide legal advice or act as beneficiary advocates, they will take all measures necessary to ensure each case is thoroughly researched and that beneficiaries are provided with written findings and assistance in the minimum time possible.

**\*\* DGA-GL cannot remove debt in collections from credit reports.**

**Eligibility** The following personnel may seek assistance via the Defense Health Agency Great Lakes (DHA-GL) DCAO to resolve debt collection issues:

| If ...                                     | Member MUST ...   |
|--|---|
| <b>National Guard<br/>or<br/>Reservist</b> | Have been issued a Line of Duty Determination (LOD) at the time of care/debt incurred.<br><br><b>Note:</b> The LOD must be on file at DHA-GL prior to requesting assistance. See "How to Submit Medical Eligibility Documentation" in process guide for complete instructions.<br><br>* If service member resides in <u>within</u> 50 miles/one hour drive time of a Military Treatment Facility (MTF); Service member should seek assistance from the MTF via Patient Admin/TOPA Flight/BCAC. A directory of phone numbers can be found at: <a href="http://www.tricare.mil/bcacdcao">www.tricare.mil/bcacdcao</a> |

**How to Request Assistance**

Follow these steps to receive assistance from the DHA-GL Debt Collection Officer (DCAO):

| Step | What Happens  |
|------|---|
| 1    | <p>Member completes the following forms: Click on link for DD Form 2870</p> <ul style="list-style-type: none"><li>• <a href="#">Authorization for Disclosure of Medical and Dental Information DD Form 2870</a></li><li>• Notice of the Role of the DCAO form</li></ul> <p><u>Note:</u> DHA-GL must have these forms to legally contact the collection agencies involved.</p>   |
| 2    | <p>Member or Unit Representative should <b>email (preferred)</b>, fax or mail the following documentation to DHA- GL DCAO:</p> <ul style="list-style-type: none"><li>• DD Form 2870</li><li>• Notice of the Role of the DCAO form</li><li>• Copy of the final notice letter from the collection agency/credit bureau, stating this information has been noted on the member's credit report</li><li>• LOD (if appropriate)</li></ul> <p><u>Email:</u> <a href="mailto:dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil">dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil</a></p> <p><u>Fax:</u> 224-447-0152 or 224-447-0153</p> <p><u>Mailing Address:</u><br/>Defense Health Agency Great Lakes DHAGL<br/>Attn: Debt Collection Action Officer (DCAO)<br/>2834 Green Bay Road<br/>Bldg 3400 Ste 304<br/>Great Lakes IL 60088</p> <p><u>Note:</u> If the DHA-GL DCAO does not receive all the information listed above from the member, the DCAO will send the member a letter requesting information needed to pursue the case.</p> |



---

**Results and Follow-up**

Once a complete package is received, the DHA-GL DCAO will contact the credit bureau/collection agency and requests a 60-day hold until TRICARE pays the claim. Once paid by TRICARE, a notice goes to the credit bureau/ collection agency with information pertaining to the date of the check and check number. The letter also requests that the negative credit information be removed within 14 days.

\*\* It is the providers responsibility to notify collection agency and remove the debt from SM's credit report.

SM should be actively involved and reaching out to the providers/collection agency to ensure the debt(s) have been resolved. SM should also be registered for the online beneficiary portal to track claim status. If the care in question is not covered by TRICARE, or the member was ineligible, the DHA-GL DCAO will send a letter to the member stating the facts.

**Website**

Contact information for DCAOs located at Military Treatment Facility's (MTFs) can be found on the TRICARE web site at: <https://tricare.mil/bcacdcao>. If the BCAC is not located on the website, the SM needs to call the nearest MTF directly for the information.

**Point of Contact**

If you have questions or need additional assistance beyond the information provided here, contact:

|                          |  |
|--------------------------|--|
| Branch                   | Military Medical Support Office                          |
| Position                 | Customer Service Representative                          |
| Phone                    | 888-647-6676   |
|                          | <b>For questions about:</b>                              |
| Billing/Claims           | Dial option 2  |
| Pre-authorizations       | Dial option 1  |
| Fax                      | 224-447-0152 or 224-447-0153                             |
| <b>Email (preferred)</b> |  |
| Billing/Claims           | dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil        |
| Pre-authorizations       | dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil |

**Privacy Act Statement:** This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.

# DEFENSE HEALTH AGENCY – GREAT LAKES DEBT COLLECTION RESOLUTION PACKET

## INSTRUCTIONS FOR COMPLETING THE DD2870 FOR DEBT COLLECTION

---

1. On the DD Form 2870 complete Section I in its entirety.
2. In Section II: box 6 add the name of the collection agency/facility, “I authorize \_\_\_? \_\_\_”
  - Box 6a: add “Defense Health Agency Great Lakes”
  - Box 6b: add DHA-GL address
    - 2834 Green Bay Road Bldg 3400 Ste 304 Great Lakes, IL 60088
  - Box 7: mark “insurance”
  - Box 8: add “Medical claims and supporting documents”
  - Box 9: add today’s date
  - Box 10: mark “action completed” only
3. In Section III, Sign, and date the form
4. Please attach a copy of the collection notice or credit report as well as any medical claims for this episode of care.

### Debt Collection Checklist (Please check what you are sending)

---

- This coversheet completed
- Notice of Role of Debt Collection Assistance Officer Sheet (Acknowledgment)
- DD Form 2870... Completed as stated above
- Copy of Collection notice or Credit Report showing the delinquency
- Medical Claims/bills for this episode of care
- Documents substantiating the duty status of the service member
- Other supporting documentation that may support the claim

|   |   |
|---|---|
| <p><b>Email (preferred):</b><br/><a href="mailto:dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil">dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil</a></p> <p style="text-align: center;"><b><u>or</u></b></p> <p><b>Fax To:</b><br/>Debt Collection Assistance Officer:<br/><br/>224-447-0152</p> | <p><b>Submitted by:</b></p> <hr/> <p><b>Phone Number:</b></p> <hr/> |
|---|---|

# NOTICE OF THE ROLE OF THE DEBT COLLECTION ASSISTANCE OFFICER

## ACKNOWLEDGEMENT

I \_\_\_\_\_, understand that the role of the Debt Collection Assistance Officer (DCAO) is one of researching TRICARE claims that are the basis for an underlying debt. The DCAO has my consent to contact all necessary agencies – including military personnel offices, military treatment facilities (MTF), TRICARE Lead Agent offices, the TRICARE Management Activity (TMA), managed care support contractors, creditors who have issued bills, even debt collection agencies if appropriate – in order to research the TRICARE claim involved. The DCAO will assist me in understanding the basis for the underlying debt. The DCAO will coordinate with TMA to provide an official determination as to the appropriate resolution of a TRICARE claim.

I acknowledge and understand that the DCAO is NOT acting as my advocate in assisting me regarding the pending debt collection action. In addition, I acknowledge that the DCAO is NOT acting as my legal representative in this matter. In the event the DCAO determines that the debt appears to be valid, I have the right to continue to challenge the correctness of the debt, including exercising my TRICARE appeal rights. I understand I have the right to seek legal assistance through my legal assistance officer or private attorney.

**Printed Name:** \_\_\_\_\_

**Social Security Number or DoD#:** \_\_\_\_\_

**Service Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**Privacy Act Statement:** This statement serves to inform you of the purpose for collecting information required by the Defense Health Agency Great Lakes (DHA-GL) and how it will be used. **AUTHORITY:** 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.17, TRICARE program; and E.O. 9397 (SSN), as amended. **PURPOSE:** To collect information from Military Health System beneficiaries in order to determine their eligibility for coverage under the TRICARE Program. **ROUTINE USES:** Use and disclosure of your records outside of DoD may occur in accordance with 5 U.S.C. 522a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPPA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by 6025.18-R. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations. **DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of coverage.