

Medical Actions (NGGA-PEM)

**DEFENSE
HEALTH
AGENCY-GREAT
LAKES (DHA-GL)**

Joint Force Headquarters
Georgia Army National Guard
Marietta, GA
1 October 2024

SUMMARY of CHANGE

SOP

Defense Health Agency-Great Lakes (DHA-GL)

This major revision, dated 1 October 2024-

- o. Adds MMSO1 and MMS2 criteria (para 1-3).**
- o. Adds Eligibility (MMSO Form 1) process (para 1-3 (a) i-iv).**
- o. Adds Medical Pre-Authorization for Continued Medical care (MMSO2) process (para 1-3 (b) i-vii).**
- o. Adds How to find the Nearest Military Treatment Facility (MTF) (para 1-3 (b) d).**
- o. Deletes old Pharmacy Reimbursement address and fax number, added new address, fax number and email address (para 1-6 (e)).**
- o. Adds Military Treatment Facility (MTF) 50-mile radius rule (para 1-3 (c) ii, a-b).**
- o. Adds Primary Care manager selection and MMSO2 treatment duration (para 1-3 (c) viii, ix).**
- o. Adds appeal email addresses (para 2-2 (e)).**
- o. Adds new fax numbers and email address (para 2-3(b)).**
- o. Adds removal of debts in collections on the credit report (para 2-3 (c) 1).**

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Chapter 1 Overview

1-1 Purpose.

The Defense Health Agency-Great Lakes (DHA-GL), formerly known as the Military Medical Support Office (MMSO), is responsible for the authorization of civilian health care for Georgia Army National Guard (GAARNG) Soldiers who live outside of the 50-mile catchment area of a Military Treatment Facility (MTF) or, as determined by DHA-GL, based on the Home of Record (HOR) listed in the Integrated Personnel and Pay System – Army (IPPS-A). Medical eligibility documents are used to document, establish, manage, and authorize civilian health care for eligible GAARNG Soldiers who incur or aggravate an injury, illness, or disease in the line of duty.

1-2 Applicability.

When a Soldier is injured in an authorized duty status, and requires continued medical care, the Soldier must take a Statement of Medical Examination form (DA Form 2173) for completion by the attending medical provider (RN, NP, PA, MD) or patient administrator. This form ensures that the Soldier has the required information to resolve claims for the initial visit, as well as all additional visits that may result from the injury/illness. Soldiers must inform civilian providers to submit their Health Insurance Claim Form directly to the Regional TRICARE contractor for payment. Soldiers will provide a Tricare processing guide to their medical provider.

1-3 Eligibility (MMSO Form 1) and Medical Pre-Authorization for Continued Medical Care (MMSO Form 2)

a. Criteria

- i. The Soldier must have incurred or aggravated an injury, illness, or disease on an authorized duty status.
 - a. The DA Form 1379, Orders, or DD 214 must be uploaded. (NO OTHER DOCUMENTS WILL BE ACCEPTED)
 - b. ER/Urgent care notes (**Discharge notes or after-visit summaries do meet the standard**).

b. (MMSO Form 1)

- i. A MMSO Form 1 covers bill payment for a medical issue that is addressed and resolved in one visit and establishes health care eligibility for Soldiers seeking follow-on care.
- ii. The Soldier must provide the unit with all clinical documents. (**Discharge notes or after-visit summaries do meet the standard**)
- iii. The MMSO Form 1 must be submitted through the Electronic Medical Management Processing System (eMMPS).
- iv. Required documents.
 - a. A signed DA Form 2173. The DA Form 2173 must be signed in blocks 22 and 39 and uploaded into eMMPS in Tab 3 “Hard Copy of Active DA Form 2173 and/or DD Form 261.”
 - i. Block 22 signature must be a Provider, SARC, or a Readiness in the grade of E7 or above. Only use one line, more than one line will not show up on the DA Form 2173, JUN 2021. Block 39 must be the Unit commander or designee.
 - b. Verification of Duty status at the time of injury. (Orders or Drill attendance sheet 1379)
 - i. The drill attendance sheet DA Form 1379 must have all names of other Soldiers redacted.

[REDACTED]	E04	08-AUG-2024	11	11-FEB-2022 1	P
[REDACTED]	E04	08-AUG-2024	11	11-FEB-2022 2	P
[REDACTED]	E04	08-AUG-2024	11	12-FEB-2022 1	P
[REDACTED]	E04	08-AUG-2024	11	12-FEB-2022 2	P
[REDACTED]	E04	08-AUG-2024	11	13-FEB-2022 1	P
[REDACTED]	E04	08-AUG-2024	11	13-FEB-2022 2	P
[REDACTED]	E07	05-MAY-2028	11	11-FEB-2022 1	P
[REDACTED]	E07	05-MAY-2028	11	11-FEB-2022 2	P
[REDACTED]	E07	05-MAY-2028	11	12-FEB-2022 1	P

- ii.
- c. Medical documents with a diagnosis and name of the license provider.
- d. Block 13a is the NEAREST MILITARY TREATMENT FACILITY (MTF). This can be any branch. Use the website Find a Military Hospital or Clinic at <https://www.tricare.mil/mtf>. Block 13b is the miles from the MTF. Block 13c should be highlighted RESIDENCE.

13.a. Name of Nearest Military Treatment Facility:

 Required

13.b. Which Is Required miles

13.c. Miles from the Member's Place of Duty Residence

c. Medical Pre-Authorization for Continued Medical Care (MMSO Form 2)

- i. The MMSO Form 2 gives **pre-authorization** for civilian medical care and authorizes payment of civilian medical claims.
- ii. Before initiating MMSO Form 2, the Soldier must have a specific need for follow-on care; either a recommendation from the initial visit or residual issues from the original injury which requires evaluation and a definitive medical diagnosis.
 - a. The Soldier must live greater than 50 miles from an MTF. See (para 1-3 (b), iv, d) to be eligible for a MMSO Form 2.
 - b. If the Soldier lives within the 50 miles of the MTF then all care is managed at that MTF. The Soldier will need to provide a copy of a signed DA Form 2173 to the MTF. The Soldier needs to contact the MTF for other required documents.
- iii. MMSO Form 2 for follow-on care can only be initiated after the unit Commander or authorized representative signs the DA Form 2173 in eMMPS. The Line of Duty (LOD) does NOT have to be completed, but there must be a reasonable assumption that the condition will be found In the Line of Duty (ILD).
- iv. The unit representative must complete the MMSO1 to verify eligibility.
- v. The unit representative will complete sections I, II, and III of MMSO Form 2. This includes the member data, pre-authorization request, and current unit certification of eligibility.
- vi. Most MMSO Form 2 Block 13 will be approved for **evaluation and treatment**. Pre-authorization for any surgical procedure identified during the first initial six months of care will be covered under that authorization. Providers should work closely with TRICARE regarding all surgical requests to ensure that all claims are covered.
- vii. Required documents for MMSO Form 2.

- a. A signed DA Form 2173. The DA Form 2173 must be signed in blocks 22 and 39 and uploaded into eMMPS in Tab 3 “Hard Copy of Active DA Form 2173 and/or DD Form 261.”
 - i. Block 22 signature must be a Provider, SARC, or a Readiness in the grade of E7 or above. Only use one line, more than one line will not show up on the DA Form 2173, JUN 2021.
- b. Verification of Duty status at the time of injury. (Orders or Drill attendance sheet 1379)
 - i. The drill attendance sheet DA Form 1379 must have all names of other Soldiers redacted.

[REDACTED]	E04	08-AUG-2024	11	11-FEB-2022	1	P
[REDACTED]	E04	08-AUG-2024	11	11-FEB-2022	2	P
[REDACTED]	E04	08-AUG-2024	11	12-FEB-2022	1	P
[REDACTED]	E04	08-AUG-2024	11	12-FEB-2022	2	P
[REDACTED]	E04	08-AUG-2024	11	13-FEB-2022	1	P
[REDACTED]	E04	08-AUG-2024	11	13-FEB-2022	2	P
[REDACTED]	E07	05-MAY-2028	11	11-FEB-2022	1	P
[REDACTED]	E07	05-MAY-2028	11	11-FEB-2022	2	P
[REDACTED]	E07	05-MAY-2028	11	12-FEB-2022	1	P

- c. Medical documents with a diagnosis and name of the license provider. **No document labeled “After Visit Summary, Discharged Summary, or Summary”** can be used for a MMSO2.
- viii. The MMSO form 2 only authorizes treatment for the diagnosis on the LOD medical condition. The treatment includes diagnostic tests, medical equipment, physical therapy, surgery and any other required follow-on care.
- ix. **DHA-GL does not select the Primary Care Manager (PCM), the TRICARE contractor does.** The PCM initiates the referral request directly to the TRICARE contractor through the provider referral or 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 DHA-GL and the Unit.
 - a. The Soldier or unit may see these authorizations when completed on the TRICARE Contractor's portal. TRICARE East: <https://www.humanamilitary.com>.
 - b. **The Soldier is responsible to keep the unit informed of their status of care.**
 - c. MMSO Form 2 pre-authorizations are for 365-days from date of injury. The Soldier can seek additional care through the VA.
 - d. If the Soldier requires care in excess of 365-days, they should be referred to the Disability Evaluation System (DES).

1-4 Bill Payment Only.

- a. When a medical issue is addressed and resolved in one visit, LOD initiation is not necessary. To authorize Tricare payment of a one-time visit to a civilian medical provider, the Soldier must contact the billing department and request that they resubmit the bill to Tricare. Most unpaid bills are due to the Soldier not having authorization for care. Once the authorization is established, the treatment facility can request payment.
- b. If the request for rebill does not resolve the medical bill(s), the Soldier or unit representative may call or email the DHA-GL to inquire about the unpaid bill(s) by providing the Soldier's SSN, and name. Subsequent/follow-on visits require LOD initiation and DHA-GL pre-authorization. If the Soldier does not have an LOD initiated, the Soldier's RNCO or MRNCO will initiate Worksheet-01 and submit the payment request.

EXAMPLE: During a weekend drill, a Soldier falls while training and complains of severe pain in his/her right arm. The Commander/1SG may send the Soldier to the local emergency room for evaluation. After examination, it is determined that his/her right arm is not broken but sprained with the expectation that the

injury will not require follow-on care and the Soldier will not be incapacitated from working their military/civilian job.

In this situation, a DHA-GL Worksheet-01 will be submitted to cover the cost of the ER visit and no LOD will be initiated.

1-5 Billing/Payment issues.

Request for payment by the medical provider before pre-authorization, the Soldier not providing the pre-authorization memo to the provider, and failure to submit a Worksheet-01 are the most common causes for medical claims not being paid by Tricare. For initial care, a current version of Worksheet-01 must be submitted to DHA-GL. For follow-on care, the Soldier must provide the medical provider with a copy of the completed Worksheet-02.

a. The Soldier will log into humana-military.com. First-time users should register through DS Login and select the self-service account. If no payment has been made or there is not an Explanation of Benefits statement in the Claim Process Date box, proceed to the next step.

b. The Soldier will contact the medical facility billing department and request that the claim be sent to Tricare using the Soldier's SSN. If this was not completed at the initial visit, the medical facility will need to wait 30-45 days before the claim can be paid. The Soldier can follow the above step after the 30-45-day period. If the claim is denied twice, the Soldier will contact the Major Subordinate Command (MSC) Medical Readiness NCO (MRNCO) for assistance and submit a copy of the DHA-GL Worksheet-01, along with DA1379/Orders, to the MRNCO.

c. Technicians or M-Day Soldiers enrolled in Tricare Reserve Select (TRS) will always have challenges in bill payment relating to medical care received while on orders or Inactive Duty Training (IDT). M-Day Soldiers enrolled in TRS will be billed for the Tricare Standard Co-Pay. Technicians will always have their claims denied. In both situations, Readiness NCOs (RNCOs) will contact their MRNCO or DHA-GL to initiate reprocessing. If DHA-GL is contacted, it must be stated that the Soldier is a Federal Technician or is enrolled in TRS and DHA-GL will give further instructions.

1-6 Pharmacy Reimbursement.

Pharmacy Reimbursement is authorized for GAARNG Soldiers with LOD injuries or illnesses. A Soldier who has pre-paid or has been billed for pharmaceuticals in conjunction with a LOD injury or illness can be reimbursed.

NOTE: This process is for prescription medications only. Over-the-counter medications will not be reimbursed.

a. Soldiers can find a list of pharmacies in their area using the following link by clicking on "Find a Pharmacy" and enter zip code. <https://www.express-scripts.com/TRICARE/pharmacy/findpharmacy.shtml>

b. Soldier completes and signs a CHAMPUS Claim - Patient's Request for Medical Payment DD Form 2642.

c. Soldier provides claim printout or paid civilian pharmacy invoice with the following information:

1. Doctor's name
2. Drug name
3. National Drug Code (NDC) number
4. Quantity
5. Cost share or amount charged
6. Date of service
7. Name of retail pharmacy

d. Soldier obtains eligibility documentation that covers the date of injury and/or pharmacy, i.e., orders, attendance roster, or LOD if not already on file at DHA-GL.

e. Soldier forwards the DD Form 2642, pharmacy invoice, eligibility documentation/LOD, and DHA Medical Eligibility Verification Worksheet-01 to the following FAX or address:

FAX: 224-447-0152 or 224-447-0153
Email: dha.great-lakes.j-10.mbx.mmsolod-misc@health.mil
Defense Health Agency-Great Lakes (DHA-GL)
Attn: RC Retail Pharmacy Reimbursement

**2834 Green Bay Road
Bldg. 3400 Ste 304
Great lakes, IL 60088**

- f. If DHA-GL determines the pharmacy bill is related to the Soldier's LOD injury or illness they will instruct Express Scripts Incorporated (ESI) to process the claim for reimbursement. Within 30 working days, the Soldier will receive an Explanation of Benefits (EOB) statement with a reimbursement check from ESI.

Chapter 2 Appeals and Collections

2-1 Eligibility.

To be eligible to submit a formal appeal to DHA-GL, the Soldier 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:

Have an approved LOD on file at DHA-GL for the illness or injury.

2-2 Appeal Process.

The following process details how an eligible Soldier submits a formal appeal to DHA-GL. The PM will assist the

Soldier and Medical/Unit Representative and will serve as a direct liaison to DHA-GL if any issues develop during any stage of the process.

- a. Soldier - contacts medical/unit representative for clarification, guidance, and assistance with denial of claim or pre-authorization request.
- b. Soldier/unit representative - ensures the denial decision was made by DHA-GL and not by a Military Treatment Facility (MTF) and is authorized health care. Note: If the Soldier's care is managed by an MTF, contact that MTF for the appeal process.
- c. Medical/unit representative – completes the DHA-GL Worksheet 03. DHA-GL can be contacted at 888-647 6676, option 2 Billing and claims or option 1 for Pre-authorizations. DHA-GL prefers email at Billing and claims dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil and Pre-authorizations at dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil.
- d. Unit representative - assists Soldier in developing and mailing the appeal request package (see attached process guide for details).
- e. Soldier - completes and emails the appeal request package. The Soldier must submit the requested documents by email to the PM in case the PM must advocate on behalf of the Soldier during the appeal process. The email address to DHA-GL is as follows:

Denied Claim Appeal: dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil

Denied Pre-Authorization Appeal: dha.great-lakes.j-10.mbx.mmso-initial-lod-mma@health.mil

- f. Results and follow-up, if the appeal is denied, the reason for the denial will be provided via phone call or email.

2-3 Credit Report or Collections Removal Process.

Soldiers who have been issued a LOD at the time of care/debt incurred may seek assistance via the DHA-GL Debt Collection Assistance Office (DCAO) to resolve debt collection issues. See the attached DHA-GL Process Guide for steps to request assistance from the DHA-GL DCAO. Note: The LOD must be on file at DHA-GL before requesting assistance.

- a. Soldier completes the following forms located at the end of this section: Authorization for Disclosure of Medical or Dental Information, DD Form 2870, and Notice of the Role of the DCAO form. **Note: DHA-GL must have these forms to legally contact the credit bureau and/or collection agencies involved**
- b. Soldier faxes or emails the following documentation to DHA-GL DCAO: DD Form 2870, Notice of the Role of the DCAO form, copy of the final notice letter from the collection agency/credit bureau, stating this information has been noted on the member's credit report, and LOD (if appropriate)

FAX: 224-447-0152 or 224-447-0153

Email: dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil

Mailing Address: Defense Health Agency Great Lakes DHAGL

Attn: Debt Collection Action Officer (DCAO)

Bldg. 3400 Suite 304

2834 Green Bay Road Great Lakes IL 60088

Note: If the DCAO does not receive all the information listed above from the Soldier, the DCAO will send the Soldier a letter requesting information needed to pursue the case.

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

1. **DGA-GL cannot remove debt in collections from credit reports.** It is the providers responsibility to notify collection agency and remove the debt from SM's credit report.

d. If the care in question is not covered by TRICARE, or the Soldier was ineligible, the DCAO will send a letter to the Soldier stating the facts.

Appendix A
References

AR 600-8-4

Line of Duty Policy, Procedures, and Investigations, dated 12 November 2020

AR 600-77

Administrative Management of Wounded, Ill, or Injured Soldiers, dated 5 March 2019

Defense Health Agency Great Lakes (DHA-GL) Process Guide, dated March 2024

Appendix C

Glossary

eMMPS

Electronic Medical Management Processing System

ESI

Express Scripts Incorporated

DHA-GL

Defense Health Agency-Great Lakes

DCAO

Debt Collection Assistance Office

EOB

Explanation of Benefits

IDT

Inactive Duty Training

ILD

In the Line of Duty

IPPS-A

Integrated Personnel and Pay System-Army

LOD

Line of Duty

MMSO

Military Medical Support Office

MRNCO

Medical Readiness NCO

MTF

Military Treatment Facility

PM

Program Manager

RNCO

Readiness NCO

SIDPERS

Standard Installation/Division Personnel Reporting System

TRS

Tricare Reserve Select