Medical Actions (NGGA-PEM)

DEFENSE HEALTH AGENCY-GREAT LAKES (DHA-GL)

Joint Force Headquarters Georgia Army National Guard Marietta, GA 1 October 2022

SUMMARY of CHANGE

SOP

Defense Health Agency-Great Lakes (DHA-GL)

This major revision, dated 1 October 2022 -

- o. Updates document for provider billing (para 1-2).
- o. Rephrase to pre-authorization Worksheet-02 (para 1-3 b).
- o. Rephrase to pre-authorization for LOD medical follow-on care (para 1-3 d).
- o. Removes must have profile (para 1-3 f).
- o. Adds request for the provider to submit the bill again after pre-authorization is needed (para 1-4).
- o. Mytricare.com has been changed to humana-military.com (para 1-5 a).
- o. Clarifies reasons for why medical bills are not paid (para 1-5).
- o. Moves Pharmacy Reimbursement to para 1-6.

Proposed changes, modifications, and/or deletions should be made known GAARNG G-1, HR Plans using GA Form 2028. Your feedback to provide a quality product is always welcome.

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Chapter 1 Overview

1-1 Purpose

The Defense Health Agency-Great Lakes (DHA-GL), formerly known as Military Medical Support Office (MMSO), is responsible for the authorization of civilian health care for Georgia Army National Guard (GAARNG) Soldiers who are not in 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 Medical Pre-Authorization for Continued Medical Care for Duty-Related Conditions

- a. Eligibility must be submitted through the Electronic Medical Management Processing System (eMMPS). Pre- authorization 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 complete in the module, but there must be a reasonable assumption that the condition will be found In the Line of Duty (ILD).
- b. Before initiating pre-authorization Worksheet-02, the Soldier must have a specific need for follow-on care; either a recommendation from the initial visit or have residual issues from the original injury which requires evaluation and a definitive medical diagnosis.
- c. Pre-authorizations are initiated under "MMSO Pre-Authorizations" by clicking "Start New Pre-Authorization". The Soldier's name, SSN, or Case ID will be entered to begin pre-authorization. The unit representative will complete the DHA-GL Medical Eligibility Verification Worksheet-01 to verify eligibility.
- d. To request pre-authorization for LOD medical follow-on care, the unit representative will complete section I, II, and III of Worksheet-02. This includes the member data, pre-authorization request, and current unit certification of eligibility.
- e. Most authorizations 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.
- f. Pre-authorization requests must include all medical documentation with a current definitive diagnosis, if available, and recommended course of treatment. All additional clinical documentation should already be uploaded in the LOD.

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.

Note: Most unpaid bills are due to the Soldier not having an 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 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 prior to pre-authorization, 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 the 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-miltary.com. First time users should register through DS Login and select 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 was denied twice, the Soldier will contact the Major Subordinate Command (MSC) Medical Readiness NCO (MRNCO) for assistance.
- 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 illness. 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: 847-688-6460

Defense Health Agency-Great Lakes

Attn: RC Retail Pharmacy Reimbursement

P.O. Box 886999 Great Lakes, IL 60088-6999

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 DHA-GL Program Manager (PM) will assist the Soldier and medical/unit representative and serve as 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).

Note: If the Soldier's care is managed by an MTF, contact that MTF for appeal process.

- c. Medical/unit representative contacts appropriate DHA-GL point of contact below via telephone or mail for further information regarding the reason for denial.
- d. Unit representative assists Soldier in developing and mailing the appeal request package (see attached process guide for details).
- e. Soldier completes and mails the appeal request package. The Soldier must submit the requested documents by email to the PM in case the PM must advocate on the behalf of the Soldier during the appeal process. The mailing address to DHA-GL is as follows:

Defense Health Agency Great Lakes (DHA-GL)

Attn: Appeals
Bldg 3400 Ste 304

2834 Green Bay Road Great Lakes IL 60088

Fax: 847-688-6460

f. If the appeal is denied, the reason for the denial and information on how to follow-up to initiate a second level appeal will be provided in writing directly to the Soldier.

2-3 Credit Report or Collections Removal Process

Soldiers who have been issued a LOD at the time debt was incurred, may seek assistance via the DHA-GL Debt Collection Assistance Office (DCAO) to resolve debt collection issues. See Appendix A for DHA-GL Process Guide for steps to request assistance from the DHA-GL DCAO. **Note: The LOD must be on file at DHA-GL prior to 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 mails 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: 847-688-6460

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 pertaining to the date of the check and check number. The letter also requests that the negative credit information be removed within 14 days.
- 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 15 March 2019

AR 600-77

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

Defense Health Agency Great Lakes (DHA-GL) Process Guide, dated June 2019

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

TRS

Tricare Reserve Select