

Medical Actions (NGGA-PEM)

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

Joint Force Headquarters  
Georgia Army National Guard  
Marietta, GA  
1 October 2025

## ***SUMMARY of CHANGE***

### **SOP**

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

- o. Adds certified proof of duty status (para 1-3 a).**
- o Adds Signature requirement for blocks 22 and 39-40. (para 1-3 a, iv, a, i).**
- o. Adds DA Form1379 requirements (para 1-3 b, i).**
- o. Adds orders requirements (para 1-3 b, ii).**

Proposed changes, modifications, and deletions should be made known by 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) is responsible for the authorization of civilian health care for Georgia Army National Guard (GAARNG) Soldiers. 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.

- a. **Must live outside of the 50-mile catchment area of a Military Treatment Facility (MTF). DHA-GL uses the Home of Record (HOR) listed in the Integrated Personnel and Pay System – Army (IPPS-A).**

### 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 (Worksheet-01) and Medical Pre-Authorization for Continued Medical Care (Worksheet-02)

#### a. Criteria

1. The Soldier must have incurred or aggravated a pre-existing injury, illness, or disease on an authorized duty status. The following documents must be uploaded: a CAC-signed United States Army Reserve Components Unit Record of Reserve Training (DA Form 1379), CAC Certified Orders, or Certificate of Release or Discharge from Active Duty (DD Form 214). (No other documents will be accepted.)
  - i. All names and social security numbers on the DA Form 1379 must be redacted, except for the Soldier requesting care.
  - ii. The only pages required are the cover page, page or pages the Soldier is on and the signature page.
  - iii. Emergency Room (ER)/Urgent Care notes (discharge notes or after-visit summaries do NOT meet the standard).
2. A Worksheet-01 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.
3. The Soldier must provide the unit with all clinical documents.
4. The Worksheet-01 must be submitted through the Electronic Medical Management Processing System (eMMPS).
5. Required documents.
  1. A signed DA Form 2173. The DA Form 2173 must be Digitally 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 using one line, more than one line will not show up on the DA Form 2173, JUN 2021.

22	Typed or Written Name of Provider/SARC/UA/Readiness:	Victor Frankenstein MD
		Characters Remaining: 1000
24	Provider/SARC/UA/Readiness Date:	20 JUN 2023 (dd MM/yy)

39. NAME/GRADE OF IMMEDIATE/UNIT COMMANDER OR SARC CPT Crunch, Horatio	40. SIGNATURE Crunch, Horatio Me Digitally signed by Crunch Horatio Magellan 123456789 Date 20250302	41. DATE
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DA FORM 2173, JUN 2021 APO AEM v1.00ES

2. 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. The only pages required are the cover page, page or pages the Soldier is on and the signature page.

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

- ii. Orders must be CAC certified.

Period (TDY) : 02 June 2025 - 13 June 2025  
 Report to: FT STEWART, GA  
 Reporting date/time: NLT 08:00hrs, 02 June 2025  
 Purpose: Regular Unit AT CONUS  
 Additional instructions:

- (a) This order is for pay and allowances only. Travel and per diem will be processed in DTS. Round trip distance traveled in my privately owned vehicle to comply with this order was \_\_\_\_\_ miles. As owner/ operator of the POV, I was primarily responsible for payment of its operating expense.

Soldier Signature: \_\_\_\_\_

- (b) Performance Certification: I certify that I have personal knowledge or I have personally verified the duty requested above has been performed.

Typed Name: CPT Crunch, Horatio

Signature: Crunch, Horatio Me Digitally signed by Crunch  
 Horatio Magellan 123456789 Date 20250302 Date: 20250505

- (c) Travel of dependents and shipment of other than TDY weight allowance is not authorized.  
 (d) Payroll will be submitted by the Unit of Assignment.  
 (e) Subject to availability of funds.  
 (f) Reserved for future use.

3. Medical documents with a diagnosis and name of the license provider.

4. Block 13a is the nearest Military Treatment Facility (MTF). This can be any branch (Navy, Air Force, Coast Guard, Space Force, Marines, and Army). Use the website Find a Military Hospital or Clinic at <https://www.tricare.mil/mtf>. Block 13b is 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

**b. Medical Pre-Authorization for Continued Medical Care (Worksheet-02)**

1. The Worksheet-02 gives pre-authorization for civilian medical care and authorizes payment of civilian medical claims.
2. Before initiating Worksheet-02, 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.
3. Worksheet-02 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).
4. The unit representative must complete the Worksheet-01 to verify eligibility.
5. The unit representative will complete sections I, II, and III of Worksheet-02. This includes the member data, pre-authorization request, and current unit certification of eligibility.
6. Most Worksheet-02 Block 13 will be approved for evaluation and treatment. Pre-authorization of 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.

**13. List needed follow-up care or durable medical equipment (include CPT/HCPCS codes):**

Evaluate and treat

Characters Remaining: 282

7. Required documents for Worksheet-02.
  - 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". Block 22 signature must be a Provider, SARC, or a Readiness in the grade of E7 or above. Only using one line, more than one line will not show up on the DA Form 2173.

22. Typed or Written Name of Provider/SARC/UA/Readiness:	Victor Frankenstein MD
	Characters Remaining: 1000
24. Provider/SARC/UA/Readiness Date:	20 JUN 2023 (dd MMM/yyyy)

  

39. NAME/GRADE OF IMMEDIATE/UNIT COMMANDER OR SARC	40. SIGNATURE	41. DATE
CPT Crunch, Horatio	Crunch, Horatio Me Digitally signed by Crunch Horatio Magellan 123456789 Date 20250302	

DA FORM 2173, JUN 2021 APD AEM v1.00ES  
Page 2 of 2

- b. Verification of Duty status at the time of injury. (Orders or Drill attendance sheet DA form 1379)
  - i. The drill attendance sheet DA Form 1379 must have all names of other Soldiers redacted. The only pages required are the cover page, page or pages the Soldier is on and the signature page.

[REDACTED]	E04	08-AUG-2024	11	11-FEB-2022 1	P
	E04	08-AUG-2024	11	11-FEB-2022 2	P
	E04	08-AUG-2024	11	12-FEB-2022 1	P
	E04	08-AUG-2024	11	12-FEB-2022 2	P
	E04	08-AUG-2024	11	13-FEB-2022 1	P
	E04	08-AUG-2024	11	13-FEB-2022 2	P
[REDACTED]	E07	08-MAY-2028	11	11-FEB-2022 1	P
	E07	08-MAY-2028	11	11-FEB-2022 2	P
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ii. Orders must be CAC certified.

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 Additional instructions:

(a) This order is for pay and allowances only. Travel and per diem will be processed in DTS. Round trip distance traveled in my privately owned vehicle to comply with this order was \_\_\_\_\_ miles. As owner/ operator of the POV, I was primarily responsible for payment of its operating expense.

Soldier Signature: \_\_\_\_\_

(b) Performance Certification: I certify that I have personal knowledge or I have personally verified the duty requested above has been performed.

Typed Name: CPT Crunch, Horatio

Signature: Crunch, Horatio Me Digitally signed by Crunch  
 Horatio Magellan 121456789 Date 20250302

Date: 20250505

(c) Travel of dependents and shipment of other than TDY weight allowance is not authorized.  
 (d) Payroll will be submitted by the Unit of Assignment.  
 (e) Subject to availability of funds.  
 (f) Reserved for future use.

c. Medical Treatment documents with a diagnosis and name of the license provider. **(NOT DISCHARGE NOTES or AFTER VISIT SUMMARIES)**

#### 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 the arm is not broken but sprained, and 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 ([www.humanamilitary.com](http://www.humanamilitary.com)) or download the “Myhumana” app. 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 is 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. 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 and address 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 email (preferred), FAX or address:

**email to: [dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil](mailto:dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil)**

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

**Defense Health Agency-Great Lakes  
Attn: RC Retail Pharmacy Reimbursement  
2834 Green Bay Road  
Bldg. 3400 Ste 304  
Great Lakes, IL 60088**

- f. If DHA-GL determines if 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.  
Soldiers can use this link to access the express script website. <https://www.express-scripts.com/>.

g. TRICARE website for the Pharmacy Program: <http://www.tricare.mil/pharmacy>

## Chapter 2 Appeals and Collections

### 2-1 Appeal 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:

- a. 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/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. Soldier/unit representative - contacts appropriate DHA-GL point of contact by telephone at 888-647-6676 (option 2 for billing/claims, option 1 for pre-authorizations) or email [dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil](mailto:dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil) for further information regarding the reason for denial.
- d. Soldier/unit representative-Completes the formal appeal worksheet (DHA-GL Formal Appeal Worksheet-03). The Appeal packet requires copy of the Explanation of Benefits (EOB), if applicable, certified DA Form 1379 or orders and approved LOD. Additional clinical documents if required.
- e. Soldier/unit representative - assists Soldier in developing and emailing the appeal request packet to DHA-GL at [dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil](mailto:dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil)
- f. Results and follow-up, 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 of care/debt incurred may seek assistance via the DHA-GL Debt Collection Assistance Office (DCAO) to resolve debt collection issues. 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, emails (preferred) 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)

[dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil](mailto:dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil)

**FAX: 224-447-0152 or 224-447-01530**

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.

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.

**Follow these steps to forward medical eligibility (Work Sheet 1) documentation to DHA-GL:**

Steps	Actions
1	<p>The Unit Medical Readiness/ Readiness NCO collects the medical documents and begins the Medical Eligibility DHA-GL Worksheet 1</p> <ul style="list-style-type: none"> <li>• Certified copy of orders / drill attendance.</li> <li>• ER / Urgent care notes (NOT DISCHARGE NOTES or AFTER VISIT SUMMARIES).</li> <li>• A completed hard copy of the DA Form 2173, JUN 2021 that is Digitally signed by the unit commander.</li> </ul>
2	<p>Start the Worksheet 1 in EMMPS. All Worksheet 1 MUST be submitted through EMMPS / MEDCHART.</p> <ul style="list-style-type: none"> <li>• The Worksheet 1 must be submitted within 180 days after the end of the Duty Status.</li> <li>• Provide a civilian email and ensure the Soldier HOR is up to date in DEERS and IPPS-A.</li> </ul>
3	Upload all required documents into EMMPS / MEDCHART
4	Action the Worksheet 1 to State Admin for QA / QC.
5.	<p>After Worksheet 1 is approved the Soldier MUST register for a Beneficiary account to review claims and print referrals.  <a href="http://www.humanamilitary.com/">http://www.humanamilitary.com/</a></p>
<b>Note:</b>	
<p>If a service member needs follow-up medical care, please see <b>Follow these steps to request for Pre-authorization for Line of Duty (LOD) Medical Care to DHA-GL:</b></p> <p>The request must include a Service Approved Line of Duty. Any Claims for medical care rendered without a pre-authorization will be denied.</p>	

**Follow these steps to request for Pre-authorization for Line of Duty (LOD) Medical Care to DHA-GL:**

<b>Steps</b>	<b>Actions</b>
<b>1</b>	<p>The Unit Medical Readiness/ Readiness NCO collects the medical documents and begins the Medical Eligibility DHA-GL Worksheet 2</p> <ul style="list-style-type: none"> <li>• Certified copy of orders / drill attendance.</li> <li>• All Clinical treatment documents (NOT DISCHARGE NOTES or AFTER VISIT SUMMARIES). Clinical documentation should validate whether the medical condition was incurred or aggravated while the member was in a qualified duty status.</li> <li>• A completed hard copy of the DA Form 2173, JUN 2021 that is Digitally signed by the unit commander.</li> <li>• Most authorizations will be completed for <b>evaluation and treatment</b>. If evaluation 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.</li> </ul>
<b>2</b>	<p>Start the Worksheet 2 in EMMPS. All Worksheet 2 <b>MUST</b> be submitted through EMMPS / MEDCHART.</p> <ul style="list-style-type: none"> <li>• The Worksheet 2 must be submitted within 180 days after the end of the Duty Status.</li> <li>• Provide a civilian email and ensure the Soldier HOR is up to date in DEERS and IPPS-A.</li> </ul>
<b>3</b>	Upload all required documents into EMMPS / MEDCHART
<b>4</b>	Action the Worksheet 2 to State Admin for QA / QC.
<b>5.</b>	<p>After Worksheet 2 is approved the Soldier <b>MUST</b> register for a Beneficiary account to review claims and print referrals.  <a href="http://www.humanamilitary.com/">http://www.humanamilitary.com/</a></p>

## **Appendix A References**

### **AR 600-8-4**

Line of Duty Policy, Procedures, and Investigations, dated 12 November 2020, administrative revision 11 July 202

### **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 January 2025**

### **DODI 1241.01**

Department of Defense Instruction number 1241.01 dated 19 April 2016

### **DHA-GL (MMSO) Checklist, October 2025**

### **MMSO Worksheet, 03Mar2024**

### **Debt Resolution Packet, October 2025**

### **DD Form 2642, dated Sept 2024**

Tricare Dod/CHAMPUS Claim Patient's Request for Medical Payment

## **Appendix C**

### **Glossary**

#### **DHA-GL**

Defense Health Agency-Great Lakes

#### **DCAO**

Debt Collection Assistance Office

#### **eMMPS**

Electronic Medical Management Processing System

#### **ER**

Emergency Room

#### **ESI**

Express Scripts Incorporated

#### **EOB**

Explanation of Benefits

#### **GAARNG**

Georgia Army National Guard

#### **HOR**

Home of Record

#### **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