

# 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 ...
<p><b>National Guard or Reservist</b></p>	<p>Have been issued a Line of Duty Determination (LOD) at the time of care/debt incurred.</p> <p><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.</p> <p>* 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></p>

**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> Defense Health Agency Great Lakes DHAGL Attn: Debt Collection Action Officer (DCAO) 2834 Green Bay Road Bldg 3400 Ste 304 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 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.

# 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

**Email (preferred):**

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

**or**

**Fax To:**

Debt Collection Assistance Officer:

224-447-0152

**Submitted by:**

---

**Phone Number:**

---

# 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.