

How to Forward Medical Eligibility Documentation to Defense Health Agency Great Lakes 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 authorization of civilian medical care for Reservist and National Guard members who are NOT in the catchment area of a Military Treatment Facility (MTF).

Eligibility Reservist and National Guard members who incur or aggravate an injury, illness or disease in the line of duty.

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

Steps	Action
1	Unit medical representative completes DHA-GL Medical Eligibility Request – DHA-GL Medical Eligibility Verification Worksheet DHAGL Worksheet 01 (located at the end of this section or listed under Request Worksheets).
2	Army Reserve and Army National Guard must submit eligibility through eMMPS/MedChart. Unit medical representative, for all other branches of service, <u>faxes</u> or mails a copy of orders or drill attendance sheet along with DHA-GL Medical Eligibility Verification Worksheet DHAGL Worksheet 01 to the following <u>FAX</u> or address: <ul style="list-style-type: none">• FAX: 847-688-6460 or 847-688-7394 <u>Mailing Address:</u> Defense Health Agency Great Lakes (DHA-GL) Attn: Reserve Eligibility Bldg 3400 STE 304 2834 Green Bay Road Great Lakes IL 60088

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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><u>Tricare East</u> Tricare East Region Claims New Claims P.O. Box 7981 Madison, WI 53707-7981</p> <p><u>Tricare West</u> Tricare West Region Claims Submission Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE P.O. Box 202112 Florence, SC 29502-2112</p>
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Steps	Action
	<u>Note:</u> 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” (select from list under Instructions)

Results and Follow-up

After the required medical eligibility documents have been submitted to DHA-GL for the initial episode of care, units can request a pre-authorization for follow up medical care through the DHA-GL Line of Duty Section. The request must include a **Service Approved** Line of Duty. Any Claims for medical care rendered without a pre-authorization will be denied.

Link

DHA-GL Medical Eligibility Request - DHA-GL Medical Eligibility Verification Worksheet DHAGL Worksheet 01 (located at the end of this section or listed under Request Worksheets).

Point of Contact

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

Section	Military Medical Support Office
Position	Customer Service Representative
Phone	888-647-6676
	For questions about:
Billing/Claims	Dial option 2 then option 3
Pre-authorizations	Dial option 1 then option 3
Fax	847-688-6460 or 847-688-7394

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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://dpcl.o.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.

MEDICAL ELIGIBILITY VERIFICATION: RESERVE COMPONENT

Instructions: Member or unit representative completes Sections I and II. Unit representative completes and validates Section III, then faxes or mails this form and supporting documentation to DHA-GL.
Complete ALL Blocks

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by the Defense Health Agency Great Lakes 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. 552a (b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: <http://dpclid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 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.

MEDICAL ELIGIBILITY VERIFICATION: RESERVE COMPONENT

Instructions: Member or current unit representative completes Sections I and II. Unit representative completes and validates Section III; faxes or mails this form and supporting documentation to DHA-GL (FAX number / address below).

COMPLETE ALL BLOCKS

Section I Member Data

1. Branch of Service: USAR JSNR USMCR USAFR ARNG ANG USCGR

2. Name (Last, First, MI):

3. Rank or Grade:

4. SSN:

5a. Address (street, apt #, city, state, & zip):

6. DOB (YYMMDD):

5b. Member Email Address:

7. Phone # (include area code):

Section II Illness/Injury Information

8. Date of injury/illness (YYMMDD):

9. Treated on (YYMMDD):

10. Duty Dates (YYMMDD):

10a. From:

10b. To:

11. Diagnosis or description of injury/illness and/or pharmacy claim (include DRG and/or ICD-10 Code):

Section III Current Unit Certification of Eligibility

12. Type of ORDERS: Weekend Drill Annual Training Other

13. Name of the nearest Military Treatment Facility: _____ which is _____ miles from the member's place of duty or residence

14a. Unit Assignment (unit name, staff symbol, code, etc.):

14b. Unit UIC/OPFAC:

14c. Unit Address (street, bldg #, city, state, & zip):

14d. Unit Phone # (include area code):

15a. Unit POC - Medical Rep/Unit Administrator (name, rank and title):

15b. POC Phone # (include area code):

15c. Unit POC Department of Defense email address (.mil):

16. **Certification:** I certify that this individual is eligible for care at government expense (CO or Medical Rep. signature):

Signature

Printed Name:

Date:



STOP

Include all required documents!

FAX or Mail Information:

You must attach the following:

**Drill Attendance Sheet or Orders
(for initial date of medical care)**

Documents must match or cover the dates in block 8 above

FAX this form/attachments to:

847-688-6460 or 7394

OR

MAIL this form/attachments to:

Defense Health Agency Great Lakes (DHA-GL)
 Attn: Reserve Eligibility
 2834 Green Bay Road Ste 304
 Great Lakes, IL 60088