

How to Submit a Formal Appeal to Defense Health Agency Great Lakes DHA-GL

Who this is for Active duty, National Guard, and Reservist

Purpose This explains how an eligible member submits a formal appeal to the Defense Health Agency Great Lakes (DHA-GL) to request:

- Payment of a denied authorized medical care claim
- Approval of a pre-authorization for medical care previously denied

Eligibility To be eligible to submit a formal appeal to DHA-GL you 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:

If ...	Then on date of care, MUST ...
Active Duty	Be eligible in Defense Enrollment Eligibility Reporting System (DEERS) , and not TRICARE enrolled to an MTF.
National Guard or Reservist	Have an approved Line of Duty (LOD) on file at DHA-GL for the illness or injury.

Definition: Authorized health care: A medical treatment or procedure which is medically necessary.

How to Submit a Formal Appeal to DHA-GL

Appeal Process Follow these steps to submit a formal appeal to DHA-GL:

Step	Who does it	What Happens
1	Member	Contacts Medical/Unit Representative for clarification, guidance, and assistance with denial of claim or pre-authorization request.
2	Member/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 member's care is managed by an MTF, contact that MTF for appeal process.
3	Medical/Unit Representative	Contacts appropriate DHA-GL point of contact below via telephone or mail for further information regarding the reason for denial.
4	Member/Unit Representative	Assists member in developing and mailing the appeal request package (located at the end of this section or listed under Request Worksheets)
5	Member	Completes and mails the following appeal request package to DHA-GL at the below address: <ul style="list-style-type: none">• Copy of the Explanation of Benefits (EOB), if applicable• If Reservist, copy of orders and/or applicable LOD (if not on file at DHA-GL) Mailing Address: 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

How to Submit a Formal Appeal to DHA-GL

Results and Follow-up

If the appeal is denied, the reason for the denial and information on how to initiate a second level appeal will be provided in writing directly to the service member.

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-	Dial option 1 then option 3
Fax	847-688-6460 or 847-688-7394

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. 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.

FORMAL APPEAL REQUEST

Defense Health Agency Great Lakes DHAGL

Instructions: Complete this form when submitting a formal appeal for denied medical care claim(s), denied pre-authorization request by the Defense Health Agency Great Lakes DHAGL only. See the DHAGL website for detailed instructions at <http://www.tricare.mil/tma/greatlakes/>

PRIVACY ACT STATEMENT

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://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 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.

