Pharmacy Reimbursement for Guard and Reservist with Line of Duty (LOD) injuries or illness - DHA-GL

Who this is for National Guard and Reservist on a Line of Duty residing in the CONUS,

DC, Alaska & Hawaii

Background Defense Health Agency Great Lakes DHA-GL in conjunction with Express

Scripts Incorporated (ESI) began processing Retail Pharmacy

reimbursements for National Guard and Reservist on 15 November 2004.

Eligibility National Guard and Reservist who have pre-paid or have been billed for

pharmaceuticals in conjunction with a Line of Duty Determination (LOD)

injury or illness.

Note: Over-the-counter drugs and any non-covered pharmaceuticals will

Not be reimbursed.

Process for Reimbursement Follow these steps to get reimbursed for authorized pharmaceutical items:

Step	What Happens
1	Member/Designated person with a Power of Attorney ONLY completes and signs a CHAMPUS Claim - Patient's Request for Medical Payment. Click on link to retrieve document DD Form 2642
	** Ensure that the member's SSN is on the form.
2	Member provides claim printout or paid civilian pharmacy invoice with all the following information:

Step	What happens		
3	Obtain eligibility documentation that covers the date of injury and/or pharmacy,		
	i.e. orders, attendance roster, or LOD if not already sent to/ on file at DHA-GL.		
	Army Reserve and Army National Guard must submit eligibility through		
	<u>eMMPS/MEDCHART</u>		
4	Submit the DD Form 2642, pharmacy invoice, eligibility documentation/LOD,		
and DHA-GL Medical Eligibility Verification Worksheet to the following			
	email (preferred), fax or address:		
	• Email: dha.great-lakes.j-10.mbx.mmso-lod-misc@health.mil		
	• Fax: 224-447-0152 or 224-447-0153		
	1 dx. 227 77/-0132 01 227-77/-0133		
	Mailing Address:		
	Defense Health Agency Great Lakes (DHA-GL)		
	Attn: RC Retail Pharmacy Reimbursement		
	2834 Green Bay Road		
	Bldg 3400 Ste 304		
	Great Lakes, IL 60088		

Note:

If DHA-GL determines your pharmacy bill is related to your LOD injury or illness they will instruct ESI to process your claim for reimbursement. Within 30 business days, you should receive an Explanation of Benefits (EOB) statement with a reimbursement check from ESI.

Website: https://www.express-scripts.com/

Website TRICARE website for TRICARE Pharmacy Program –

http://www.tricare.mil/pharmacy

Point of If you have questions or need additional assistance beyond the information

Contact provided here, contact:

Branch	Military Medical Support Office
Position	Customer Service Representative
Phone	888-647-6676
	For questions about:
Billing/Claims	Dial option 2
Pre-authorizations	Dial option 1
Fax	224-447-0152 or 224-447-0153
Email (preferred)	
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. 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.