

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

Who this is for National Guard and Reservist

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 completes and signs a CHAMPUS Claim - Patient's Request for Medical Payment DD Form 2642 .
2	Member provides claim printout or paid civilian pharmacy invoice with the following information: <ul style="list-style-type: none">• Doctors Name• Drug Name• National Drug Code (NDC) number• Quantity• Cost share or amount charged• Date of service, and• Name of Retail Pharmacy and address (required)
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.

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4	Complete DHA-GL Medical Eligibility Verification worksheet (DHAGL Worksheet 01 - select from drop-down box under Request Worksheets). Write pharmaceutical reimbursement as well as diagnosis in block #11.
5	Forward the DD Form 2642 , pharmacy invoice, eligibility documentation/LOD, and DHA-GL Medical Eligibility Verification Worksheet to the following FAX or address: <ul style="list-style-type: none"> FAX: 847-688-6460 <p><u>Mailing Address:</u> Defense Health Agency Great Lakes (DHA-GL) Attn: RC Retail Pharmacy Reimbursement Bldg 3400 Ste 304 2834 Green Bay Road Great Lakes IL 60088</p>

Results and Follow-up

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 working days, you will receive an Explanation of Benefits (EOB) statement with a reimbursement check from ESI.

Website

TRICARE website for [TRICARE Pharmacy Program - http://www.tricare.mil/pharmacy](#)

Point of Contact

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

Division	Healthcare Support Services Branch
Position	Customer Service Representative
Phone	888-647-6676
Fax	847-688-6460

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.