

Direct Claims Self Service (DCSS) DoD

Proposed Approach, presented Nov
2021



Informational Claim Page

Requirements

Beneficiaries can submit an electronic direct claim if:

- It is a single-ingredient drug
- It is a compound drug
- It was purchased in the US
- Coordination of benefits (COB)
- They are registered on express-scripts.com

Get Reimbursed

- What do I need for an online claim?

Tricare DD2642 claim form
A completed DD FORM 2642 is required when submitting claims electronically for reimbursement. You can download the [Tricare DD2642 Form](#), print and complete the form, then upload form as a JPG/JPEG file.

Pharmacy receipt
To get reimbursed for medicine purchased in the U.S. that your plan covers, we need an image of your [pharmacy receipt](#).

Your pharmacy receipt is not your cash register receipt. Pharmacy receipts give us details about your claim for reimbursement that we can't get from your cash register receipt. You can take a picture of your pharmacy receipt and upload the image as a JPG/JPEG file.

Prescriber information
We need your prescriber's name, address, and phone number. If your pharmacy receipt doesn't have this information, you can write it on your receipt before you take the picture or you can enter the information in the Comments field at the end of the claim.

Other plan or coverage information
If another health plan or any other coverage paid for part of this claim, you'll also need to upload an image of your other coverage's benefits.

+ What if I have more than one claim?

+ Should I submit my claim online or by mail?

If you submit your claim online, you do not need to send the same claim to us through the mail.

[Get Started](#)

[Close](#)

Get Reimbursed

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Other plan or coverage information
If another health plan or any other coverage paid for part of this claim, you'll also need to upload an image of your other coverage's benefits.

- What if I have more than one claim?

You can only submit one claim at a time. If you have more than one claim, you'll need to **submit each claim separately** in order to get your reimbursement.

- Should I submit my claim online or by mail?

We can't complete all claims for reimbursement online. We can't process your claim online if it includes:

- Prescription medicine you bought outside the U.S.
- Medical invoices or statements for hospitals, laboratory, physician, and medical supply bills

If your claim for reimbursement can't be submitted online, you can complete your form by mail:

1. Download the [Tricare DD2642 Form](#)
2. Print and complete the form.
3. Mail the form and other documents to:

Express Scripts, Inc.
PO Box 52132
Phoenix, AZ 85082

If you submit your claim online, you do not need to send the same claim to us through the mail.

[Get Started](#)

Starting a Direct Claim – Select Your Claim

Select claim type:

- Single-ingredient medicine
- Compound drug

The screenshot shows a mobile application interface for selecting a claim type. At the top, there is a blue header bar with a white back arrow, the text 'Select Your Claim', and a white close 'X' icon. Below the header, the main content area is white. It starts with the heading 'Before we get started with your claim'. This is followed by the question 'What type of medicine will you be submitting a claim for today?'. There are two radio button options: 'Single ingredient medicine' with the subtext 'Standard brand-name and generic medicine.', and 'Compound drug' with the subtext 'Medicine, often from a compounding pharmacy, with different ingredients combined to meet individual needs.'. At the bottom center of the form is a light blue button labeled 'Start Claim'.

Starting a Direct Claim – Regular vs

COB

The screenshot shows a mobile application interface for 'Claim Submission'. At the top, there is a blue header with a back arrow, the text 'Claim Submission', and a close 'X' icon. Below the header is a progress indicator with five circles; the first circle is highlighted with the number '1' and the label 'Member'. The main content area is titled 'Member information' and includes a dropdown menu for 'Who is this claim for?' with 'Joseph Murphy - DOB' selected. Below this is a section for 'Address to mail reimbursement' with an 'Edit' link, showing the address: '18 Kingswood Drive, Minneapolis, MN 55401, United States'. The 'Health plan or other benefit provider' is listed as 'Blue Cross Blue Shield MN'. The 'Coordination of benefits' section has a question: 'Did another health plan or benefit provider already cover part of this claim?' with radio buttons for 'No' (selected) and 'Yes'. A note at the bottom states: 'If you are covered by more than one Express Scripts plan and already had part of your claim covered, make sure that you are using an account different from the one used for your primary claim. Please [log out](#) and log in to a secondary account.' At the bottom of the form are two buttons: 'Back' and 'Next'.

Regular vs COB (Coordination of Benefits) claim

- By selecting Yes or No beneficiary indicates claim type

Starting a Direct Claim - Regular

< Claim Submission ×

1
Member

Member information

Who is this claim for?

Joseph Murphy - DOB

Address to mail reimbursement [Edit](#)

18 Kingswood Drive
Minneapolis, MN 55401
United States

Health plan or other benefit provider
Blue Cross Blue Shield MN

Coordination of benefits ⓘ

Did another health plan or benefit provider already cover part of this claim?

No
 Yes

If you are covered by more than one Express Scripts plan and already had part of your claim covered, make sure that you are using an account different from the one used for your primary claim. Please [log out](#) and log in to a secondary account.

[Back](#) [Next](#)



< Edit Address ×

We'll use this address to mail your reimbursement.

Country
United States

Street address
18 Kingswood Drive

Apartment, suite, unit, building, etc. (Optional)

City
Minneapolis

State
Minnesota

ZIP
55401

[Cancel](#) [Save](#)

Getting Started (regular claim)

- Beneficiaries eligibility address is the default address.
- The address can be changed but will only be used for reimbursement.
- The beneficiary can't submit the claim under any other benefit except the one they are logged in under.

Starting a Direct Claim - CO

Getting Started (Coordination of Benefits claim)

- Beneficiary can submit an electronic claim for a COB, where they have their Rx claim already covered by their primary coverage and they're submitting it under a secondary coverage.

Claim Submission

Member

Member information

Who is this claim for?
Joseph Murphy - DOB

Address to mail reimbursement [Edit](#)
18 Kingswood Drive
Minneapolis, MN 55401
United States

Health plan or other benefit provider
Blue Cross Blue Shield MN

Coordination of benefits

Did another health plan or benefit provider already cover part of this claim?
 No
 Yes

Do you know how much the other health plan or benefit provider paid?
 No
 Yes
Amount paid by other coverage
\$

Was part of this claim paid by your Medicare Part-D Insurance Plan?
 No
 Yes

If your Medicare Part-D Insurance Plan paid for any part of this claim, it is required that you send us a copy of the insurance coverage summary of the claim. This is called an Explanation of Benefits or EOB. You might recognize your EOB as it may say, "This is not a bill" at the top. You can send us the Medicare Part-D EOB as a JPG/JPEG. We cannot process any claim for reimbursement without the Medicare Part-D EOB.

If you are covered by more than one Express Scripts plan and already had part of your claim covered, make sure that you are using an account different from the one used for your primary claim. Please [log out](#) and log in to a secondary account.

[Back](#) [Next](#)

Prescription Information

Completing each step – Single ingredient drug

- Beneficiary enters all the information from their pharmacy receipt.
- A progress bar lets them know where they are in the process.

< Claim Submission ×

✓ — ② — ○ — ○ — ○
Prescription

Please enter your information exactly as it appears on your receipt.

NDC or National Drug Code number

[Where do I find my NDC?](#)

NDC 12345-6789-01
Humira 40mg/0.4mL pen

Rx or Prescription number

Quantity Days supply

Date you filled your prescription

Total cost

Tax (Optional)

Prescription Information

Completing each step – Compound drug

- Beneficiary enters all the information from their pharmacy receipt or Universal Compound Claim Form.
- A progress bar lets them know where they are in the process.

< Claim Submission ×

✓ — ② — ○ — ○ — ○
Prescription

Please enter your information exactly as it appears on your pharmacy receipt or Universal Compound Claim Form.

Rx or prescription number

Compound drug details [Where do I find this information?](#)

	NDC or National Drug Code number	Quantity	Ingredient cost
1.	<input type="text" value="1234-56789-01"/>	<input type="text" value="8"/>	<input type="text" value="\$12.48"/>
2.	<input type="text" value="1234-56789-02"/>	<input type="text" value="4"/>	<input type="text" value="\$10.82"/>
3.	<input type="text" value="1234-56789-03"/>	<input type="text" value="2"/>	<input type="text" value="\$6.40"/> ×

[+ Add ingredient](#)

Quantity Days supply

Date you filled your prescription

Total cost

Tax (Optional)

Contextual Help

- Beneficiaries are given contextual help throughout the process, showing them where different fields can be found on a typical pharmacy receipt.
- This will help in reducing beneficiary abandonment and confusion.

< Pharmacy Receipt

Pharmacy Receipt

A pharmacy receipt includes detailed information about your prescription and payment.

PRESCRIPTION RECORDS
12/10/2017 - 12/17/2017
Confidential Patient Information

John Doe
123 State Drive
Anytown, MN 10001
(888)555-0099

Pharmacy, Inc.
100 Main St.
Atlanta, GA 30329
(404)123-1234

Fill Date	Prescription	NDC#	Qty	Pharmacist	Prescriber	Insur/Claim Ref#	Price
12/10/2017	Medicine Name -40mg Ref 1234567890	12345-6789-01	90	SBO	JONES, SUSAN	PERK YFSWADK	\$85.43

TOTAL: \$85.43
Generics saved you: \$0.00
Using more generics could have saved you: \$0.00
Insurance saved you: \$0.00
Your cash quantity discount: \$0.00

Use

This is an example of a pharmacy receipt. Your receipt might look different. Look for "NDC" or "NDC" or "NDC" to distinguish other kinds of

< National Drug Code

The US government assigns each prescription medicine a unique 11-digit, 3-segment number known as the National Drug Code (NDC) number. The NDC medicine name and dose as well as the manufacturer or distributor.

Look for it on your receipt next to the name of your medicine.

PRESCRIPTION RECORDS
12/10/2017 - 12/17/2017
Confidential Patient Information

John Doe
123 State Drive
Anytown, MN 10001
(888)555-0099

Pharmacy, Inc.
100 Main St.
Atlanta, GA 30329
(404)123-1234

Fill Date	Prescription	NDC#	Qty	Pharmacist	Prescriber	Insur/Claim Ref#	Price
12/10/2017	Medicine Name -40mg Ref 1234567890	12345-6789-01	90	SBO	JONES, SUSAN	PERK YFSWADK	\$85.43

TOTAL: \$85.43
Generics saved you: \$0.00
Using more generics could have saved you: \$0.00
Insurance saved you: \$0.00
Your cash quantity discount: \$0.00

< Pharmacy Receipt

Pharmacy Receipt

A pharmacy receipt includes detailed information about your prescription and payment.

PRESCRIPTION RECORDS
06/10/2018 - 06/17/2018
Confidential Patient Information

John Doe
123 State Drive
Anytown, MN 10001
(888)555-0099

Pharmacy, Inc.
100 Main St.
Anytown, MN 10001
(404)123-1234

Rx Number: 1234567
Fill Date: 06/10/2018
Quantity: 4
Days Supply: 90

Insur/Claim Ref #: PERK YFSWADK
Pharmacist: SBO
Prescriber: Jones, Susan

Ingredient NDC#	Ingredient Quantity	Ingredient Price
1. 12345-6789-01	4	\$12.70
2. 12345-6789-02	3.8	\$42.40
3. 12345-6789-03	12.2	\$30.33

TOTAL: \$85.43
Generics saved you: \$0.00
Using more generics could have saved you: \$0.00
Insurance saved you: \$0.00
Your cash quantity discount: \$0.00

Use

This is an example of a pharmacy receipt. Your receipt might look different. Look for "NDC" or "NDC" or "NDC" to distinguish other kinds of

< Compound Drug Details

Find the information you need

You can find your compound drug details on your Universal Claim Form for a Compounded Medication or on your pharmacy receipt next to the name of your medicine.

National Drug Code (NDC) number

The US government assigns each prescription medicine a unique 11-digit, 3-segment number known as the National Drug Code (NDC) number. The NDC for your individual ingredients specifies medicine name, dose, as well as the manufacturer or distributor of your medicine.

Universal Claim Form for a Compounded Medication
Recognized by the International Academy of Compounding Pharmacists

Prescription section highlighted in blue.

You can find your compound drug details here under the "Prescription" section of your Universal Claim Form.

Back

Retail Pharmacy

< Claim Submission



Please help us find the pharmacy where you filled this prescription by telling us the pharmacy's phone number or enter the NCPDP or NPI listed on the receipt

Find pharmacy by:

Pharmacy phone number

NCPDP or NPI number

Search

Back

Next

< Claim Submission



Please help us find the pharmacy where you filled this prescription by telling us the pharmacy's phone number, or enter the NCPDP or NPI listed on the receipt

Find pharmacy by:

Pharmacy phone number

NCPDP or NPI number

(970)949-8097

Search

(970) 949-8097
WALGREENS #15101
15 SUN RD
AVON, CO 816200000
NCPDP# 0622678
NPI# 1326397837

Back

Next

- Beneficiary enters a NCPDP or NPI number from their receipt

OR

- They must enter the phone number of the pharmacy that filled the Rx



- If no pharmacy returned for entered phone number or NPI, beneficiary can proceed with claim submission without pharmacy.
- In this case default pharmacy information will be passed to the back-end by the system.

Please help us find the pharmacy where you filled this prescription by telling us the pharmacy's phone number, or enter the NCPDP or NPI listed on the receipt

Find pharmacy by:

- Pharmacy phone number
- NCPDP or NPI number

(245)324-6537



Search

We're sorry. We couldn't find a pharmacy that matches the information you gave us.

Please try again or click **Next** to continue without pharmacy information.

Back

Next

Receipt Upload

The beneficiary must upload at least one receipt to attach to the claim.

Please note: Currently, beneficiaries are only able to upload JPG/JPEG files. We will be extending this to additional files in the future.

< Claim Submission ✕



Please send us an image of your **compound drug pharmacy receipt**. In addition to your pharmacy receipt, you may also upload your Universal Claim Form for a Compounded Medication. Both documents include details such as your prescription or Rx number, the name and NDC number of your medicine, and dose instructions. We can't process a claim without a pharmacy receipt.

If your pharmacy receipt doesn't have your prescriber information, you can write your prescriber's name, address, and phone number on the receipt.

You might have more than one receipt. You can use the following button to send one or all of your receipts.

[Upload Receipt\(s\)](#)

Accepted file format: JPG/JPEG

Review & Submit

- Beneficiary has the opportunity to make edits, view the receipt they've uploaded and submit their claim.
- The beneficiary must agree to the legal terms before they can submit the claim.
- Compound vs Single Ingredient drug view

5
Review & Submit

Review your claim and make any necessary edits. All claim information must match your receipt.

Joseph Murphy Date of Birth: 06/05/1978 [Edit](#)

Reimbursement address 18 Kingswood Drive Minneapolis, MN 55401-1234 United States	Benefits provider Blue Cross Blue Shield MN
	Secondary benefits provider Another health care plan Amount paid: \$22.67

Prescription [Edit](#)

NDC 1234-56789-01 Humira 40mg/0.4mL pen Rx # 64-1234577-2 6 pens / 90-day supply	Date of service: 04/22/2018 Total cost: \$85.43 Tax: \$0.00
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Pharmacy [Edit](#)

NCPDPI/NPI# 12345678901
Pharmacy, Inc.
100 Main St.
Atlanta, GA 30329
(404) 123-1234

Receipt
[receipt1.jpg](#) [eob1.jpg](#)

Comments (Optional)

500 characters max

Acknowledgement
 By checking this box, I acknowledge that my claim is accurate and truthful. I also acknowledge that I am not using this medicine to treat an injury I got while working. I understand that Express Scripts will pay this reimbursement directly to me. I will not assign this benefit to a pharmacy or other party.

[Back](#) [Submit Claim](#)

5
Review & Submit

< Claim Submission

Review your claim and make any necessary edits. All claim information must match your receipt.

Joseph Murphy Date of Birth: 06/05/1978 [Edit](#)

Reimbursement address 18 Kingswood Drive Minneapolis, MN 55401-1234 United States	Benefits provider Blue Cross Blue Shield MN
	Secondary benefits provider Another health care plan Amount paid: \$22.67

Prescription [Edit](#)

Prescription number 64-1234577-2	Date of service 04/22/2018
Quantity 90	Total cost: \$29.70
Days supply 90	Tax: \$0.00

Compound drug details

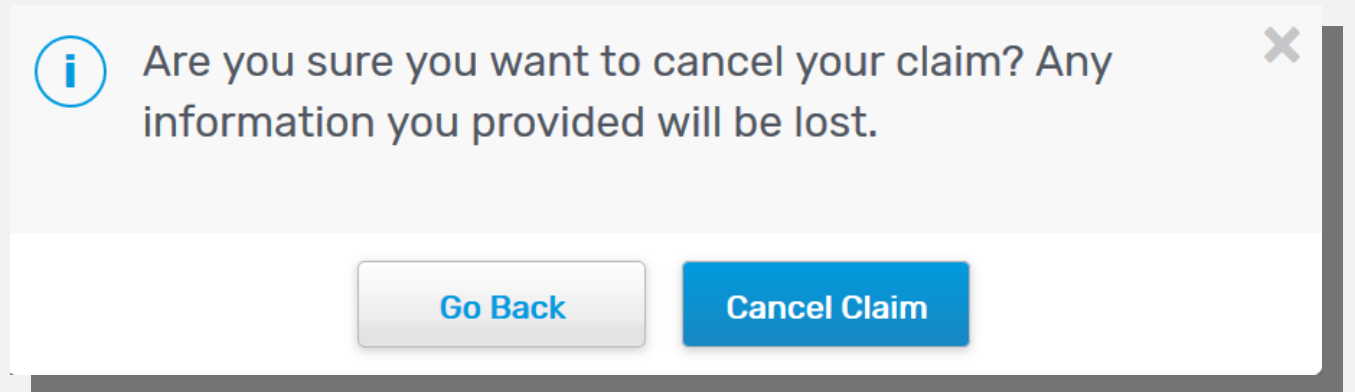
NDC number	Quantity	Ingredient cost
1. 1234-56789-01	8	\$12.48
2. 1234-56789-02	4	\$10.82
3. 1234-56789-03	2	\$6.40

Pharmacy [Edit](#)

NCPDPI/NPI# 12345678901
Pharmacy, Inc.
100 Main St.
Atlanta, GA 30329
(404) 123-1234

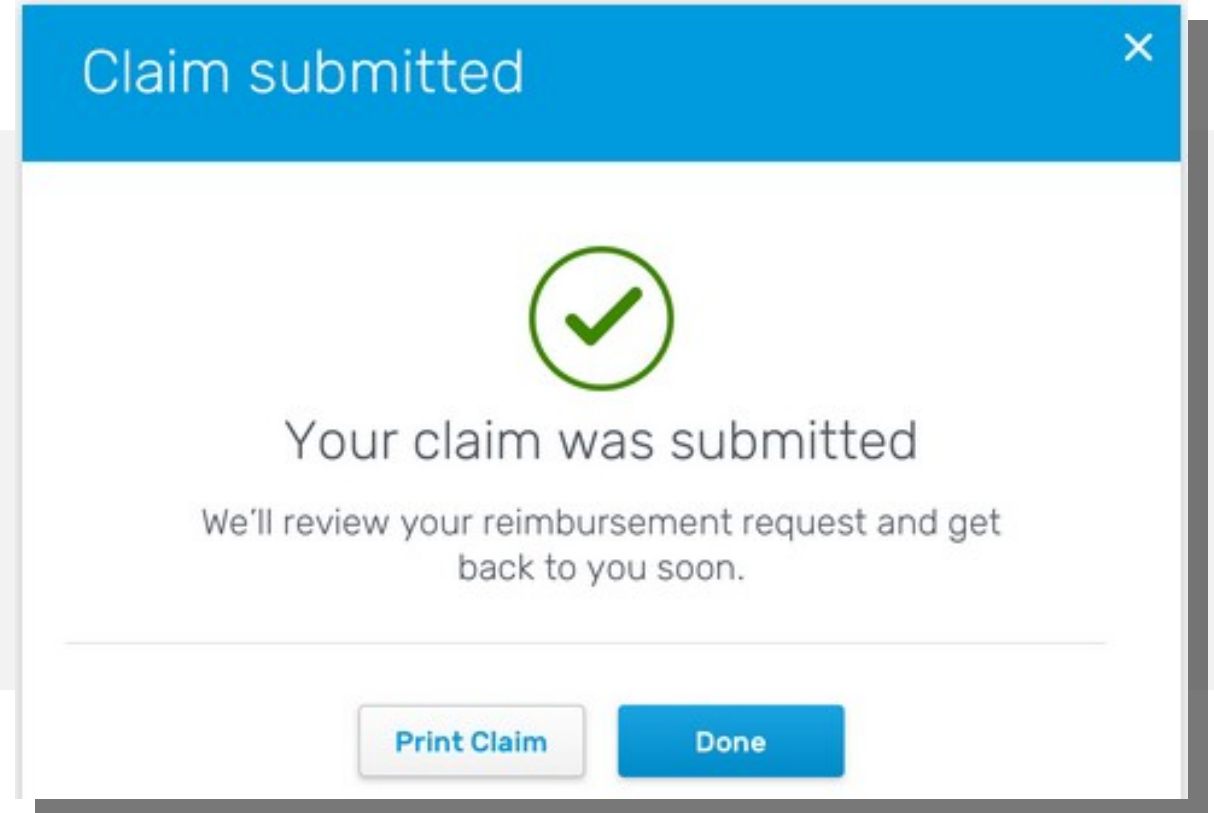
Close Prompt

- If the beneficiary chooses the close button at any point, the beneficiary will receive this message asking them if they wish to close out of the application.



Confirmation

- Beneficiary can print the claim information that they submitted, if desired.
- Once beneficiary clicks Done, the application closes and the beneficiary is returned to the member website page they started from.



Pending Additions

- The following will be presented on a new screen, either at the beginning of the process or the final submission screen:
 - Privacy Act Statement
 - OMB Approval Number
 - OMB Approval Expiration Date
 - Agency Disclosure Notice