

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

- 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.
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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?

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

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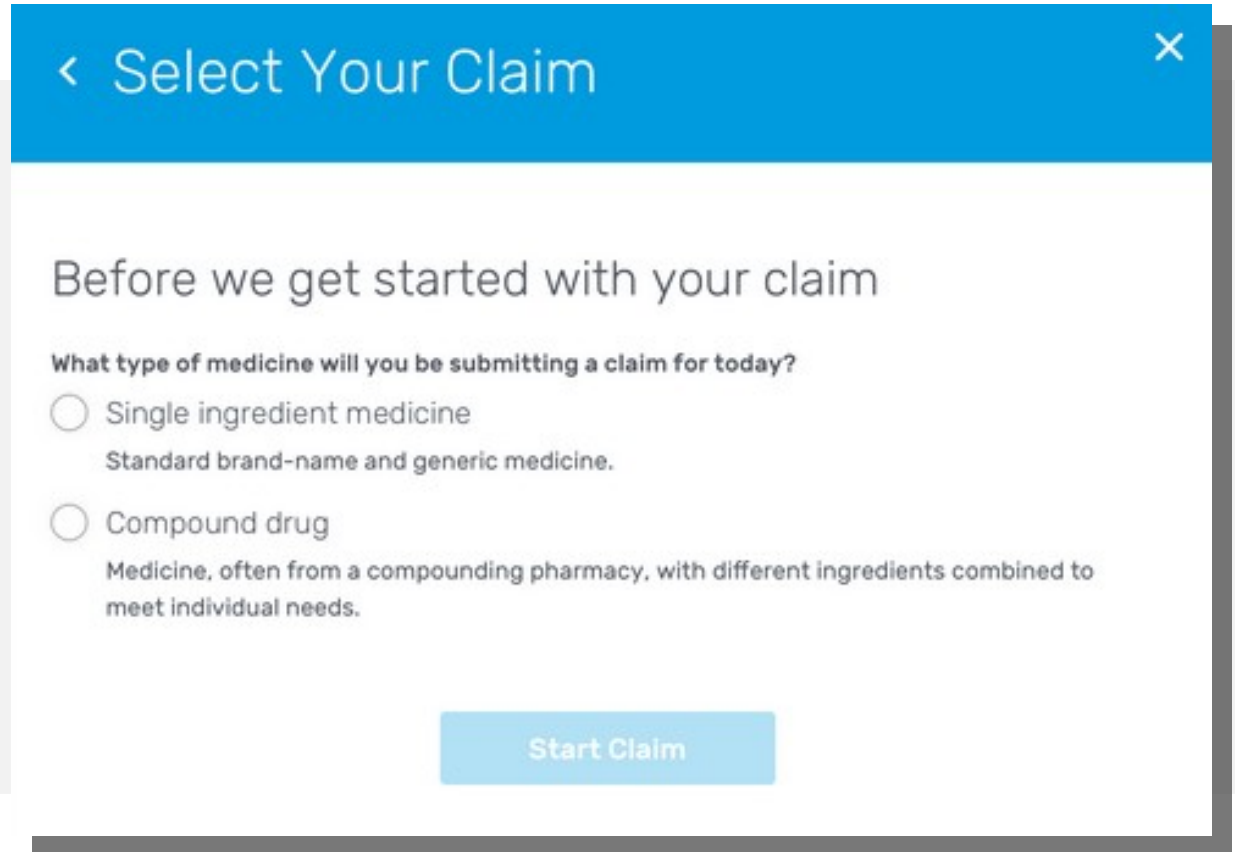
 EXPRESS SCRIPTS®

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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 is a blue header bar with a back arrow, the text 'Select Your Claim', and a close 'X' icon. Below the header, the text 'Before we get started with your claim' is displayed. 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 is a light blue button labeled 'Start Claim'.

Starting a Direct Claim – Regular vs COB

The screenshot shows the 'Claim Submission' form with a progress indicator at the top showing five steps, with the first step, 'Member', selected and numbered '1'. The form is titled 'Claim Submission' with a back arrow and a close 'X' button. Below the progress indicator, the section 'Member information' contains a dropdown menu for 'Who is this claim for?' with 'Joseph Murphy - DOB' selected. Below this is a box for 'Address to mail reimbursement' with an 'Edit' link, containing 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 two radio button options: '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 'Back' and 'Next' buttons.

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 State ZIP
Minneapolis Minnesota 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.

The screenshot shows a web form titled "Claim Submission" with a blue header bar. A progress indicator at the top shows five steps, with the first step, "Member", highlighted. The form is divided into several sections:

- Member information**: Includes a dropdown menu for "Who is this claim for?" with "Joseph Murphy - DOB" selected.
- Address to mail reimbursement**: Includes a text field with "18 Kingswood Drive", "Minneapolis, MN 55401", and "United States". An "Edit" link is next to the address.
- Health plan or other benefit provider**: Includes a text field with "Blue Cross Blue Shield MN".
- Coordination of benefits**: This section is highlighted with an orange bracket. It includes:
 - A question: "Did another health plan or benefit provider already cover part of this claim?" with radio buttons for "No" and "Yes" (selected).
 - A question: "Do you know how much the other health plan or benefit provider paid?" with radio buttons for "No" and "Yes" (selected). Below this is a text field for "Amount paid by other coverage" with a dollar sign.
 - A question: "Was part of this claim paid by your Medicare Part-D Insurance Plan?" with radio buttons for "No" and "Yes" (selected).
 - Two paragraphs of explanatory text: "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." and "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".

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.

The screenshot shows a web form titled 'Claim Submission' with a blue header bar. Below the header is a progress bar with four steps: 1 (checked), 2 (active), 3, and 4. Step 2 is labeled 'Prescription'. The form contains the following fields:

- NDC or National Drug Code number:** A text box containing '12345678901'.
- Where do I find my NDC?:** A link labeled 'Where do I find my NDC?'.
- NDC 12345-6789-01:** A text box containing 'Humira 40mg/0.4mL pen'.
- Rx or Prescription number:** A text box containing '6412345772'.
- Quantity:** A text box containing '90'.
- Days supply:** A text box containing '90'.
- Date you filled your prescription:** A date picker showing '04/22/2018'.
- Total cost:** A text box containing '\$42.46'.
- Tax (Optional):** A text box containing '\$'.

At the bottom of the form are two buttons: 'Back' and 'Next'.

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

1234567890

Compound drug details

Where do I find this information?

	NDC or National Drug Code 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

+ Add ingredient

Quantity

Days supply

1

90

Date you filled your prescription

04/22/2018

Total cost

\$29.70

Tax (Optional)

\$

Back

Next

Contextual Help

< 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 Rex 1234567890	12345-6789-01	90	SBD	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 "National Drug Code" to distinguish it from other kinds of receipts.

< National Drug Code

NDC, or National Drug Code, 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 specifies medicine name and dose as well as the manufacturer or distributor of your medicine.

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 Rex 1234567890	12345-6789-01	90	SBD	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: SBD
Prescriber: Jones, Susan

Ingredient NDC#	Ingredient Quantity	Ingredient Price
1. 12345-6789-01	4	\$12.70
2. 12345-6789-02	3.6	\$42.40
3. 12345-6789-03	12.5	\$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 "National Drug Code" to distinguish it from other kinds of receipts.

< 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
Reimbursement by the International Association of Compounding Pharmacists

1. Patient Information

2. Prescription Information

3. Insurance Information

4. Payment Information

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

Back

- 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.

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

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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

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

Pharmacy

NCPDPP/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

< Claim Submission

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
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Benefits provider

Blue Cross Blue Shield MN

Secondary benefits provider

Another health care plan
Amount paid: \$22.67

Prescription

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

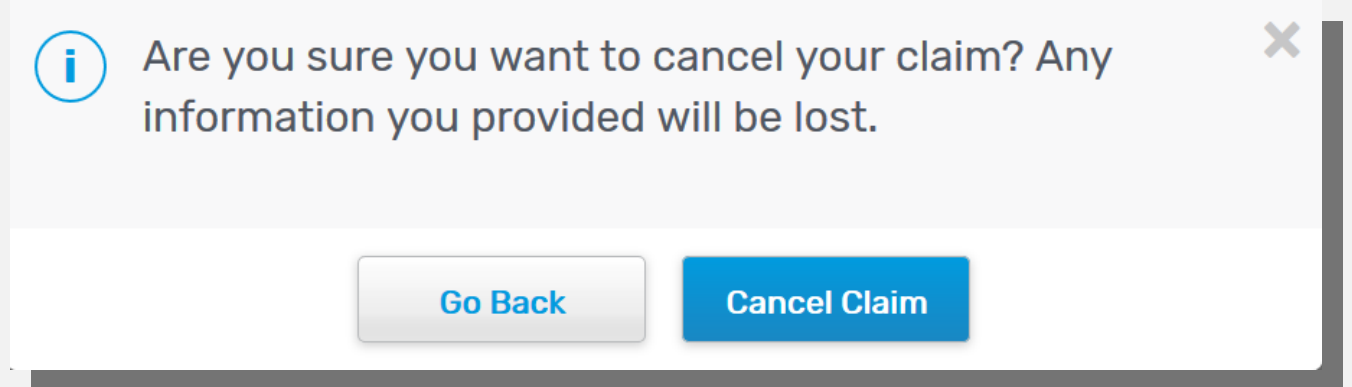
NDC number	Quantity	Ingredient cost
1. 1234-56789-01	8	\$12.48
2. 1234-56789-02	4	\$10.82
3. 1234-56789-03	2	\$6.40

Pharmacy

NCPDPP/NPI# 12345678901
Pharmacy, Inc.
100 Main St.
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(404) 123-1234

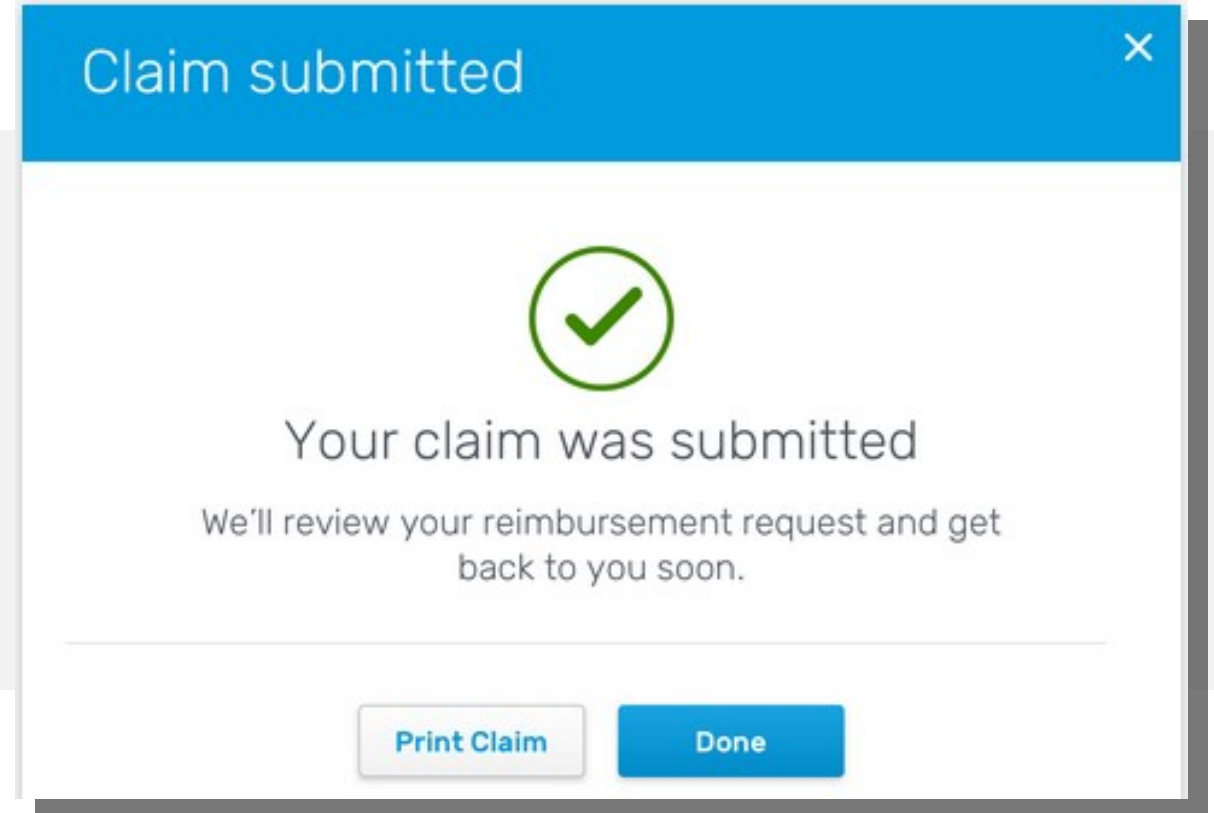
Close Prompt

- 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