

COVID-19 OTC TEST KIT MEMBER GUIDE

# Direct Claims Self Service (DCSS) Commercial



# Current Direct Claims Process

## Introduction

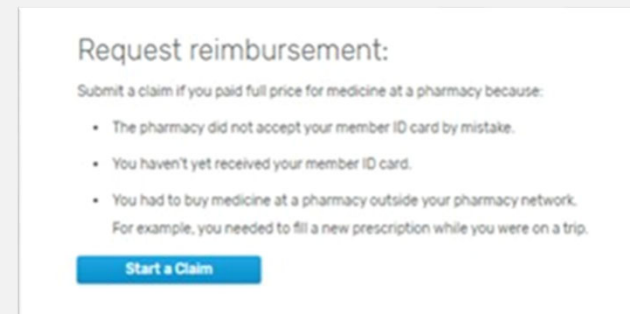
Members can submit a claim form for prescriptions purchased without their member ID card.

Currently, members can obtain a claim form by:

- Calling Member Services and having it mailed to them
- Logging in to [express-scripts.com](https://express-scripts.com) and printing a copy or requesting a mailed copy

They complete the form and mail it to us for processing.

The claim form is now available for completion and submission **electronically**, facilitating the process for members and Express Scripts.



# Electronic Direct Claim Process

A member can submit an electronic direct claim on the Forms page via

- Submit a Claim Online button

EXPRESS SCRIPTS®

Home Prescriptions Benefits Account Help Log Out

## Forms

Get started with home delivery:

To mail in a prescription your doctor has already written:  
Print and complete the [Home Delivery Order Form \(PDF\)](#). Mail it to the address found on the form.  
Can't print? [Request a Home Delivery Order Form](#) by mail.

To request a new prescription from your doctor:  
Print the [Mail Order Fax Form \(PDF\)](#) and have your doctor complete it. Then fax it to us at the number found on the form.

Please note: The fastest way to get your new prescription is to ask your doctor to submit it electronically (e-Prescribe).

## Request reimbursement:

Submit a claim if you paid full price for medicine at a pharmacy because:

- The pharmacy did not accept your member ID card by mistake.
- You haven't yet received your member ID card.
- You had to buy medicine at a pharmacy outside your pharmacy network.  
For example, you needed to fill a new prescription while you were on a trip.

[Start a Claim](#)

Can't submit your claim online?  
You can download and print the [Prescription Drug Reimbursement Form \(PDF\)](#) and mail it to the address found on the form.  
You can also [request a blank claim form](#) to be mailed to you.

Having trouble viewing the forms? [Get Adobe Acrobat Reader](#)

Please note that if your plan has an Express Scripts Member ID card, you'll now be able to find it under the **Account** menu.

# Informational Claim Page

Get Reimbursed

## Requirements

Members can submit an electronic direct claim if:

- It is a single-ingredient drug
  - COVID-19 OTC Test Kits should be submitted under single-ingredient drug
- It is a compound drug
- It was purchased in the US or it is foreign-bought medicine
- It is allergy serum
- Coordination of benefits (COB)
- They are registered on [express-scripts.com](https://www.express-scripts.com)

What you'll need to submit a claim

### Pharmacy receipt

To get reimbursed for money the spent on medicine that your plan covers, we'll ask you for an image of your [pharmacy receipt](#). We can't process any claim for reimbursement without a 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 send that image to us as a JPG file, like what you'd get if you took a picture of your document.

### 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.

Do you have multiple claims?

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.

Can't submit an online claim?

In the event that you are unable to complete your claim for reimbursement online, we'll ask that you complete your form by mail.

1. Download the [claim for reimbursement form](#)
2. Print and complete the form
3. Mail the form and other documents to the address found on the form

Get Started



# Starting a Direct Claim – Select Your Claim

## Select claim type:

- Single-ingredient medicine
- Compound drug
- Foreign-bought medicine
- Allergy Serum

< Select Your Claim



Before we get started with your claim

What type of medicine will you be submitting a claim for today?

Single ingredient medicine

Standard brand-name and generic medicine or Covid test kit.

Compound drug

Medicine, often from a compounding pharmacy, with different ingredients combined to meet individual needs.

Foreign-bought medicine

Medicine that was bought outside of the United States.

Allergy Serum

The medicine inside your allergy shot.

Start Claim

# Starting a Direct Claim

< Claim Submission



Who is the claim for? KIMBERLY JONES - DOB 12/14/1982

Reimbursement Address  
3001 S PRIEST DR  
TEMPE, AZ 85281

Edit

Benefit Provider  
AZ - TEMPE-NON UNION

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, you can [log out](#) of this account and log in to your other account.

Back

Next

< Edit address

We'll use this address for your reimbursement.

Country

United States

Street address

18 Kingswood Drive

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

City

Minneapolis

State

Minnesota

ZIP

55401-1234

Cancel

Save

## Getting Started (regular claim)

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

# Prescription Information

## Completing each step – COVID-19 OTC Test Kit

- Pharmacy receipts are the recommended receipt which includes details information about your prescription and payment (provided at pharmacy counter, after submission through benefit)
- If pharmacy receipt is not provided, a standard cashier receipt with COVID-19 OTC Test Kit UPC can be used
  - NDC – please see next slide for NDCs associated with approved COVID-19 OTC Test Kits
  - Rx or Prescription number – member may enter a default Rx number '1234567'
  - Quantity = 1 ; Days Supply = 30
  - Date – purchase date of COVID-19 OTC Test Kits
  - Cost – include cost of kits as shown on receipt

< Claim Submission ×

2  
Prescription

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

**NDC or National Drug Code number**  
  
[Where do I find my NDC?](#)

**NDC 00071-0155-23**  
LIPITOR 10 MG TABLET

**Rx or Prescription number**

**Quantity**  **Days supply**

**Date you filled your prescription**

**Total cost**

Total cost must match what is on your receipt. If the claim amount does not match what is on your receipt, your claim may be rejected.

**Tax (if applicable)**

# Approved COVID-19 OTC Test Kit NDC

Find the name of your purchased COVID-19 OTC Test Kits from the list. Input the associated NDC into Step 2 of the online submission form

Test Kit Name	Manufacturer	NDC	# Test per Kit
BD Veritor At-Home COVID-19 Test	Becton Dickinson	08290256088	1
BinaxNOW COVID-19 Ag Card Home Test	Abbott	11877001140	2
Ellume COVID-19 Home Test	Ellume	56964000000	1
Flowflex COVID-19 Antigen Home Test	ACON	82607066026	1
Flowflex COVID-19 Antigen Home Test	ACON	82607066027	2
Flowflex COVID-19 Antigen Home Test	ACON	82607066028	5
iHealth COVID-19 Antigen Rapid Test	iHealth Labs	56362000589	2
iHealth COVID-19 Antigen Rapid Test	iHealth Labs	56362000590	5
InteliSwab COVID-19 Rapid Test	OraSure	08337000158	2
QuickVue At-Home COVID-19 Test	Quidel	14613033972	2
QuickVue At-Home COVID-19 Test	Quidel	14613033968	5



# Retail Pharmacy

- For Single ingredient or Compound drugs, member enters a NCPDP or NPI number from their receipt
- OR
- If COVID-19 Test kit was purchased in a pharmacy retail store, please input phone number to help locate pharmacy information
  - If COVID-19 Test kit was purchased at a non-pharmacy retailer, input 3000003

< Start Your Claim

3 Pharmacy

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

< Start Your Claim

3 Pharmacy

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

- (404) 123-1234  
Pharmacy, Inc.  
100 Main St.  
Atlanta, GA 30329  
NCPDP# 12345678901  
NPI# 1234567
- (404) 123-1234  
Pharmacy, Inc.  
100 Marietta St, Ste 123  
Atlanta, GA 30009  
NCPDP# 12345678322  
NPI# 1234334

# Contextual Help

< Pharmacy Receipt

< Pharmacy Receipt

- Members 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 member abandonment and confusion.

Pharmacy Receipt

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

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

John Doe  
123 State Drive  
Anytown, MN 12001  
(987655-0009)

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 -4219 Ref: 1234567890	12345-678-91	30	SDO	JONES BUSH	PFXX YF8WDX	\$85.43

TOTAL \$85.43  
Generic 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  
Your recei  
"NDC" or "  
distinguish  
other kind

< National Drug Code

NDC, or National Drug Code, number  
The US government assigns each prescription medicine a known as the National Drug Code (NDC) number. The NDC medicine name and dose as well as the manufacturer or di

Look for it on your receipt next to the name of your me

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

John Doe  
123 State Drive  
Anytown, MN 12001  
(987655-0009)

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 -4219 Ref: 1234567890	12345-678-91	30	SDO	JONES BUSH	PFXX YF8WDX	\$85.43

TOTAL \$85.43  
Generic 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

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

**PRESCRIPTION RECORDS**  
12/10/2017 - 08/10/2018  
Confidential Patient Information

John Doe  
123 State Drive  
Anytown, MN 12001  
(987655-0009)

Pharmacy, Inc.  
100 Main St.  
Anytown, MN 12001  
(604)123-1234

Fill Date: 12/10/2017  
Rx Number: 1234567  
Fill Date: 08/10/2018  
Quantity: 6  
Disp Supply: 90

Ingredient NDC	Ingredient Quantity	Ingredient Price
1. 12345-678-91	4	\$92.75
2. 12345-678-92	3.5	\$65.40
3. 12345-678-93	12.5	\$67.33

TOTAL \$85.43  
Generic 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 help you

< 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**  
Approved by the International Council of Compounded Pharmacies

Prescription section highlighted.

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

Back

# Receipt Upload

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

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

### < Claim Submission ×

✓ — ✓ — ✓ — **4** — ○  
Receipt(s)


Please send us an image of your **pharmacy receipt**. It should 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.

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

**Test Receipt.jpg**



[Remove](#)

[Feedback](#)


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



# Review & Submit

## Single Ingredient view

- Member has the opportunity to make edits, view the receipt they've uploaded and submit their claim.
- The member must agree to the legal terms before they can submit the claim.


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](#)

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

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**Prescription** [Edit](#)

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

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

---

**Receipt**

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

---

**Comments (Optional)**

500 characters max


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**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 ✕


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](#)

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

---

**Prescription** [Edit](#)

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

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**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

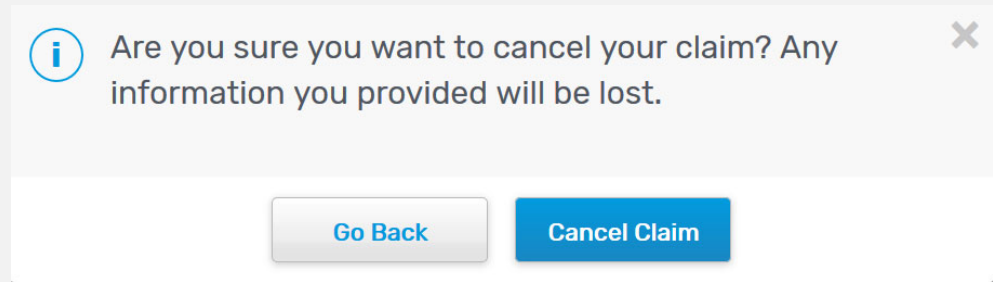
---

**Pharmacy** [Edit](#)

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

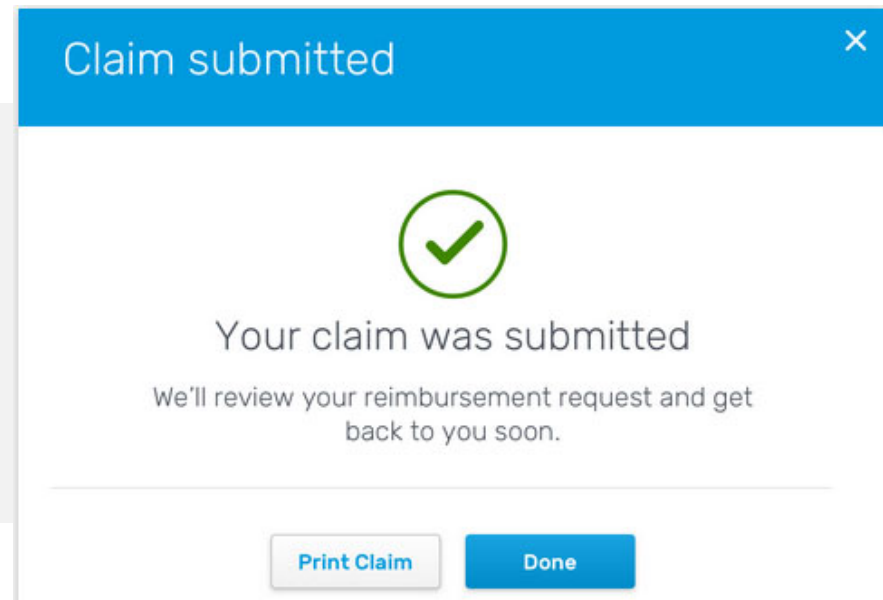
# Close Prompt

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



# Confirmation

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



# Accessibility

- DCSS tool is now available to users with disabilities, people who rely on screen readers and people who cannot use a mouse.
- WAI-ARIA (Web Accessibility Initiative – Accessible Rich Internet Applications) technique defines a way to make Web content and Web applications more accessible to people with disabilities.
- When user navigates through the fields on the screen, custom messages are read to the user.

The screenshot shows a web form titled "Edit Address" with a blue header. Below the header, a message states: "We'll use this address to mail your reimbursement". The form contains several input fields: "Country" (a dropdown menu with "United States" selected), "Street address" (a text box with "18 Kingswood Drive"), and "Apartment, suite, unit, building, etc. (Optional)" (a text box). Below these are "City" and "State" dropdown menus. The "City" dropdown has "Minneapolis" selected. A red dot is placed on the "City" dropdown, with a red arrow pointing to a tooltip box. This tooltip box contains the text: "ARIA text: 'Enter the name of your city.'". Another red dot is placed on the "Apartment, suite, unit, building, etc. (Optional)" text box, with a red arrow pointing to a tooltip box. This tooltip box contains the text: "ARIA text: 'Optional. Enter any secondary address information such as apartment, suite, or unit number.'". At the bottom of the form are two buttons: "Cancel" and "Save".

# Landing page

- Prescription Reimbursement Claim Form Landing page were created to enhance search engine results to help drive the member experience through the improved ability to find and download an Express Scripts claim form.
- Landing page also provides users with a shortcut to the DCSS tool for electronic claim submission.

The screenshot shows a Google search for "express scripts online claim reimbursement form". The search results include a link to "www.express-scripts.com" with the title "Online Prescription Reimbursement Claim Form - Express ...". A red arrow points to this link. Below the search results, the Express Scripts logo and the heading "Submit a Prescription Reimbursement Claim Form" are visible. The page content includes instructions for submitting claims electronically, a login form with fields for Username and Password, and a "Log In" button. There are also links for "Register now" and "Trouble logging in?".





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