

## Step-by-Step Guide to Requesting Reimbursement for Over-the-Counter COVID-19 Tests

**NOTE:** This process applies only to members whose plans have chosen to have over-the-counter (OTC) COVID-19 tests paid under the pharmacy benefit. If your insurance plan reimburses these purchases under the medical benefit, you will have to submit your receipts to your health insurance plan. **Contact your benefits office or department to determine which option your plan has chosen.**

If you determine that your plan is reimbursing for OTC COVID-19 tests under the pharmacy benefit, please gather the following information for each covered member:

- Your Member ID card
- Itemized receipt(s), dated on or after January 15, 2022, showing the retail location where the tests were purchased as well as the date and cost of the tests. **TIP: Circle the purchase price of the OTC COVID-19 tests.**
- UPC symbols from the tests purchased

You will need to complete separate requests for each covered member. You may submit your requests in one of several ways, depending on the BIN number on your Member ID card.

If the BIN number on the front of your Member ID card is **800004**, follow the directions below to submit your reimbursement request for OTC COVID-19 tests. **Members with all other BIN numbers should follow the instructions starting on page 2.**

1. Download the [member reimbursement form for BIN number 800004](#). You can find it in the FORMS AND DOCUMENTS section at [elixirsolutions.com/members](#).
2. Complete the top CARDHOLDER-PATIENT INFORMATION section.
3. In PRESCRIPTION INFORMATION section:
  - a. Enter date the test(s) were purchased in the DATE FILLED box.
  - b. Enter the number of tests purchased (for the individual named in the CARDHOLDER-PATIENT INFORMATION) in the METRIC QTY. DISPENSED box.
4. Submit this form along with copies or images of your receipt(s) and the UPC symbols from your test packages via one of the following methods:

**Email** to [keyedclaims@elixirsolutions.com](mailto:keyedclaims@elixirsolutions.com) (preferred method)

**Fax** to (866) 552-8939

**Mail** to Elixir Solutions, PO Box 619, Twinsburg, OH 44087

**Please allow up to 30 days for claims processing and payment to be issued.**

## For all other BIN numbers (NOT 800004)

You may be able to submit your COVID-19 OTC test reimbursement request via the Member Portal by following the instructions below. **NOTE: You will need to complete separate requests for each covered member.**

1. Go to [elixirsolutions.com](http://elixirsolutions.com) and use the REGISTER OR LOGIN button to access your Member Portal account.
2. Select the BENEFITS & RESOURCES tab at the top of the screen. (If there is no BENEFITS & RESOURCES tab at the top of your screen, you will have to skip steps 3 through 5 and use one of the alternate methods indicated on page 4.)
3. Scroll down and select the REIMBURSEMENT section. That will take you to the Medication Reimbursement Form.
4. Complete the BASIC INFORMATION section.

- a. Select the name of the covered individual.

### Basic information

Who was the medication for?

Member

Spouse

Dependent 1

Dependent 2

How much did you pay?

24.00

Fill date / date of service

01/17/2022

- a. Enter the dollar amount paid **for the quantity associated with the covered individual selected in the previous step.**

- c. Enter the date the product was purchased (the date on the receipt).

- d. Select A REGULAR CLAIM.

Was this a Coordination of Benefits (COB) claim?

If you have more than one prescription drug plan and claims are processed through all plans.

A regular claim

Coordination of benefits claim

5. Upload receipts and UPC symbols.
  - a. Click the UPLOAD RECEIPT button.
  - b. Select images of your receipts and OTC COVID-19 test package UPC symbols (JPG, PNG or PDF format) **for the covered individual selected in step 4.**

**NOTE: Ensure the location, date of purchase and OTC COVID-19 test price are all visible**

6. Enter code **9991123** in the PHARMACY INFORMATION section.

7. Complete the MEDICATION INFORMATION section.

- a. Enter NA in all fields **except** QUANTITY
- b. In the QUANTITY field, enter the number of tests associated with the covered individual selected at the top of the form

### Upload pharmacy receipt

You need your pharmacy receipt. The pharmacy provides this when handing out medication. It is sometimes stapled to the bag. [View an example](#).

The cash register receipt you get when paying for the medication cannot be used to process your claims.

#### Tips:

JPG, PNG and PDF are acceptable formats.

Make sure the receipt is lying flat and is well-lit before photographing.

You can upload multiple photos if required (for instance, a long receipt).

[Upload receipt](#)

### Pharmacy information

We need to know which pharmacy filled your prescription.

#### Pharmacy NABP

6-7 digits, found on receipt

9991123

### Medication information

Tell us about the medication.

#### Medication name

Example: Atorvastatin

NA

#### Rx Number

NA

#### National Drug Code (NDC), if known

NA

#### Medication strength

Example: 10mg

NA

#### Quantity

Example: 30 tablets

#### Days supply

Example: 30 days

NA

Enter NA in the PRESCRIBER INFORMATION fields.

**Prescriber information**

Who prescribed the medication?

Physician / provider name

NA

Physician NPI

Ask your providers office for this 15-digit number

NA

8. Select PAID OUT OF POCKET in REASON FOR CLAIM section

**Reason for Claim**

Please note why you needed to pay out of pocket.

Paid out of pocket

Copay was too high

Member thinks they were overcharged

Did not have insurance cards yet

Got the medication and no longer needed it

9. Select the CONTINUE: PREVIEW YOUR CLAIM button beneath the ADDITIONAL DETAILS box, and follow the on-screen instructions to complete your reimbursement request.

Additional details

**Continue: preview your claim**

**You may also submit your reimbursement requests via mail or fax.**

1. Download the [member reimbursement form](#). You can find it in the FORMS AND DOCUMENTS section at [elixirsolutions.com/members](http://elixirsolutions.com/members).
2. Complete the top CARDHOLDER INFORMATION section, and select the NO box in answer to the question, IS THIS A COORDINATION OF BENEFITS CLAIM?



3. In the MEDICATION section:
  - a. Enter date the test(s) were purchased in the FILL DATE box.
  - b. Enter the number of tests purchased (for the individual named in the CARDHOLDER INFORMATION section) in the QUANTITY/DAYS SUPPLY box.
4. Submit this form along with copies or images of your receipt(s) and UPC symbols via one of the following methods:

**Fax** to (866) 646-1403 - Attn: DMR Department

**Mail** to Elixir – DMR, 8935 Darrow Rd, P.O. Box 1208, Twinsburg, OH 44087

**Please allow up to 30 days for claims processing and payment to be issued.**