



Medical Claims Portal – HCP User Guide

V1.0

Issue date: October 2023

PP-RC-US-1948 10/2023 ©Lilly USA, LLC 2023. All rights reserved.
Omvoh™, its delivery device base, and Omvoh Together™ are trademarks owned or licensed by Eli Lilly and Company, its subsidiaries, or affiliates.





TABLE OF CONTENTS

- + [OVERVIEW](#)
- + [GUIDE KEY](#)
- + [USER SIGN IN PAGE](#)
- + [PRACTICE ACCOUNT SET UP](#)
- + [USER SIGN IN](#)
 - [FORGOT PASSWORD](#)
- + [LANDING PAGE](#)
- + [CLAIMS HISTORY](#)
- + [CONTACT US](#)
- + [RESOURCES](#)
- + [SEARCH FOR A PATIENT](#)
- + [ADD A PATIENT](#)
- + [EDIT A PATIENT](#)
- + [SUBMIT A CLAIM](#)
- + [ADD/MANAGE USERS](#)
- + [ADD/MANAGE PRESCRIBERS](#)
- + [USER LOG OUT](#)

Overview



What is the Buy and Bill Claim Submission Portal?

The Lilly Buy and Bill Medical Claim Submission Portal is intended to allow Users to:

- Search for Patient profiles using: First name, Last Name, Date of Birth, and Zip Code. If multiple exact matching Patient profiles are found, “Copay Card ID” will be required.
- Upload supporting documentation to submit a claim for reimbursement of product. Documentation includes: Explanation of Benefits (EOB), UB04/CMS1450/CMS1500
- Monitor status of claims submitted



Guide Key

- **Errors**

Error screens are displayed on the bottom right of the page. These screens feature red highlighted fields or warning messages to let the User know of appropriate steps needed to proceed. If a User encounters one of these errors while using the Portal, please review that all required fields are populated.

- **Next**

The correct button to proceed to the following screen will be illustrated with a blue box to demonstrate where to click to continue the process.

- **Contextual Information**

- Content related to the topic of the slide will be illustrated with a yellow box to demonstrate the location of the item on the page.

USER SIGN IN PAGE

- URL: MedicalClaimsPortal.opushealth.com
- In a browser, the User should follow the URL to access the Sign in page.

The screenshot shows the Medical Claims Portal sign-in page. At the top, there is a navigation bar with four buttons: 'Overview' (highlighted in orange), 'Create Account', 'Sign In', and 'Forgot Password'. Below the navigation bar is a red banner with the text 'Welcome to Medical Claims Portal' and 'Submit co-pay claims for in-office administered therapy.' The main content area is divided into two columns. The left column contains information about submitting a medical co-pay claim, including a list of required documents (Explanation of Benefits (EOB) form and CMS 1450/1500/UB04) and a note about eligibility. The right column contains the sign-in form, which includes fields for 'Email' (with the example 'thomas.chestnut@iqvia.com') and 'Password', a 'Forgot password?' link, a 'Remember my email' checkbox, and a 'Sign in' button. Below the sign-in button is a link to 'register your practice'. At the bottom of the page, there is a footer with links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', and a copyright notice '©2023 IQVIA'. Three callout boxes with arrows point to specific elements: one points to the 'Forgot password?' link, another points to the 'register your practice' link, and a third points to the footer links.

Medical Claims Portal

Welcome to Medical Claims Portal

Submit co-pay claims for in-office administered therapy.

To submit a medical co-pay claim you will need:

- Explanation of Benefits (EOB) form for insured patients
- CMS 1450/1500/UB04

Please note: You may only submit a claim if the patient is commercially insured and is not participating in any Federal Healthcare Program (including Medicare, Medicaid, TRICARE®, or any other state or federal medical pharmaceutical benefit program or pharmaceutical assistance program).

PP-RC-US-1951 10/2023 ©Lilly USA, LLC 2023. All rights reserved.
TRICARE® is a registered trademark of the Department of Defense (DoD) OHA. All rights reserved.

Sign in

Email
thomas.chestnut@iqvia.com

Password [Forgot password?](#)
Password

Remember my email

[Sign in](#) or [register your practice](#)

Once the account is created, there is an option for 'Forgot Password'

Sign in for new users: Select 'register your Practice'

At any time, the user has the option to access the "Privacy Policy", "Terms of Use" and "Contact us" pages

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)
©2023 IQVIA

PRACTICE ACCOUNT SET UP

- From the Sign in page – new Users should select “register your practice”. When the following screen appears, the User registering a Practice will select “Begin”.
- The first User to register will be granted “Admin Access” which will allow the User to register and provide access (including admin) to all other Users. Users have the ability to log in to the Portal, add Prescribers, and Submit Claims.

The screenshot shows the 'Medical Claims Portal' interface. At the top, there is a dark blue header with the text 'Medical Claims Portal'. Below this is a prominent red banner with the title 'Create Practice Account' and the subtitle 'Introduction'. The main content area is white and contains the following text: 'To begin, a representative from the prescribing physician's practice must complete the practice registration process.' This is followed by two paragraphs explaining that users must activate their accounts individually and that activation must be completed before using the portal. A section titled 'You will need the following information in order to successfully register your practice:' lists three requirements: 1. User information including email address, 2. Practice location information, and 3. Prescriber licensing information (with sub-points for NPI and State License Number). A final paragraph states that users must agree to the Medical Claims Portal Agreement. A blue 'Begin' button is located at the bottom left of the content area. The footer is dark blue and contains links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', along with the copyright notice '©2022 IQVIA'.

PRACTICE ACCOUNT SET UP

- The User will be required to enter information regarding the Practice. This information will be used to validate the Practice for access to the portal. The following information will be required to submit:

- Practice Name**
- Practice NPI**
- Street Address**
- City**
- State**
- Zip**
- Phone**
- Email**
- Remittance address**
- Payment Method: Check or EFT**
- Claim Status Updates via Fax**
- Users will have the ability to change the “Remittance Address”. This will allow reimbursement checks (sent daily) to be sent to a separate address than the Practice.

Medical Claims Portal

Create Practice Account

About The Practice

Please enter the information requested below. We will use this information to verify your practice.

Practice Name Practice NPI

Street Address

Address Line 2 (optional)

City

State ZIP

Phone Email Address

Remittance Address Same as practice address

If reimbursements should be mailed to an address other than the practice address, indicate the remittance address here.

Payment Method

Claim Status Updates

Medical Claims Portal Home Claims Practice Resources Contact Us

Practice

Practice information has been updated.

Test Practice 123 Manage Patients
NPI: 1234567891 Manage Users
Manage Prescribers

Address: 1234 Test road, Test City, PA 19065
Phone: (555) 623-9095
Email: thomas.chestnut@iqvia.com

Payment Method:
Payments are being electronically transferred to your payment account.

Claim Status Updates:

PRACTICE ACCOUNT SET UP

- If Users select “Electronic” as the reimbursement method, they will be able to select “Manage Electronic Payments”. The User will be directed to a secure site where they may enter their banking details for payment to be sent directly to their account.

Medical Claims Portal Home Claims Practice Resources Contact Us

Practice

Practice information has been updated.

Test Practice 123

NPI: 1234567891

Address

1234 Test road
Test City, PA 19065

Payment Method

Payments are being electronically transferred to your payment account.

[Manage Electronic Payments](#)

Edit

Comments

Phone:

Email:

Claims

Receiving

Manage Patients

Electronic Transfer Options

Available Balance
\$0.00

[Update Transfer Options](#)
[Account Holder Details](#)
[Return to Payment Account](#)

Accounts

Test Account *1010

[+ Create Account](#)

BANK ACCOUNT

Nickname *

What do you want to call this account?

Routing Number *

The institutional routing number

Confirm Routing Number *

Confirm the routing number

Account Number *

The account number

Confirm Account Number *

Confirm the account number

Account Type

Choose...

Add This Bank Account

PRACTICE ACCOUNT SET UP

- The User will enter the first “User” information on this page. The first User to be registered will be granted “Admin Access” which will allow the User to register and provide access (including admin) to all other Users. The email information entered here is where the Portal activation emails will be sent once the Practice is validated. The Role in Practice is for labeling users for reference and does not affect usage of the Portal.

Medical Claims Portal

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice.

Email Address Your activation email will be sent to this address.

First Name

Last Name

Phone Number (###) ###-#### **Extension**

Role in Practice

Next

Privacy Policy | Terms of Use | Contact Us

©2022 IQVIA

Role in Practice

- Office/Billing Administrator
- Medical Doctor
- Nurse - Non-Prescribing
- Nurse Practitioner
- Physician's Assistant
- Other

PRACTICE ACCOUNT SET UP

- Users are required to add at least one Prescriber in order to verify the Practice. Up to 3 Prescribers may be added for initial account creation. Once the Practice is validated, there is no limit to the number of Prescribers that can be added.

Medical Claims Portal

Create Practice Account

About the Prescriber

At least one prescriber from your practice must be added in order to verify the practice.

Prescriber First Name

Prescriber Last Name

NPI Number

State License Number (optional)

[Next](#)

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

©2022 IQVIA

PRACTICE ACCOUNT SET UP

- Selecting “Add a Prescriber” will provide a pop-up window for Prescriber information to be entered. Up to 3 additional Prescribers may be added for initial account creation. Once the Practice is validated, there is no limit to the number of Prescribers that can be added.

Medical Claims Portal

Create Practice Account

Additional Prescribers

You can add up to three more prescribers now, or skip this step and add prescribers after your account is activated.

Name	NPI	SLN	
TE TE	1982652848		Edit

[Add a Prescriber](#)

[Next](#)

Privacy Policy | Terms of Use | Contact Us
©2022 IQVIA

PRACTICE ACCOUNT SET UP

- Users will have an opportunity to review the previously entered information. By selecting “Edit” on the following categories, the information previously entered can be updated:
 - Practice information
 - User information
 - Prescriber information

Medical Claims Portal

Create Practice Account

Review Registration

Please review the information below before submitting your registration.

Practice [Edit](#)

My Best Practice

NPI: 1356315907

Phone: (111) 111-1111

Address:
123 Main St
Fairview, NJ 07022

Payments will be received by electronic transfer.
* Requires additional setup after registration.

Claim status updates will be sent to tparkes@us.imshealth.com.

Next

Users [Edit](#)

Name	Email Address	Role
Practiceman PracticeAdmin	tparkes@us.imshealth.com	Office/Billing Administrator

Prescribers [Edit](#)

Name	NPI	SLN
TE TE	1982652848	

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)
 ©2022 IQVIA

PRACTICE ACCOUNT SET UP

- User will agree to Terms and Conditions and complete the “Captcha” by selecting check boxes. The User then enters First Name, Last Name and selects “Finish”. The screen will then display a successful registration page informing User of next steps.

Medical Claims Portal

Create Practice Account

Practice Agreement

Please sign below the following Terms and Conditions to indicate your understanding and acceptance of the terms and conditions of participation of this HCP Medical Co-pay Program.

I certify that the information provided in claims submitted to IQVIA Inc., Patient Access and Affordability Solutions Division as part of this HCP Medical Co-pay Program will be accurate; that expenses requested for payments will be eligible patient co-pay, co-insurance, or deductible expenses not paid by the patient's insurance, Flexible Spending Account, Health Savings Account, or any other payer; and that I would, my practice, have charged my patient for such out-of-pocket expenses. I also certify that I will ensure that each patient for whom I submit a claim under this Program (i) will not be purchasing their prescriptions with benefits from Medicare, including Medicare Part D or Medicare Advantage, including Medicaid Managed Care or Alternative Benefit Plans ("ABPs") under the Affordable Care Act; Medigap; Veterans Affairs Medical Insurance ("DoD"); TRICARE®; or any similar state-funded programs, such as medical or pharmaceutical assistance programs, that meet the eligibility criteria for the program. Any other expenses, including, but not limited to, out-of-network amounts not covered by the program, are eligible for payment under this Program. I understand that I am liable for any misrepresentations herein to the full extent of the law. I also understand that IQVIA reserves the right to verify submitted claims information at any time.


Acknowledged and Agreed

Enter your name to accept

Practiceman

PracticeAdmin

I'm not a robot



reCAPTCHA
Privacy - Terms

Finish

Privacy Policy | Terms of Use | Contact Us
©2022 IQVIA

Medical Claims Portal

Create Practice Account

Registration Successful

✓ Your registration was successfully submitted.

Thank you for registering your practice for Medical Claims Portal. We are currently processing your request. You and any users added during registration will receive an account notification email within two (2) business days.

Please note, you will not be able to sign in until your practice has been approved and your account is activated.

Done

Need help?
Call Customer Support
Phone: (833) 809-7594
Fax: (908) 382-9283
8:00 AM - 8:00 PM ET Mon-Fri

Privacy Policy | Terms of Use | Contact Us
©2022 IQVIA

PRACTICE ACCOUNT SET UP

- Once the Practice information has been validated by IQVIA Support, the Practice email that was used when the account was created will be sent an activation email. Users will follow the link to create an account password.
- Once the User has entered a password and selects “Save”, the account will now be created and can be logged in to.

Hello Registered User,

Welcome to Medical Claims Portal! Your practice has been validated. Please click the button below to activate your account.

<https://uat.opushealth.com/LillyPtrBuyAndBill/Home/ActivateAccount?username=tparkes@us.imshealth.com&code=2282044791182382376316212491851792021621182412>

Thank you,
Medical Claims Portal Support

Please do not reply to this message, which was sent from an unmonitored e-mail address.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

©2022 IQVIA

Medical Claims Portal

Account Activation

Please set your password.

Password

Confirm Password

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

Save

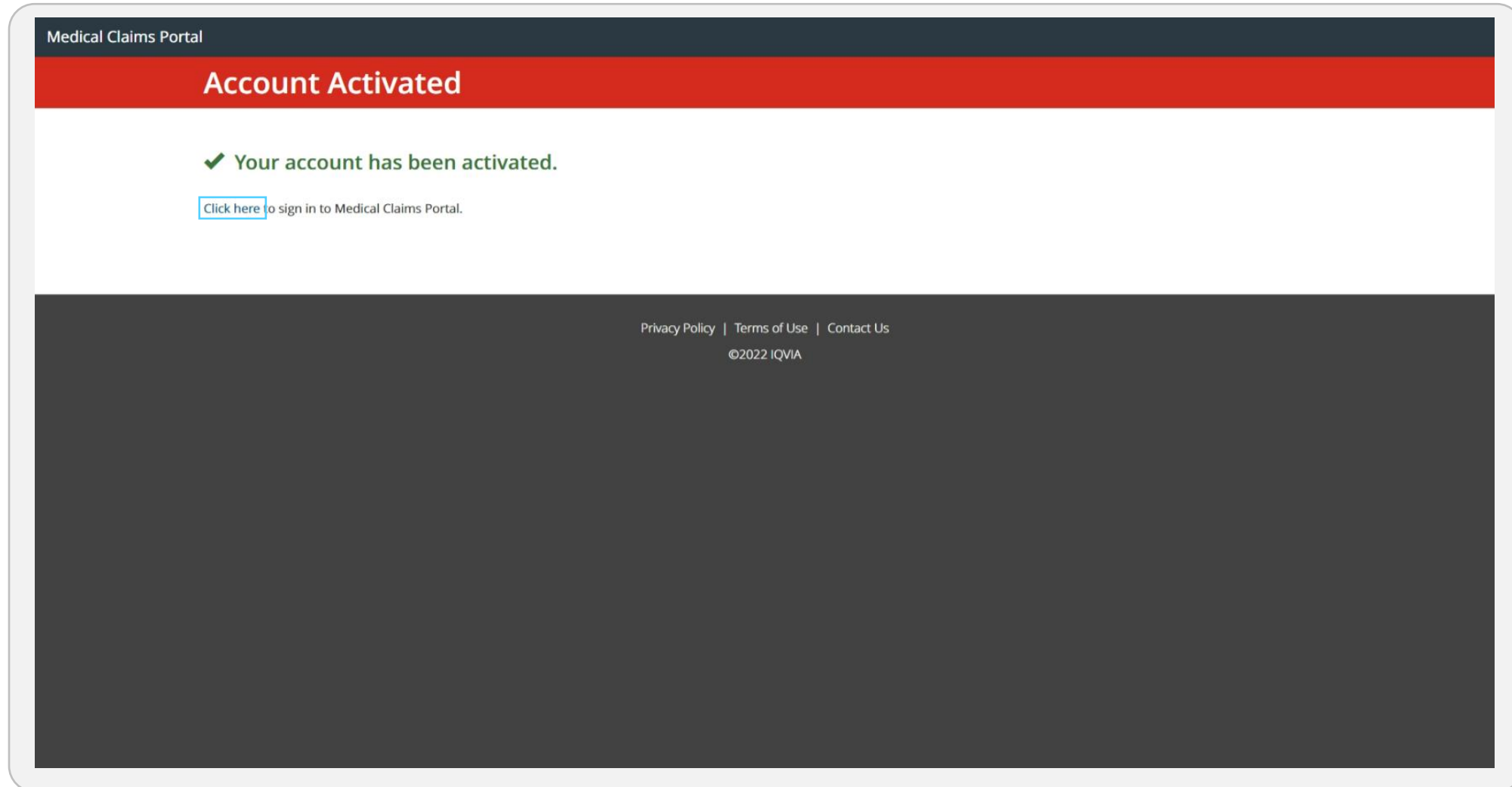
Cancel

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

©2022 IQVIA

PRACTICE ACCOUNT SET UP COMPLETE

- The account is now activated, and Users can select “Click here” to sign in to their account.



USER SIGN IN

- On the Sign in page, the User can log in using the registration credentials the account was created with and select “Sign In”.
- If the returning User has forgotten their password, they can select “Forgot Password?”
- If the User is accessing the Portal from a secure personal device, they can select “Remember my email”. This will pre-populate their email in future login attempts.

Medical Claims Portal

Welcome to Medical Claims Portal

Submit co-pay claims for in-office administered therapy.

To submit a medical co-pay claim you will need:

- Explanation of Benefits (EOB) form for insured patients
- CMS 1450/1500/UB04

Please note: You may only submit a claim if the patient is commercially insured and is not participating in any Federal Healthcare Program (including Medicare, Medicaid, TRICARE®, or any other state or federal medical pharmaceutical benefit program or pharmaceutical assistance program).

PP-RC-US-1951 10/2023 ©Lilly USA, LLC 2023. All rights reserved.
TRICARE® is a registered trademark of the Department of Defense (DoD) DHA. All rights reserved.

Sign in

Email
thomas.chestnut@iqvia.com

Password [Forgot password?](#)
Password

Remember my email

[Sign In](#) or [register your practice](#)

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

©2023 IQVIA

USER SIGN IN- FORGOTTEN PASSWORD


- To reset a password, the User will enter the email associated with the account and select “Send Email”. They will be directed to the password confirmation page. An email will be sent to User’s email as explained on next slide.

Medical Claims Portal

Reset Your Password

Please enter the email address associated with your account. You will receive an email with a link to reset your password.
You will only receive an email if your practice has been approved and your email address has been registered at the practice.

Email Address

I'm not a robot  [Privacy](#) | [Terms](#)


[Send Email](#)

Need help?
Call Customer Support
Phone: (833) 809-7594
Fax: (908) 382-9283
8:00 AM - 8:00 PM ET Mon-Fri

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)
©2022 IQVIA

Medical Claims Portal

Reset Your Password

 **Password Reset Sent**
Click the link in your email to reset your password.
If a valid account was found for your email address, we have sent you a password reset link. Please check your inbox for an email from donotreply@opushealth.com.
If you do not see the email, please check your junk mail folder and make sure tparkes@us.imshealth.com is the correct email address for your Medical Claims Portal account. You can also [click here](#) to receive a new link.

Need help?
Call Customer Support
Phone: (833) 809-7594
Fax: (908) 382-9283
8:00 AM - 8:00 PM ET Mon-Fri

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)
©2022 IQVIA

USER SIGN IN- FORGOTTEN PASSWORD EMAIL

- From the “Reset Your Medical Claims Portal Password” email, select the “Reset Password” link. The User will be taken to a page that allows them to enter new credentials for their password.

NOTE: Users may need to check their Junk/Spam folder if password reset email is not displayed in inbox

Reset Your Medical Claims Portal Password

Hello Practiceman,

You recently asked to reset your Medical Claims Portal password by e-mail. Please click the button below to reset your password. Your reset link will be valid for 30 minutes.

Reset Password

If you're having trouble clicking the password reset button, copy and paste the URL below into your web browser.

<https://uat.opushealth.com/LillyPtrBuyAndBill/Home/ResetPassword?username=tparkes%40us.imshealth.com&code=1449218132132431581562221371181499022319968821611017202991641971>

If you are still unable to access your account, or if you did not request a password reset, please [contact support](#).

Thank you,
Customer Support

Please do not reply to this message, which was sent from an unmonitored e-mail address.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

©2021 IQVIA

LANDING PAGE

- Once signed in, the User will be taken to the landing page:

The screenshot shows the Medical Claims Portal landing page. At the top, a navigation bar includes links for Home, Claims, Practice, Resources, and Contact Us. Below this is a red banner with the text "Welcome, Practiceman". A blue button labeled "Submit a Claim" is prominently displayed. To the right, there is a "Need help?" section with contact information for customer support. Below the banner is a "Recent Claims" section with a "See all claims" link and a table header. The table header includes columns for Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. Below the table, it states "You haven't submitted any claims yet." At the bottom of the page, there are links for Privacy Policy, Terms of Use, and Contact Us, along with a copyright notice for IQVIA.

At any time, the User can access the options "Home", "Claims", "Practice", "Resources" and "Contact Us" from the navigation pane at the top of the window. Selecting "Home" will bring the user back to the landing page.

Submit a claim: The User will select this to proceed with submitting a claim.

Need help?
Call Customer Support
Phone: (833) 809-7594
Fax: (908) 382-9283
8:00 AM - 8:00 PM ET Mon-Fri

Recent Claims See all claims

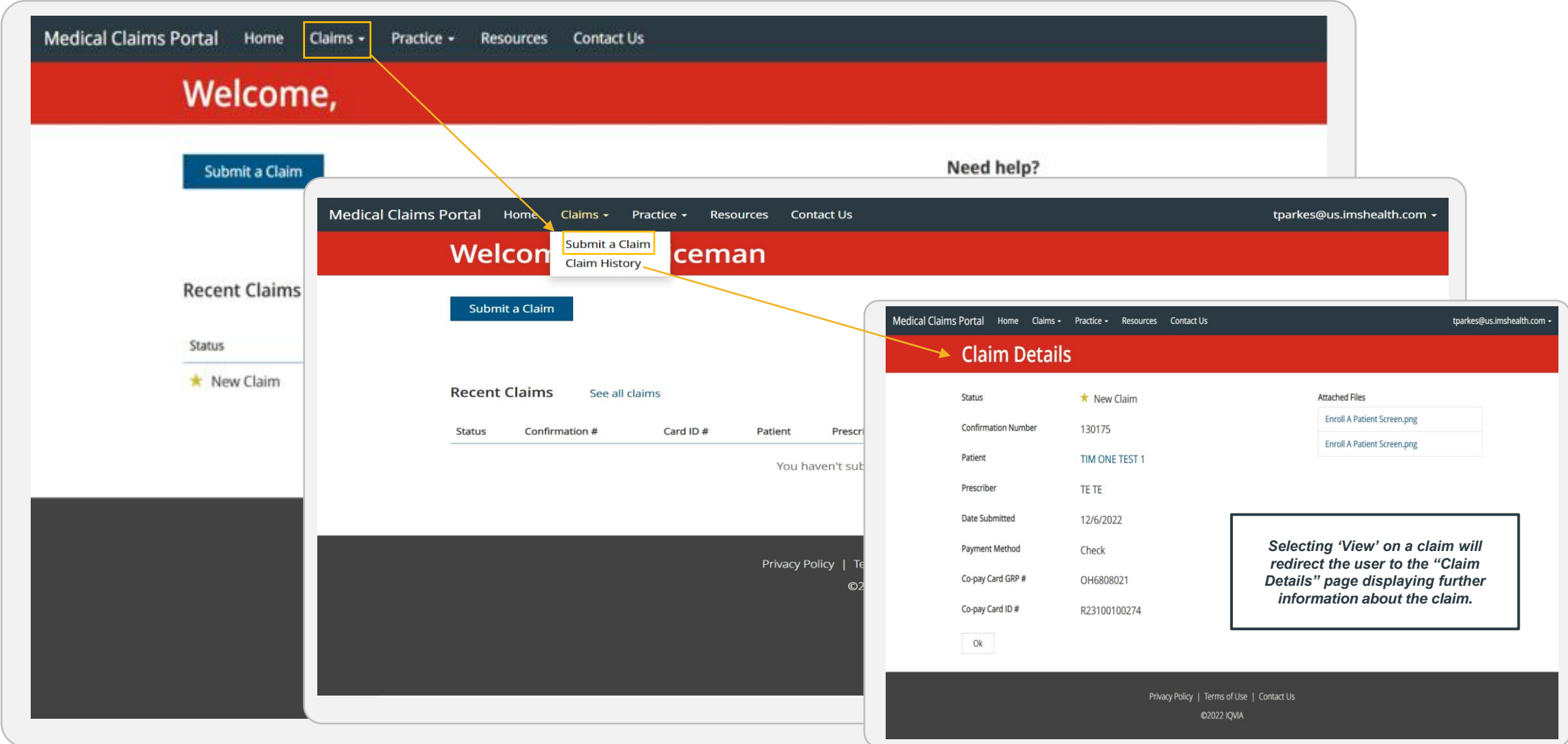
Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
You haven't submitted any claims yet.								

When claims have been submitted, the 5 most recent claims will appear under "Recent Claims". Selecting "See all claims" will redirect to a full list of all submitted claims.

At any time, the user has the option to access the "Privacy Policy" "Terms of Use" and "Contact Us" pages. Customer support details are also visible on the landing page.

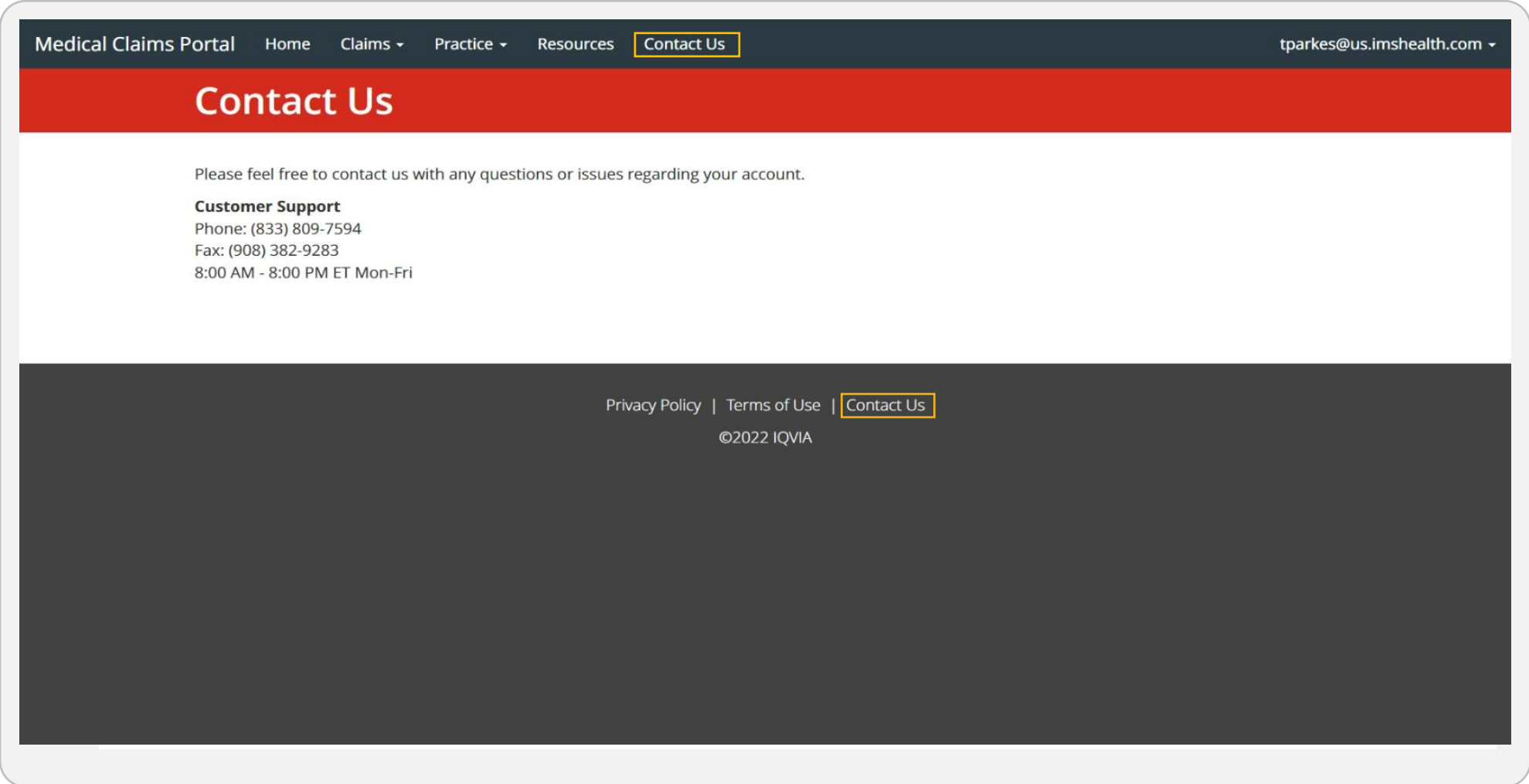
CLAIMS HISTORY

- The User can review any submitted Claim(s) from the landing page or select the Claims dropdown and select “Claim History”.



CONTACT US

- From the navigation bar, the User can select “Contact Us”. From here, they can access contact details for further support, including assistance with problems submitting the Claim.



Resources

- From the navigation bar, the User can select “Resources”. From here, Users will have access to resources regarding the Omvoh Together™ program. Contact information for services providing assistance and information about the Program and/or Claims, along with User Guides for the Portal will also be available here.

The screenshot shows the 'Resources' page of the Medical Claims Portal. The navigation bar at the top includes 'Medical Claims Portal', 'Home', 'Claims', 'Practice', 'Resources' (highlighted with a yellow box), and 'Contact Us'. The email address 'tparkes@us.imshealth.com' is visible in the top right. The main heading is 'Resources'. Below this, there are two sections: 'Medical Claims Portal User Guide' and 'Omvoh Together Patient Website'. The footer contains links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', along with the copyright notice '©2022 IQVIA'.

Medical Claims Portal Home Claims ▾ Practice ▾ **Resources** Contact Us tparkes@us.imshealth.com ▾

Resources

[Medical Claims Portal User Guide](#)

Please access the above user guide for any questions on using the Medical Claims Portal. For any additional questions please contact customer support at (833) 809-7594 Hours of operation: 8:00 AM-8:00 PM EST Monday through Friday.

[Omvoh Together Patient Website](#)

For patient enrollment or more information relating to the Omvoh Together Savings program please visit the above website or please contact Omvoh Together at 844-4-Omvoh4 (844-466-8644). Hours of operation: 8:00 AM-10PM ET Monday through Friday.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

©2022 IQVIA

SEARCH FOR A PATIENT

- From the Landing Page – Users should select “Practice” at the top of the page and select “Patients”.

The screenshot shows the Medical Claims Portal interface. At the top, there is a navigation bar with the following items: Medical Claims Portal, Home, Claims, Practice (highlighted with a yellow box), Resources, and Contact Us. The email address tparkes@us.imshealth.com is visible in the top right corner. Below the navigation bar is a red banner with the text "Welcome, Pr... an". A blue button labeled "Submit a Claim" is positioned on the left side of the banner. A dropdown menu is open under the "Practice" menu item, showing the following options: Account, Users, Prescribers, and Patients (highlighted with a yellow box). To the right of the banner, there is a "Need help?" section with contact information: Call Customer Support, Phone: (833) 809-7594, Fax: (908) 382-9283, and 8:00 AM - 8:00 PM ET Mon-Fri. Below the banner, there is a "Recent Claims" section with a link "See all claims". A table header is visible with columns: Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted (with a dropdown arrow), Date Updated, and Claim Amount. Below the table header, the text "You haven't submitted any claims yet." is displayed. At the bottom of the page, there is a footer with links for Privacy Policy, Terms of Use, and Contact Us, and the copyright notice ©2022 IQVIA.

SEARCH FOR A PATIENT

- From the “Patients” page, Users will be able to search for Patients already added to the Practice using First Name and Last Name.
- If a User wishes to view a list of all added Patients, they may select the “Search” icon to view all added Patients.

Medical Claims Portal | Home | Claims | Practice | Resources | Contact Us | tparkes@us.imshealth.com

Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name: Last Name:

Add a Patient

Name	Date Of Birth
TIM ONE TEST 1	01/01/1900

Privacy Policy | Terms of Use | Contact Us | ©2023 IQVIA

Searched Patients will appear here. Selecting View on a Patient will bring up Patient details with the ability to edit. Selecting “Submit a Claim” will submit a claim for the searched Patient.

Medical Claims Portal | Home | Claims | Practice | Resources | Contact Us | thomas.chestnut@iqvia.com

Patient

Name	Savings Card GRP #	Savings Card ID #
MICHAEL SCOTT	OH6808021	R23100105312
Date of Birth	Gender	
03/01/1982	Male	
Address	Phone	
1234 KLONDIKE AVE APT 1 SCRANTON, PA 18503	(555) 555-4567	
	Email	
	TESTPERSON@TESTING.COM	

Privacy Policy | Terms of Use | Contact Us | ©2023 IQVIA

ADD A PATIENT

- If no Patients are associated with the Practice or a new Patient needs to be added, Users may select “Add a Patient.”

Medical Claims Portal Home Claims Practice Resources Contact Us tparkes@us.imshealth.com

Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name Last Name

[Add a Patient](#)

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

©2022 IQVIA

ADD A PATIENT

- Users may enter Patient information and select “Search” to search for a Patient enrolled in the program. (Note: Patients must already be enrolled into Omvoh Together™ program before they are searchable and before claims can be submitted on their behalf.)

Medical Claims Portal Home Claims Practice Resources Contact Us tparkes@us.imshealth.com

Add a Patient

Please enter the patient's information.

First Name	Last Name
<input type="text"/>	<input type="text"/>
Date of Birth	ZIP
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="#####"/>

Privacy Policy | Terms of Use | Contact Us
©2022 IQVIA

Medical Claims Portal Home Claims Practice Resources Contact Us tparkes@us.imshealth.com

Add a Patient

Please enter the patient's information.

First Name	Last Name
<input type="text"/>	<input type="text"/>
<small>First Name is required.</small>	<small>Last Name is required.</small>
Date of Birth	ZIP
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="#####"/>
<small>Date of Birth is required.</small>	<small>ZIP is required.</small>

Sorry, we couldn't find that patient. Please check the information and try again.

Medical Claims Portal Home Claims Practice Resources Contact Us tparkes@us.imshealth.com

Add a Patient

Please enter the patient's information.

First Name	Last Name
<input type="text" value="John"/>	<input type="text" value="Parker"/>
Date of Birth	ZIP
<input type="text" value="03/03/1980"/>	<input type="text" value="07022"/>

Privacy Policy | Terms of Use | Contact Us
©2022 IQVIA

ADD A PATIENT

- When a valid enrolled Patient is searched, the Patient details will be displayed and the Patient may be added to the Practice profile by selecting “Add”.

Medical Claims Portal Home Claims Practice Resources Contact Us tparkes@us.imshealth.com

Confirm Patient

Please review these details and confirm you'd like to add this patient.

Name	Savings Card GRP #	Savings Card ID #
TIM ONE TEST 1	OH6808021	R23100100274
Date of Birth	Gender	
01/01/1900	Unknown	
Address	Phone	
123 TEST STREET	(999) 999-9999	
APT 1	Email	
CITY, NJ 12345	MGP@IN.IMSHEALTH.COM	

Privacy Policy | Terms of Use | Contact Us
©2022 IQVIA

ADD A PATIENT

- When a Patient is successfully added, the following page appears and the option to “Edit” Patient information becomes available.

Medical Claims Portal Home Claims Practice Resources Contact Us thomas.chestnut@iqvia.com

Patient

The patient has been added to your practice.

[Submit a Claim](#)

Name	Savings Card GRP #	Savings Card ID #
MICHAEL SCOTT	OH6808021	R23100105312
Date of Birth	Gender	
03/01/1982	Male	
Address	Phone	
1234 KLONDIKE AVE	(555) 555-4567	
APT 1	Email	
SCRANTON, PA 18503	TESTPERSON@TESTING.COM	

[Edit](#) [Close](#)

Privacy Policy | Terms of Use | Contact Us
©2023 IQVIA

EDIT A PATIENT

- When “Edit” is selected on an existing Patient profile, the following page appears and Patient information can be adjusted. Edits can be locked in by selecting “Save”. When the patient is successfully updated, a notification will appear.

Medical Claims Portal Home Claims Practice Resources Contact Us thomas.chestnut@iqvia.com

Patient

First Name: MAX Last Name: POWERS

Date of Birth: 12/17/1989 Gender: Male

Street Address: 742 EVERGREEN TERRACE

Address Line 2 (optional): APT 1

City: LOS ANGELES

State: California ZIP: 90701

Savings Card GRP #: OH6808021

Savings Card ID #: R23100105387

Phone: (555) 555-5678

Email (optional): TESTPERSON@TESTING.COM

Save Cancel

Submit a Claim

Medical Claims Portal Home Claims Practice Resources Contact Us thomas.chestnut@iqvia.com

Patient

✔ Patient information has been updated.

Submit a Claim

Name	Savings Card GRP #	Savings Card ID #
MAX POWERS	OH6808021	R23100105387
Date of Birth	Gender	
12/17/1989	Male	
Address	Phone	
742 EVERGREEN TERRACE	(555) 555-5678	
APT 1	Email	
LOS ANGELES, CA 90701	TESTPERSON@TESTING.COM	

Edit Close

Privacy Policy | Terms of Use | Contact Us

©2023 IQVIA

Privacy Policy | Terms of Use | Contact Us

©2023 IQVIA

SUBMIT A CLAIM

- The User may select “Submit a Claim” from several locations on the Portal.

The image displays three overlapping screenshots of the Medical Claims Portal, illustrating where the 'Submit a Claim' button is accessible:

- Top Screenshot (Patient Profile):** Shows the 'Patient' profile page. The 'Submit a Claim' button is highlighted in a yellow box in the left-hand navigation menu.
- Middle Screenshot (Welcome Page):** Shows the 'Welcome' page. The 'Submit a Claim' button is highlighted in a yellow box in the top navigation bar. A dropdown menu is also visible, showing 'Submit a Claim' and 'Claim History' options.
- Bottom Screenshot (Patients List):** Shows the 'Patients' list page. The 'Submit a Claim' button is highlighted in a yellow box next to the 'View' link for the patient 'TIM ONE TEST 1'.

Each screenshot includes a navigation bar with 'Medical Claims Portal', 'Home', 'Claims', 'Practice', 'Resources', and 'Contact Us', and a user profile 'tparkes@us.imshealth.com'.

Medical Claims Portal Home Claims Practice Resources Contact Us tparkes@us.imshealth.com

Patient

Submit a Claim

Name
TIM ONE TEST 1

Date of Birth
01/01/1900

Address
123 TEST STREET
APT 1
CITY, NJ 12345

Edit **Close**

Medical Claims Portal Home Claims Practice Resources Contact Us tparkes@us.imshealth.com

Welcome

Submit a Claim

Submit a Claim
Claim History

Recent Claims

Status	Confirmation #
--------	----------------

Medical Claims Portal Home Claims Practice Resources Contact Us tparkes@us.imshealth.com

Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name Last Name

Tim one Test 1

Add a Patient

Name	Date Of Birth	ZIP	
TIM ONE TEST 1	01/01/1900	12345	View Submit Claim

Privacy Policy | Terms of Use | Contact Us
©2022 IQVIA

SUBMIT A CLAIM

- In order to Submit a Claim, a Patient must be selected (a Prescriber may add a new Patient by selecting “New Patient”). The Prescriber who the claim is being submitted by/for must also be selected. The following documentation must be attached:

- Explanation of benefits (EOB)
- CMS 1450/1500/UB04

Both documents are required for submission.

(Note: If a Practice has EFT selected as their reimbursement method and the banking information has not been provided, the below error message will be displayed prompting the User to complete EFT setup or change preferred reimbursement method by selecting “Account Page”).

The screenshots show the 'Submit a Claim' page in the Medical Claims Portal. The page includes a navigation bar with 'Home', 'Claims', 'Practice', 'Resources', and 'Contact Us'. The main heading is 'Submit a Claim'. Below this, there are fields for 'Patient' (with a search icon) and 'Prescriber'. There are also 'Attach File' buttons for 'Please attach the EOB' and 'Please attach CMS 1450/1500/UB04'. A 'Need help?' section provides contact information for Customer Support. At the bottom, there are links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', and a copyright notice for ©2023 IQVIA.

The error message in the left screenshot reads: "Please complete electronic payment setup, or switch your payment type on the account page." This message is overlaid on the agreement section, which contains the following text: "I certify that the information provided in claims submitted to IQVIA Inc., Patient Access and Affordability Solutions Division as part of the this HCP Medical Co-Pay program will be accurate; that expenses requested for payments will be eligible copay, co-insurance, or deductible expenses, actually incurred and not paid as dictated by the patient's insurance plan for the cost of Omvoh, Flexible Spending Account, Health Savings Account, or any other payer; and that I would, in the ordinary course of my practice, have charged my patient for such out of pocket expenses. I also certify that I will not seek reimbursement from any third party for the support Lilly provides. I understand and agree that the full value of payment provided by the manufacturer is for the benefit of the patient and that I am obtaining payment on behalf of the patient. I also certify that I will ensure that each patient for whom submits documentation under this Program (i) is not enrolled in Medicare, including Medicare Part D or Medicare Advantage Plans; Medicaid, including Medicaid Managed Care or Alternative Benefit Plans ("ABPs") under the Affordable Care Act; Medigap; Veterans Administration ("VA"); Department of Defense ("DoD"); TRICARE®; or any similar state-funded programs, such as medical or pharmaceutical assistance programs; and (ii) will meet the other eligibility criteria for the program. Any other expense, including but not limited to, (a) out-of-network amounts not covered by patient's insurance, (b) the cost of any dosing procedure, (c) any other healthcare provider service or supply charges or other treatment costs, or (d) any costs associated with a hospital stay, are not eligible for payment under the Program. The Patient is aware of, has consented to, and has directed my disclosure of their information for this purpose. I understand I am liable for any misrepresentations herein to the fullest extent of applicable law." Below this text is an 'Agree' checkbox.

The error message in the right screenshot is smaller and located at the top of the form area, reading: "Please complete electronic payment setup, or switch your payment type on the account page."

SUBMIT A CLAIM

- When the User selects “Submit”, the following screen will appear confirming the claim has been successfully submitted to IQVIA for review. The Claim Submitted is now visible on the home page under “Recent Claims” or by selecting “Claims”> “Claim History”.
- Status updates will automatically appear as they are applied.

The image displays two screenshots of the Medical Claims Portal interface.

Left Screenshot: Claim Submitted Confirmation

Medical Claims Portal | Home | Claims ▾ | Practice ▾ | Resources | Contact Us | tparkes@us.imshealth.com ▾

Claim Submitted

✓ **The claim has been successfully submitted**

The confirmation number is 130175.

You will be notified once the claim is approved.

[Back to home page](#)

Privacy Policy | Terms of Use | Contact Us | ©2022 IQVIA

Right Screenshot: Welcome, Practiceman Home Page

Medical Claims Portal | Home | Claims ▾ | Practice ▾ | Resources | Contact Us | tparkes@us.imshealth.com ▾

Welcome, Practiceman

[Submit a Claim](#)

Need help?
 Call Customer Support
 Phone: (833) 809-7594
 Fax: (908) 382-9283
 8:00 AM - 8:00 PM ET Mon-Fri

Recent Claims [See all claims](#)

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted ▾	Date Updated	Claim Amount
★ New Claim	130175	R23100100274	TEST 1, TIM ONE	TE, TE		12/6/2022		View

Privacy Policy | Terms of Use | Contact Us | ©2022 IQVIA

ADD/MANAGE USERS

- To Add/Manage Users, select "Practice" from the top of the page and select "Users" from the dropdown.

The screenshot shows the Medical Claims Portal interface. At the top, there is a dark navigation bar with links for Home, Claims, Practice, Resources, and Contact Us. The 'Practice' dropdown menu is open, showing options for Account, Users, Prescribers, and Patients. The 'Users' option is highlighted. Below the navigation bar, there is a red banner with the text 'Welcome, Pr...' and a 'Submit a Claim' button. To the right, there is a 'Need help?' section with contact information for Customer Support. Below this, there is a 'Recent Claims' section with a table header and a message stating 'You haven't submitted any claims yet.' The footer contains links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2022 IQVIA.

ADD/MANAGE USERS

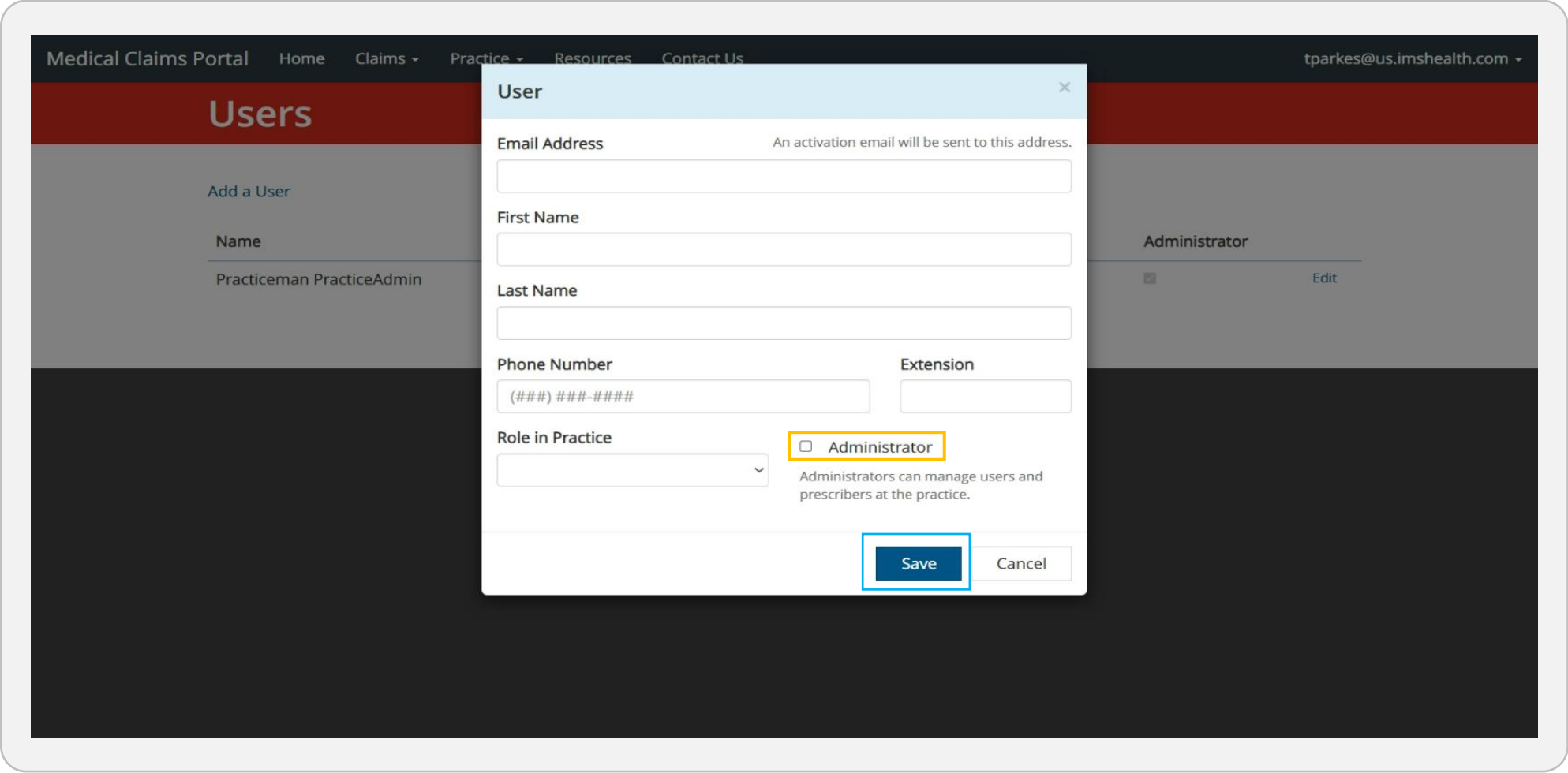
- New Users can be added by selecting “Add a User”, existing Users can be adjusted by selecting “Edit”.

The screenshot shows the 'Users' management interface in the Medical Claims Portal. At the top, a dark navigation bar contains 'Medical Claims Portal', 'Home', 'Claims', 'Practice', 'Resources', and 'Contact Us'. The user's email 'tparkes@us.imshealth.com' is displayed on the right. Below this is a red header with the word 'Users'. A yellow-bordered button labeled 'Add a User' is positioned above a table. The table has four columns: 'Name', 'Email Address', 'Role', and 'Administrator'. One user is listed: 'Practiceman PracticeAdmin' with email 'tparkes@us.imshealth.com', role 'Office/Billing Administrator', and an administrator checkbox checked. A yellow-bordered 'Edit' button is next to the user's name. The footer contains links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', along with the copyright notice '©2022 IQVIA'.

Name	Email Address	Role	Administrator
Practiceman PracticeAdmin	tparkes@us.imshealth.com	Office/Billing Administrator	<input checked="" type="checkbox"/> Edit

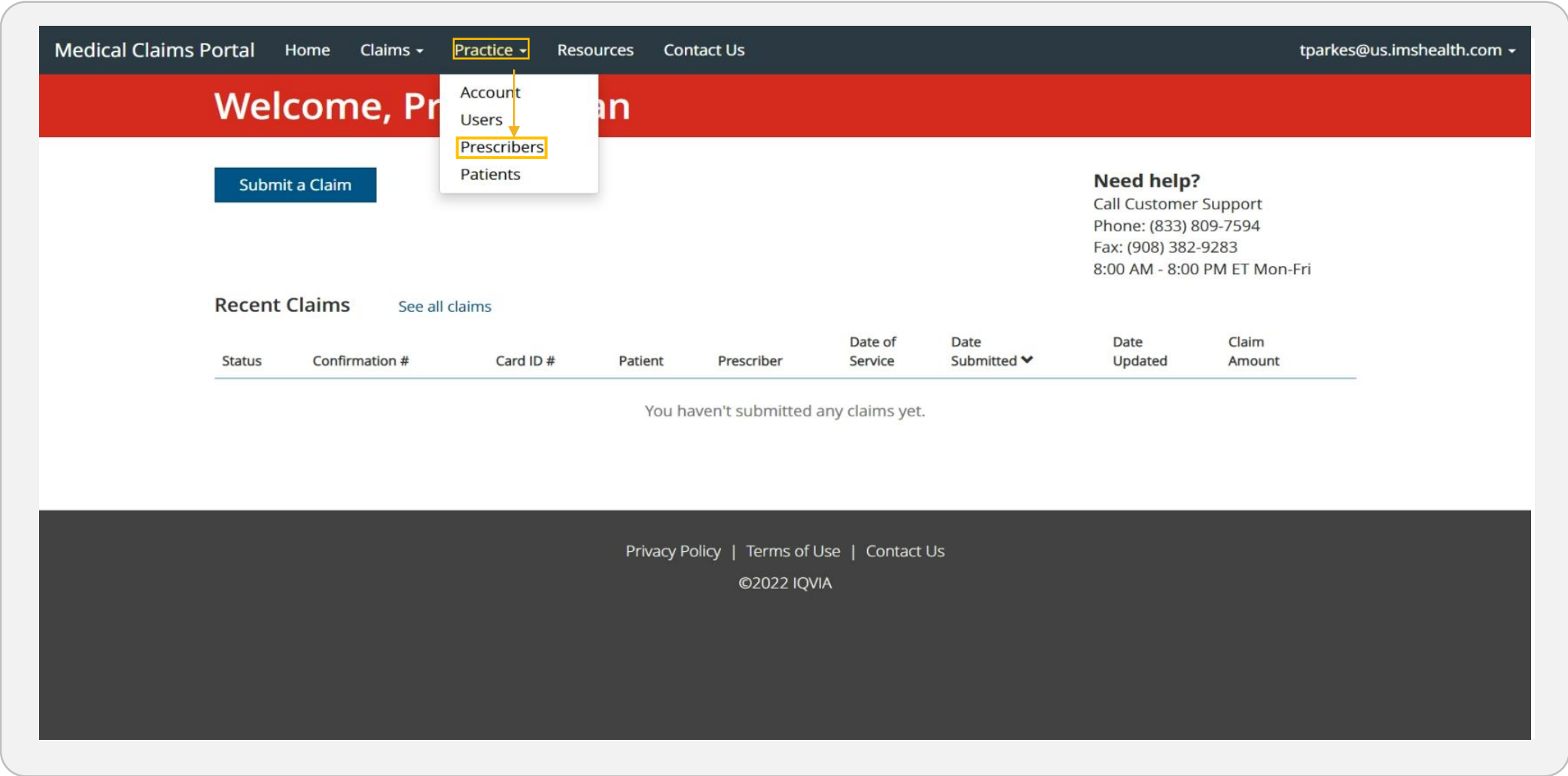
ADD/MANAGE USERS

- When “Add a User” is selected, the “User” screen will appear. The User information is added in the fields and pressing “Save” will add the new User. Selecting “Administrator” will grant the User access to add other Users and/or Prescribers and adjust Practice information. *(Note: this can only be selected by a current Administrator.)*



ADD/MANAGE PRESCRIBERS

- To Add/Manage Prescribers, select “Practice” from the top of the page and select the “Prescribers” from the dropdown.



ADD/MANAGE PRESCRIBERS

- New Prescribers added by selecting “Add a Prescriber” or existing Prescribers can be adjusted by selecting “Edit”.

Medical Claims Portal Home Claims Practice Resources Contact Us tparkes@us.imshealth.com

Prescribers

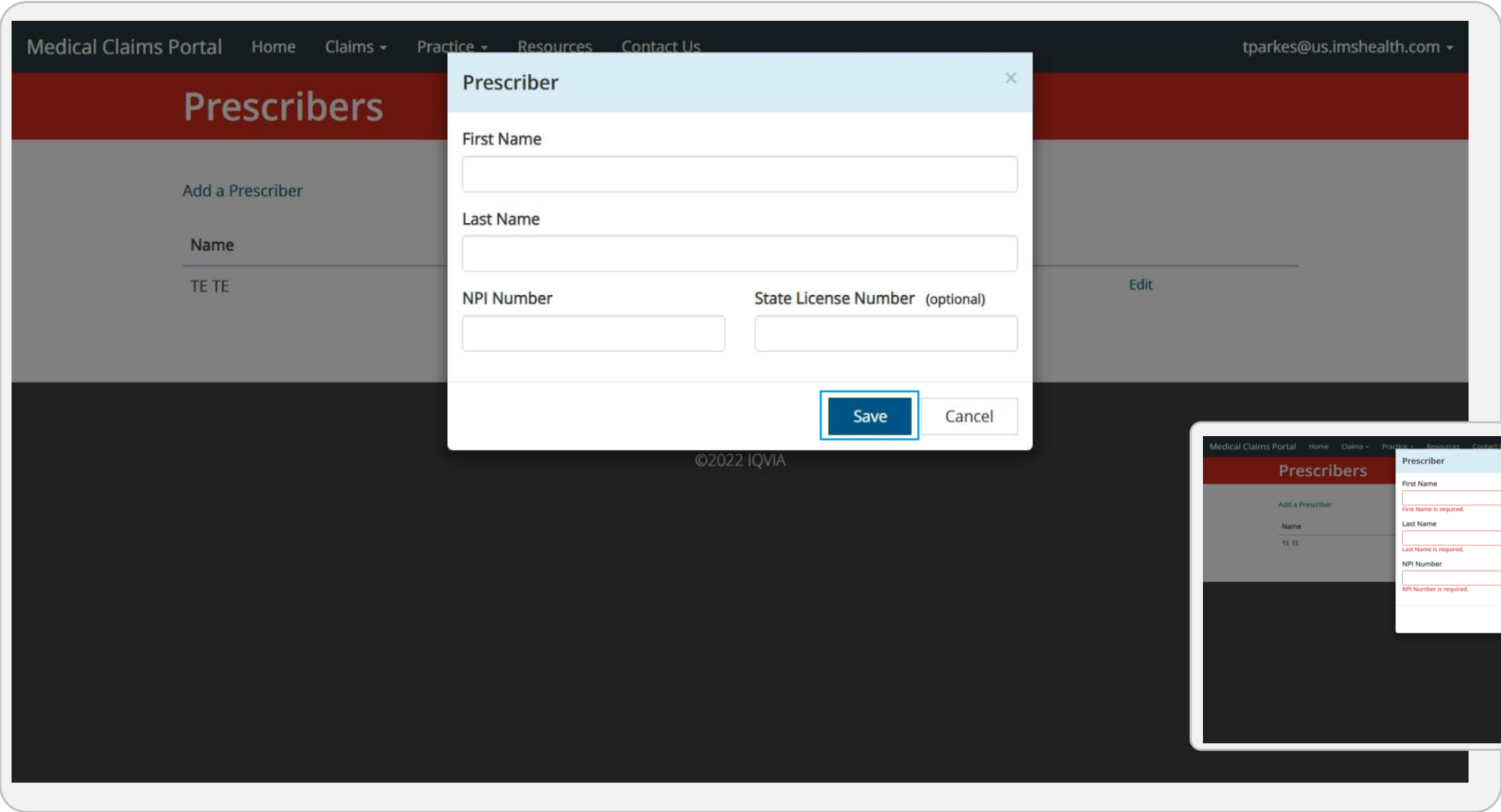
[Add a Prescriber](#)

Name	NPI	SLN
TE TE	1982652848	Edit

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)
©2022 IQVIA

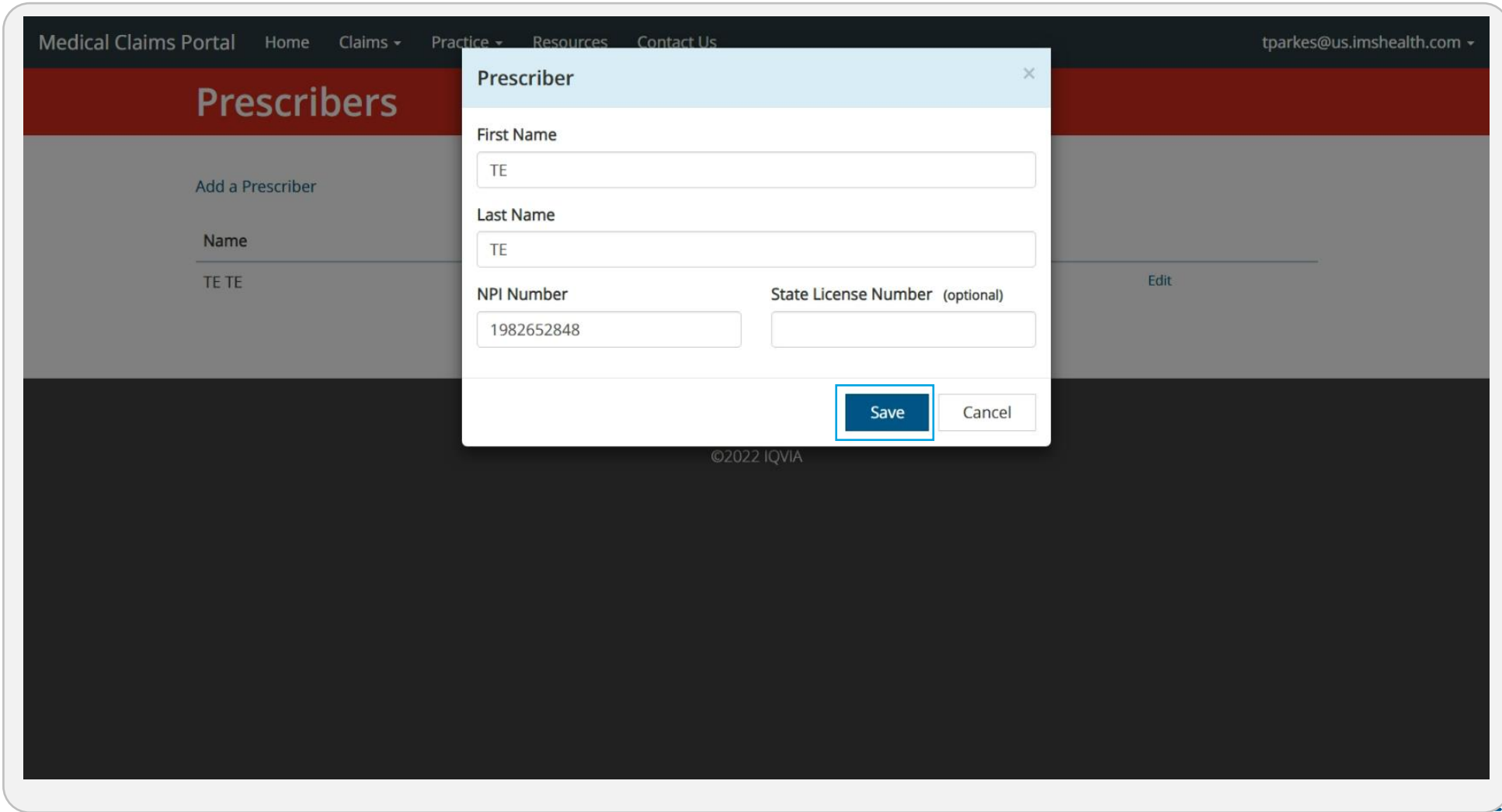
ADD/MANAGE PRESCRIBERS

- The Prescriber information is added in the fields and pressing “Save” will add the new Prescriber.



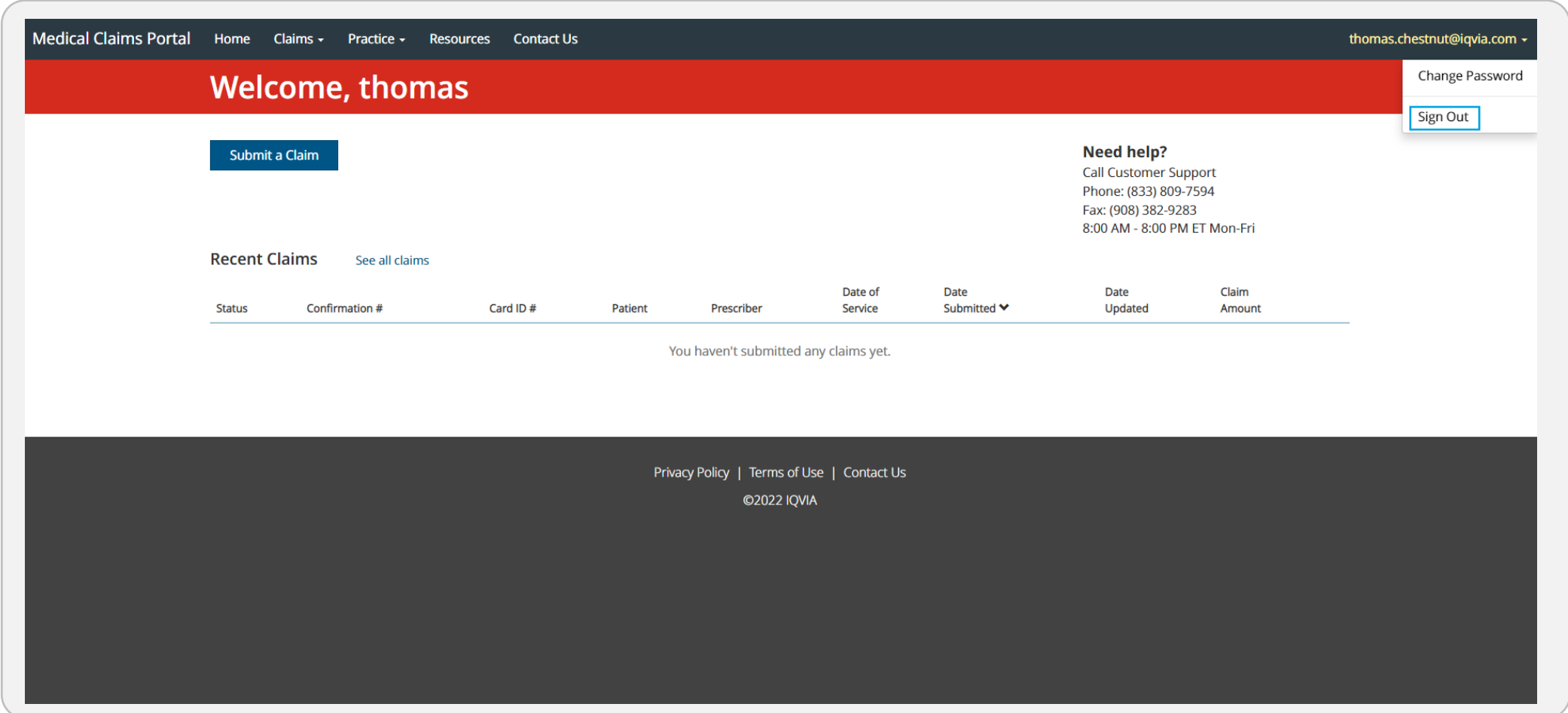
ADD/MANAGE PRESCRIBERS

- When "Edit" is selected, the following screen will appear. Prescriber fields will be populated with existing information and any changes can be locked in by pressing "Save".



USER LOG OUT

- Once the User has completed all necessary items within the site, they are able to safely log out of the Portal by selecting “Sign Out” from the user account dropdown.
- User will be redirected to the Sign in page.





Thank you

