

# Medical Claims Portal - Specialty Pharmacies User Guide

V1.0

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Medical SP Portal Guide V1.0

The Lilly Medical Claim SP Portal is intended to allow Specialty Pharmacies to:

• Upload supporting documentation to submit a claim for reimbursement of product.





## **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.



### LANDING PAGE

- URL: SVC.OPUSHEALTH.COM/ELY/OMVOH/SP
- In a browser, the User should follow the URL to access the Sign in page.

Sign in	
Username	
Password	
Password	
Remember my username	Once the account is created,
Forgot Password       Sign In       or	there is an option for "Forgot Password"
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## **USER ACCOUNT SET UP**

• From the Sign in page – new Users should select "Register" to create an account.

Sign in		
Username		
Password		
Password		
Remember my username		
Forgot Password		
Sign In Or Register		
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Sign In

### **USER ACCOUNT SET UP**

- To register, the User will be required to enter information regarding the facility. This information will be used to validate the facility for access to the Portal. The following information will be required to submit:
- Facility Name
- Facility NCPDP
- Facility NPI
- Facility Address
- Facility City
- Facility State
- Facility Zip
- Point of Contact First name
- Point of Contact Last Name
- Point of Contact Phone
- Point of Contact Email
- Once the User has filled in the appropriate details, they should attach a list of Users for Portal access and claim submission access, click "Captcha", and select "Submit".

#### Medical Claim SP Portal

Facility Name	Facility NPI	
ility NCPDP		
ility Address		
cility Address Line 2		
acility City		
acility State	Facility Zip	
Point of Contact First Name	Point of Contact Last Name	
		Medical Claim SP Portal
Point of Contact Email	Point of Contact Number	Facility Name Facility
	(###) ####-#####	The Facility Name field is required. The Fa
		Facility NCFOP
	in table formert, including First and Last Name	Pacility Address
Please provide applicable user list	in table format, including First and Last Name,	
Please provide applicable user list Email, and NCPDP for portal access	in table format, including First and Last Name, s and submission of claims.	The Pacifity Address field is required. Facility Address Line 2
Please provide applicable user list Email, and NCPDP for portal access ① Attach File	in table format, including First and Last Name, s and submission of claims.	The Facility Address field is required. Pacility Address Line 2 Facility City
Please provide applicable user list Email, and NCPDP for portal access Attach File	in table format, including First and Last Name, s and submission of claims.	The Faulty distance fails in respirate. Facility Address Labe 2 Facility Address Labe 2 Facility City Facility City Facility City respirated.
Please provide applicable user list Email, and NCPDP for portal access	in table format, including First and Last Name, s and submission of claims. txt with a maximum size of 5MB each	The Facility Address Red is request.
Please provide applicable user list Email, and NCPDP for portal access	in table format, including First and Last Name, s and submission of claims. txt with a maximum size of 5MB each	The first physical and first an empirical Facility Address Link 2 Facility Address Link 2 Facility City Facility State Facility State Facility State Facility State Facility Address Facility State Facility State
Please provide applicable user list Email, and NCPDP for portal access Attach File Files must be excel, word, csv, or I'm not a robot	in table format, including First and Last Name, s and submission of claims. txt with a maximum size of 5MB each	The Facility Address fadial suspended. Facility Address fadial suspended. Facility Address fadial suspended. Facility fadiants Facility fa
Please provide applicable user list Email, and NCPDP for portal access Attach File Files must be excel, word, csv, or I'm not a robot	in table format, including First and Last Name, s and submission of claims. txt with a maximum size of 5MB each	The Facility Address fails in segment.  Pacifity Address fails in segment.  Pacifity fails  Pacify fails  Pacifity fails  Pa
Please provide applicable user list i Email, and NCPDP for portal access Attach File Files must be excel, word, csv, or I'm not a robot Private Privat	in table format, including First and Last Name, s and submission of claims. txt with a maximum size of 5MB each	The Particip Andreas field transmit.  Pa
lease provide applicable user list i         mail, and NCPDP for portal access         ① Attach File         Files must be excel, word, csv, or         I'm not a robot         Preserver         Submit	in table format, including First and Last Name, s and submission of claims. txt with a maximum size of 5MB each	The Analys Andreas Ratic Lengance. Pacify Andreas Ratics Loss 2 Pacify Andreas Ratics 2 Pacify Analys Analysis 2 Pacify Analysis 2 Pacify Analysis Analysis
Please provide applicable user list i Email, and NCPDP for portal access Attach File Files must be excel, word, csv, or I'm not a robot Submit	in table format, including First and Last Name, s and submission of claims. txt with a maximum size of 5MB each	The Faulty Addates field is used as a second of the field



## **USER ACCOUNT SET UP**

- When the User has successfully submitted, the screen will then display a successful registration page informing User of next steps. The following page shall appear.
- The User will Select "Done" and be returned to the Sign in page.

Medical Claim SP Portal
Your registration was successfully submitted. Thank you for your submission with the Lilly Mirikizumab Specialty Pharmacy Portal, your submission will be reviewed
and you will be contacted within 3-5 business days. If any changes are needed please contact 1-833-809-7594.
Done
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## **USER ACCOUNT SET UP**

• Once the submitted facility information has been validated by IQVIA Support, the facility registerer will receive an email notifying them of the approval. The registered Users will be sent an email with a link to follow to create an account password.





#### **Create Account**

Sign In

### **USER SIGN IN**

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

Medical	Claim SP Portal	
	Sign in	
	Username	
	Password	
	Password	
	Forgot Password Sign In or Register	
	© 2022 - IQVIA	

Overview Create Account Sign In Forgot Password

## **USER SIGN IN**

• Once the User enters their credentials and signs in, the home page of the Portal will be displayed, and the User is successfully signed in.

a Home Search	timothy.parkes@iqvia.com <b>Sign Out</b>
Specialty Pharmacy Portal Home	
Select Action:	
View Patient Activity & Submit Medical Claim	
© 2022 - IQVIA	
	None       Sarch         Specialty Pharmacy Portal Home       Select Action:         Vew Patient Activity & Submit Medical Claim       Image: Select Activity & Submit Medical Claim         © 2022 - IQVIA       Image: Select Activity & Select Act



## **USER SIGN IN- FORGOTTEN PASSWORD**

• If the User selects "Forgot Password", the User will enter the email associated with the account and complete the "CAPTCHA" and then select "Send Email".

Medical Claim SP Portal	
Image: Series of the series of th	g a link
	Deserviting of Pessentin     Preserviting of Pessentin     0 2022-10/04



## **USER SIGN IN- FORGOTTEN PASSWORD**

• When the User successfully submits their Email for a password reset, they will be directed to a page that confirms an email has been sent to their inbox. The message below will be delivered to the User's registered email account and they can follow the link to reset the password.

Forgot Password	
Please check your email.	×
Please enter the email address associated with your account. You will to reset your password.  tparkes@us.imshealth.com  I'm not a robot  reCAPTCHA Privacy - Terms  Send Email	To: [SP Email Address] Subject: <program banner="" name="" title="">- User <user email=""> needs approval or reset Hi [User Name], To set/reset your password please click on the following link. Please click here to set/reset your password.</user></program>
© 2022 - IQVIA	Customer Support

#### Edit a Patient

Submit a Claim

### **SEARCH FOR A PATIENT**

- Selecting "Search" from the top of the page will allow Users to have the ability to search for a Patient either by the Savings Card ID or by entering the Patient's
  - » First Name, Last Name, Date of Birth, and Zip Code
- Selecting "Search" will search for the Patient matching entered information. Selecting "Clear Form" will clear all populated fields.

Medical C	Claim SP Portal Home	Search			timothy.parkes@iqvia.com Sign Out
	Patient Search There are two ways to search for a pati 1. Enter Savings Card ID only. 2. Enter First Name + Last Name + I NOTE: First Name and Last Name user	ent: Date of Birth + Zip. s a "starts with" search and must be at lea	ast 2 characters		
	Savings Card ID OR				
	First Name Search Clear Form	Last Name	Date of Birth	Zip	
	© 2022 - IQVIA				



Submit a Claim

## **SEARCH FOR A PATIENT**

• When valid information is entered, the matching Patient will appear as below. Clicking on the Patient information will proceed to the Patient Details page.



## **EDIT A PATIENT**

• From the Patient Details page, users can enter and update Patient information. This information is required to proceed to claim submission. Patient information must be entered first; this is completed by selecting "Edit Patient"

Medical Claim SP Port	al Home S	Search			timothy.parkes@iqvia.com <b>Sign Out</b>
	Patient De	tails			
	Patient		HCP	Insurance	
	First Name	TIM TWO	NPI	Payer Name	
	Last Name	TEST 2	First Name	Plan Name	
	Savings	OH6808021	Last Name	BIN/Payer ID	
	Card Group		Address1	PCN	
	Savings Card ID	R23100100488	Address2	Group	
	Date of Birth	1/1/1900	City	ID	
	Gender		State, Zip	Phone	
	Zip	12345	Phone		
	Edit Patient (Edit Patient Gender	Close before proceeding with Claim Submission pr	ocess.		
	Claims				
	No Claims found.				
	© 2022 - IQVIA				



### **EDIT A PATIENT**

• Once "Edit Patient" is selected, the Patient information can be updated. If gender was not provided upon enrollment, it must be entered to proceed. Once the gender is completed, Users will select "Save" to proceed.

Medical Claim SP Por	tal Home	Search			timothy.parkes@iqvia.com Sign Out
	Edit Patien	t			
	Patient		НСР	Insurance	
	First Name	TIM TWO	NPI	Payer Name	
	Last Name	TEST 2	First Name	Plan Name	
	Address	123 TEST STREET	Last Name	BIN/Payer ID	
	City	CITY	Address1	PCN	
	State	NJ	Address2	Group	
	Savings Card Group	OH6808021	City	ID	
	Savings Card ID	R23100100488	State, Zip	Phone	
	Date of Birth	1/1/1900			
Γ	Gender	~			
_	Zip	12345			
	Save Cano	el			
	Choose Gender				
	© 2022 - IQVIA				



### **EDIT A PATIENT**

• Once the gender is updated and Patient details are entered, Users may then update the Prescriber/HCP information and Insurance information by selecting "Edit HCP/Insurance".

Patient Details
Patient Edit changes have been saved. Patient HCP Insurance
First Name TIM TWO NPI Payer Name
Last Name TEST 2 First Name Plan Name
Savings OH6808021 Last Name BIN/Payer ID Card Group
Savings     R23100100488       Card ID     Address1     PCN       Group
Date of Birth 1/1/1900 City ID
Gender Male State, Zip Phone
<b>Zip</b> 12345 <b>Phone</b>
Edit Patient       Edit HCP/Insurance         Close         Completion of the Insurance fields are required to submit Medical/Pharmacy claim. Please Edit Insurance fields.
Claims
No Claims found.
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#### Edit a Patient

Submit a Claim

### **EDIT A PATIENT**

• After selecting "Edit HCP/Insurance", the User will be required to enter the Patient's HCP/Prescriber information and insurance information. Once all fields are populated, the User will select "Save". This information is required to submit a claim for the Patient.

Medical Claim SP Port	Batient Do	Search							timothy.park Sign Out	es@iqvia.com			
	Patient Edit cha	nges have been saved.											
	Patient		HCP		Insurance								
	First Name	TIM TWO	NPI		Payer Name	Ð							
	Last Name	TEST 2	First Name										
	Savings	OH6808021	Last Name	Medical Clain	n SP Port	al Home	Search					timoth Sign O	y.parkes@iqvia.com ut
	Card Group		Address1									22442	
	Savings Card ID	R23100100488	Address2			Patient De	tails						
	Date of Birth	1/1/1000	City			Patient	THETHO	HCP		Insurance			
	Conder	Mala	State, Zip			First Name	TEST 2	NPI		Payer Name			
	Gender		Phone			Savings	OH6808021	First Name		Plan Name			
	Zip	12345	Phone			Card Group Savings	R23100100488	Last Name		BIN/Payer ID			
	Edit Patient	Edit HCP/Insurance Close				Card ID		Address1		PCN			
	Completion of the	insurance fields are required to submit Medica	al/Pharmacy claim. Please Edit Insuranc			Date of Birth	1/1/1900 Male	Address2		Group			
	-					Zip	12345	City		ID			
	Claims							State	~	Phone			
	No Olaima faund							Zip					
	No Claims found.							Phone					
						Save							
	© 2022 - IQVIA					© 2022 - IQVIA							
			(								/		



Submit a Claim

### **SUBMIT A CLAIM**

• Once all information has been entered, Users may select "Submit Medical/Pharmacy Claim". This will proceed with submitting a claim for the displayed Patient details.

Medical Claim SP Portal	Home S	Search					timothy Sign Out	parkes@iqvia.com	
Pa HCF	P/Insurance cl	tails hanges have been saved.	HCP						
Firs	st Name	TIM TWO	NPI	1427070184	Paver Name	Aetna			
lasi	t Name	TEST 2	First Name	John	Plan Name				
Savi	vince	OH6808021	Last Name	Doctor	BIN/Paver ID	123456			
Card	d Group	01000021	Address1	120 Main St	PCN	120400			
Savi	rings d ID	R23100100488	Address2	129 Main St	Group				
Date	e of Birth	1/1/1900	City	Fairview	ID	123456789			
Gen	nder	Male	State, Zip	NJ, 07022	Phone	(111) 111-1112			
Zip		12345	Phone	(111) 111-1111					
Ed	dit Patient	Edit HCP/Insurance Submit Medic	al/Pharmacy Claim	Close					
Clai	ims								
No Cla	aims found.								
© 20	022 - IQVIA								



## **SUBMIT A CLAIM**

- In order to submit a claim, the following documentation must be attached:
  - Explanation of Benefits (EOB)
  - CMS 1450/1500/UB04

Once both documents are attached, Users will select "Submit". Both documents are required for submission, Users will not be able to proceed without both documents attached.

Medical Claim SP Portal Home Search	timothy.parkes@iqvia.com <b>Sign Out</b>
Please provide Patient's: • EOB • CMS 1450/1500/UB04 Form • Documentation must include: • Date of Service • NDC • Quantity Dispensed • J Code • Drug Cost- listed as its own separate line item	
Attach EOB File     Perroll A Patient Screen ×  Required      Attach CMS 1450/1500/UB04     Picture1 ing ×	Medical Claim SP Portal Norm Search Please provide Patients:   E DB  - CMS 44/04/1604/DBA Enem
Required	Control from Control from Unit Include:     Control of Service     Not     Control of Service     Control Dispensed     Code     Drug Cost-listed as its own separate line item
Note: If attached form(s) does not contain all information noted above then claim may be rejected and you will be contacted for suppl documentation. Files must be jpg, gif, tif, png, or pdf with a maximum size of 5MB each Submit Cancel	Attuch EGB File  Present solition:  Required  Attuch Loss 14501500/U004  Present solition  Required  Required
© 2022 - IQVIA	Note: If attached form(s) does not contain all information noted above then claim may be rejected and you will be contacted for supporting documentation. Files must be jug, aff, stf, png, or pdf with a maximum size of 5MB each
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timothy parket Sign Out

## **SUBMIT A CLAIM**

• Once the claim has been submitted, the following screen will appear. Users may view the submitted claim details by selecting "View Claim".

Medical Claim SP Portal Home Search	timothy parkes@iqvia.com Sign Out
Claim Submitted Claim 130251 has been submitted. View Claim Patient Profile Submit Another Claim	
© 2022 - IQVIA	



## **View Claims Details**

• When "View Claim" is selected, a screen will appear displaying the claim details as illustrated below.

Medical Claim SP Port	a Home Search			timothy.parkes@iqvia.com <b>Sign Out</b>
	Claim Details Confirmation NumberStatusDate SubmittedPayment MethodCo-pay Card GRP #Co-pay Card ID #HomePatient ProfileSubmit	130251 New Claim 12/9/2022 Check OH6808021 R23100100488	Attached Files Enroll A Patient Screen.png Picture1.jpg	
	© 2022 - IQVIA			



## **Patient Claims Details**

• If a Patient has had a claim submitted on their behalf, it will be visible on the Patient Details page as illustrated below.

Patient       Instrance         Patient       Instrance         Patient       Instrance         Patient       Instrance         Patient       Instrance         Patient       Pager Name       Adres         Pager Name       Octor         Card Group       Instrance       Octor         Adress2       10       123456789         Octor       Instrance       Octor         Inter Colspan="4">Inter Colspan= 4       Octor         Inter Colspan= 5       Octor         Inter Colspan= 5       Octor         Inter Colspan= 5 <th colsp<="" th=""><th>SP Porta</th><th>a Home S</th><th>Search</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></th>	<th>SP Porta</th> <th>a Home S</th> <th>Search</th> <th></th>	SP Porta	a Home S	Search										
Patient     HCP     Insurance       First Name     TIM TWO     NPI     1427070184     Payer Name     Adata       Last Name     TEST 2     First Name     John     Plan Name     Adata       Savings Card Group     0     Gaddress1     20 Main SI     BIN/Payer ID     123456       Savings Card ID     23100100488     Address1     20 Main SI     FCN     FCN       Savings Card ID     1/1/1900     City     Fairview     ID     123456789       Gender     Male     State ZIP     NJ, 07022     Phone     (111) 111-1111       Citl Paket     State ZIP     NJ, 07022     Phone     (111) 111-1111       Citl Paket     State ZIP     NJ, 07022     Phone     (111) 111-1111       Citl Paket     State ZIP     NJ, 07022     Phone     (111) 111-1111       Citl Paket     State ZIP     NJ, 07022     Phone     (111) 111-1111       Citl Paket     State ZIP     State ZIP     Cisse     State ZIP       Date of     State ZIP     Number     State ZIP     Copay     State ZIP       12/9/2022     R23100100488     OH6809021     New     S0     S0     Namal     -		Patient De	tails											
First Name       Tim TWO       NPI       142070184       Pager Name       Aetra         Last Name       TEST 2       First Name       John       Plan Name       Plan Name         Savings       0+6809021       Last Name       Doctor       BIN/Payer ID       123456         Card Group       R2310010048       Address1       129 Main St.       PCN       First Name         Savings       R2310010048       City       Fairview       NII 111111       ID       123456789         Gender       Male       State Zip       NJ 07022       ID       123456789       (111) 111-1112         It Rakent       Edit HCP/Insurance       Submit Collar/Hummary Claur       Cose       ID       123456789       ID         Card So       Savings       Sate Zip       NJ 07022       Phone       (111) 111-1112       ID       I		Patient			HCP				Insurance					
Last Name       TEST 2       First Name       John       Plan Name         Seving Card Group       0H6808021       Last Name       Dotor       ElN/Payer ID       123456         Seving Card Group       R2310010-8       Address 1       129 Main St.       PCN       First Name         Seving Card Group       R2310010-8       Gtyses 2       First Name       No 7022       ID       123456789         Gender       Male       State Zip       NJ 07022       Phone       (11) 111-1112         It Pater 1       Edit Pater 1       State Zip       NJ 07022       Phone       (11) 111-1112         It Pater 1       Edit Pater 1       State Zip       NJ 07022       Phone       (11) 111-1112         It Pater 1       Edit Pater 1       State Zip       NJ 07022       Phone       (11) 111-1112         It Pater 1       Edit Pater 1       State Zip       State Zip       State Zip       Phone       (11) 111-1112         It Pater 1       Edit Pater 1       State Zip       State Zip       State Zip       State Zip       State Zip       State Zip         It Pater 2       State Zip         It Pater 2		First Name	TIM TWO		NPI	1	427070184		Payer Name	Aetna				
Savings Card Group       OH8080021       Last Name       Doctor       BIN/Payer ID       123456         Savings Card ID       2230101048       Address1       129 Main St       PCN       Fund         Savings Card ID       2310101048       City       Fairview       ID       123456789         Date of Birth Gender       1/1/1900       State Zip       NJ,07022       Phone       (111) 111-1112         Zip       12345       State Zip       NJ,07022       Phone       (111) 111-1112         Edf Patter       Edf HCP/Insurance       Submit Med/car/Pharmary Clain       Ciose         Date of Submission       Sate of Service       Card Number Number       Sate of Card       Sol Sol       Sol       Manual       Prug Name / 		Last Name	TEST 2		First Name	J	lohn		Plan Name					
Savings Card ID     R23100100488     Address1     129 Main St     FCK       Date of Birth Male     1/1/1900     City     Fairview     ID     123456789       Gender     Male     State, Zip     NJ, 07022     Phone     (111) 111-1111       Zip     12345     Submit Medical/Phanmacy Claim     City     Fairview     Phone     (111) 111-1111       Edit HCP/Insurance     Submit Medical/Phanmacy Claim     City     Submitted     Benefit     Resulting     Submitsion     Drug Name / Strength       Date of Submitsion     Date of Service     Card Number     Group     Claim     Submitted     Benefit     Resulting     Submitsion     Drug Name / Strength       12/9/2022     R23100100488     OH6808021     New Claim     S0     S0     Manual     -		Savings Card Group	OH6808021		Last Name	[	Doctor		BIN/Payer ID	123456				
Date of Bird     1/1/1900     City     Fairview     ID     123455789       Gender     Male     State, Zip     NJ, 07022     Phone     (111) 111-1112       Zip     12345     Submit Medical/Pharmacy Calin     Citos     Phone     (111) 111-1112       Edit Patient     Edit HCP/Insurce     Submit Medical/Pharmacy Calin     Citos     Submission     Submission     Strength       Date of     Date of     Card Number     Group     Claim     Submitted     Benefit     Resulting     Submission     Drug Name / Strength       12/9/2022     R23100100488     OH6808021     New     S0     S0     Manual     -		Savings Card ID	R2310010048	8	Address2		129 MIGHT OL		Group					
Gender IpMaleState, ZipNJ, 07022Phone(111) 111-1112Zip12345Phone(111) 111-1111CoseCoseCoseClaimsDate of ServiceCard NumberGroup NumberClaim StatusSubmittedBenefit CopayResulting Supmission SoDurug Name / Strength12/9/2022R23100100488OH6808021New ClaimS0S0Manual-		Date of Birth	1/1/1900		City	F	airview		ID	123456789				
Zip12345Phone(111) 111-1111Edit PatlentEdit HCP/InsuranceSubmit Medicat/Pharmacy ClaimCloseClaimsDate of SubmissionDate of ServiceCard NumberGroup NumberSubmitted 		Gender	Male		State, Zip	1	NJ, 07022		Phone	(111) 111-1112	2			
Edit Patient       Edit HCP/Insurance       Submit Medical/Pharmacy Claim       Close         Claims       Date of Service       Card Number       Group Number       Submitted Copay       Benefit       Resulting       Submission       Drug Name / Strength         12/9/2022       R23100100488       OH6808021       New Claim       S0       S0       Manual       -		Zip	12345		Phone	(	111) 111-1111							
Claims       Date of Submission       Date of Service       Card Number       Group Number       Status       Submitted Copay       Resulting Copay       Submission Type       Drug Name / Strength         12/9/2022       R2310010048       OH6808021       New Claim       S0       S0       S0       Manual       -         © 2022 - IQVIA       S0       S		Edit Patient	Edit HCP/Insura	nce Submit Med	lical/Pharmacy C	laim	Close							
Date of SubmissionDate of ServiceCard NumberGroup NumberClaim StatusSubmitted CopayResulting CopaySubmission TypeDrug Name / Strength12/9/2022R23100100488OH6808021New ClaimS0S0S0Manual-© 2022 - IQVIASSSSSSSSS		Claims												
12/9/2022 R23100100488 OH6808021 New S0 S0 S0 Manual - © 2022 - IQVIA		Date of Submission	Date of Service	Card Number	Group Number	Claim Status	Submitted copay	Benefit	Resulting Copay	Submission Type	Drug Name / Strength			
© 2022 - IQVIA		12/9/2022		R23100100488	OH6808021	New Claim	\$0	\$0	\$0	Manual				
		© 2022 - IQVIA												



## 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.

Medical Claim SP Porta	a Home Search Sign Out	
	Specialty Pharmacy Portal Home	
	Select Action:	
	View Patient Activity & Submit Medical Claim	
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# Thank you