



Medical Claims Portal - Specialty Pharmacies User Guide

V1.0

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TABLE OF CONTENTS

- + [OVERVIEW](#)
- + [GUIDE KEY](#)
- + [LANDING PAGE](#)
- + [USER ACCOUNT SET UP](#)
- + [USER SIGN IN](#)
- + [USER SIGN IN - FORGOTTEN PASSWORD](#)
- + [SEARCH FOR A PATIENT](#)
- + [EDIT A PATIENT](#)
- + [SUBMIT A CLAIM](#)
- + [VIEW CLAIMS DETAILS](#)
- + [USER LOG OUT](#)

Overview



What is the Medical Claim SP Portal?

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

- Upload supporting documentation to submit a claim for reimbursement of product. Documentation includes: Explanation of Benefits (EOB), UB04/CMS1450/CMS1500

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.

The screenshot shows the 'Medical Claim SP Portal' landing page. It features a sign-in form with fields for 'Username' and 'Password', a 'Remember my username' checkbox, and a 'Forgot Password' link. Below the form are 'Sign In' and 'Register' buttons. Two callout boxes provide instructions: one points to the 'Register' button, stating 'Sign in for new Users: Select "Register"', and another points to the 'Forgot Password' link, stating 'Once the account is created, there is an option for "Forgot Password"'. The footer includes the copyright notice '© 2022 - IQVIA'.

Medical Claim SP Portal

Sign in

Username

Password

Remember my username

[Forgot Password](#)

or

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**Sign in for new Users:
Select "Register"**

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

USER ACCOUNT SET UP

- From the Sign in page – new Users should select “Register” to create an account.

Medical Claim SP Portal

Sign in

Username

Password

Remember my username

[Forgot Password](#)

or

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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

Create Facility Account

Facility Name Facility NPI

Facility NCPDP

Facility Address

Facility Address Line 2

Facility City

Facility State Facility Zip


Point of Contact First Name Point of Contact Last Name

Point of Contact Email Point of Contact Number

Please provide applicable user list in table format, including First and Last Name, Email, and NCPDP for portal access and submission of claims.

[Attach File](#)

* Files must be excel, word, csv, or txt with a maximum size of 5MB each

I'm not a robot 

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Medical Claim SP Portal

Create Facility Account

Facility Name Facility NPI

The Facility Name field is required. The Facility NPI field is required.

Facility NCPDP

Facility Address

The Facility Address field is required.

Facility Address Line 2

Facility City

Facility City is required.

Facility State Facility Zip

Facility State is required. Facility Zip is required.

Point of Contact First Name Point of Contact Last Name

The Point of Contact First Name field is required. The Point of Contact Last Name field is required.


Point of Contact Email Point of Contact Number

The Point of Contact Email field is required. (111) 111-1111

Please provide applicable user list in table format, including First and Last Name, Email, and NCPDP for portal access and submission of claims.

[Attach File](#)

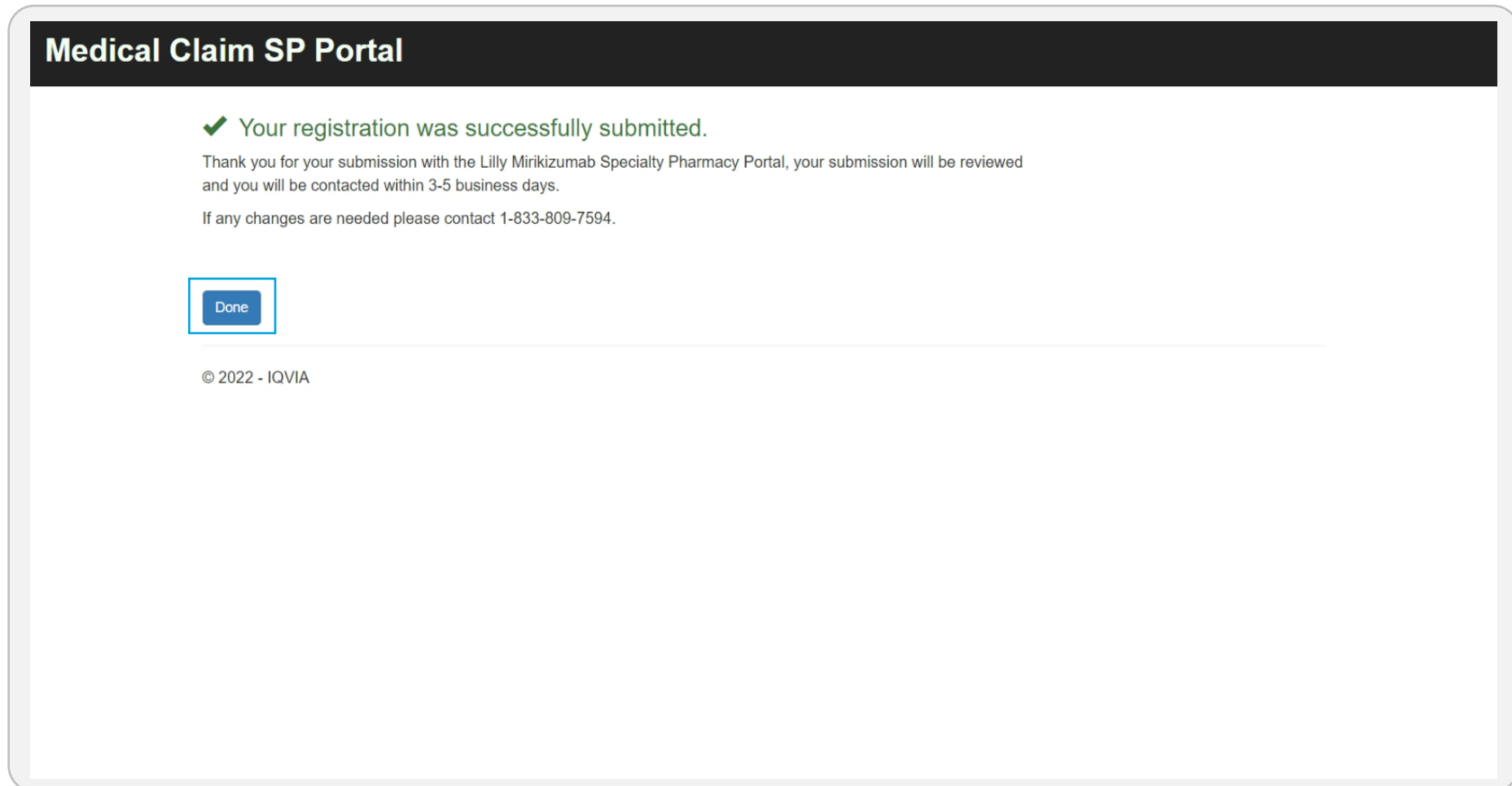
* Files must be excel, word, csv, or txt with a maximum size of 5MB each

I'm not a robot 

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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.



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.

From: donotreply@opushealth.com

Sent: [Date/Time]

To: [SP Email Address]

Subject: REGISTRATION VALIDATED: <Program Name/Banner Title>

Congratulations, [Facility Name] has been validated. Account requested users will be set and will receive a follow up email to proceed with creation of a new unique password.

Thank you,

Customer Support

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

To: [SP Email Address]

Subject: <Program Name/Banner 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.

Thank you,

Customer Support

USER SIGN IN

- On the Sign 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

Remember my username

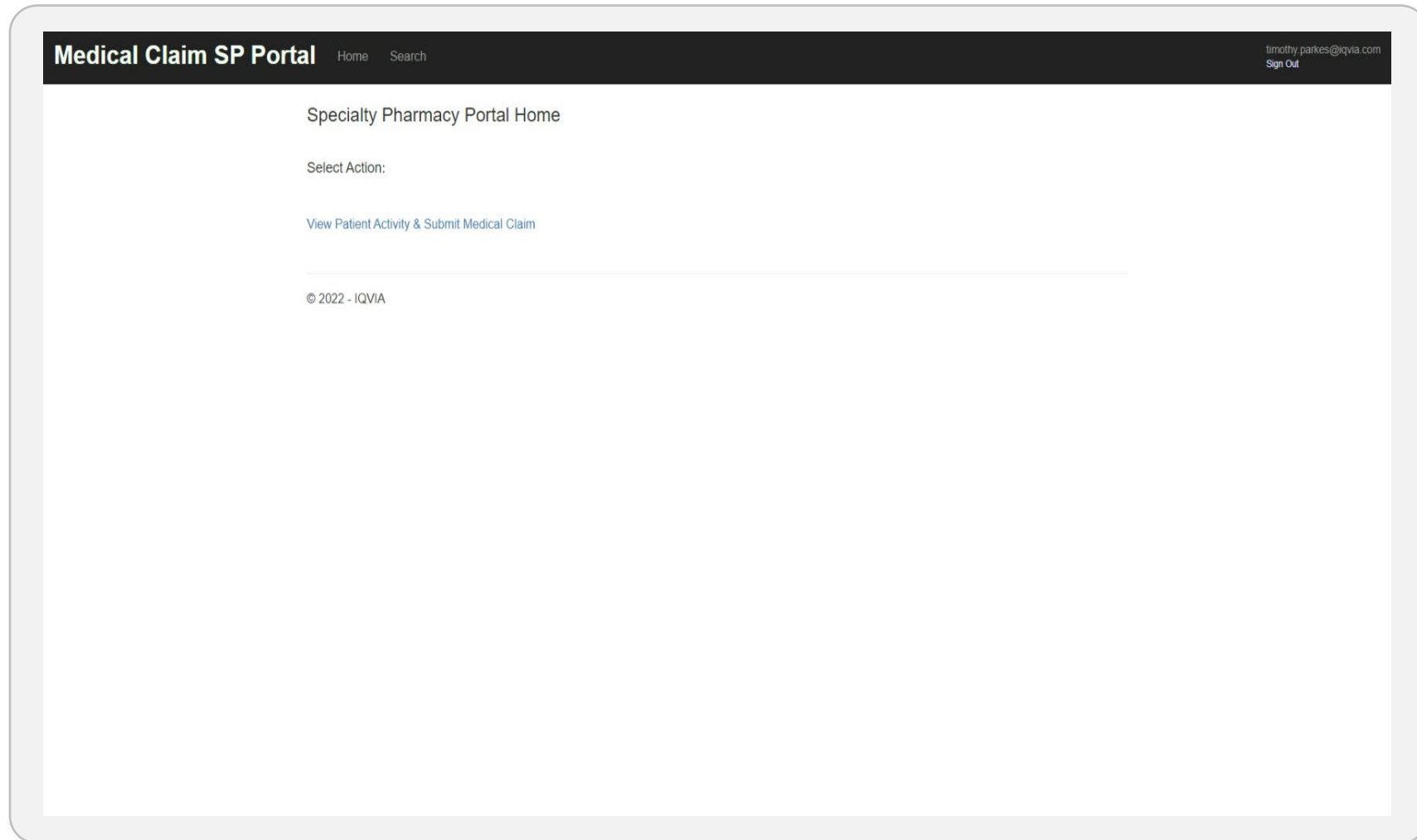
[Forgot Password](#)

or

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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.



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

Forgot Password

Please enter the email address associated with your account. You will receive an email containing a link to reset your password.

Email Address

I'm not a robot  reCAPTCHA
Privacy - Terms

Send Email


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Medical Claim SP Portal

Forgot Password

Please enter the email address associated with your account. You will receive an email containing a link to reset your password.

Email Address

I'm not a robot  reCAPTCHA
Privacy - Terms

Send Email

The Email Address field is required.

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Medical Claim SP Portal

Sign in

Username

Password

Remember my username

Forgot Password

[Sign In](#) or [Register](#)

Please enter your Username.
Please enter your Password.

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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.

Medical Claim SP Portal

Forgot Password

Please check your email. ✕

Please enter the email address associated with your account. You will receive an email with a link to reset your password.

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

To: [SP Email Address]
Subject: <Program Name/Banner 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.

Thank you,
Customer Support

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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.

The screenshot shows the 'Medical Claim SP Portal' interface. At the top, there is a navigation bar with 'Home' and 'Search' (highlighted with a yellow box). The user's email 'timothy.parkes@iqvia.com' and a 'Sign Out' link are visible in the top right. The main content area is titled 'Patient Search' and includes instructions: 'There are two ways to search for a patient: 1. Enter Savings Card ID only. 2. Enter First Name + Last Name + Date of Birth + Zip.' A note states: 'NOTE: First Name and Last Name uses a "starts with" search and must be at least 2 characters'. Below this, there is a 'Savings Card ID' input field. An 'OR' separator is followed by four input fields: 'First Name', 'Last Name', 'Date of Birth' (with a calendar icon), and 'Zip'. At the bottom of the form, there are two buttons: 'Search' (highlighted with a blue box) and 'Clear Form' (highlighted with a yellow box). The footer contains the copyright notice '© 2022 - IQVIA'.

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.

Medical Claim SP Portal [Home](#) [Search](#) timothy.parkes@iqvia.com
Sign Out

Patient Search

There are two ways to search for a patient:

1. Enter Savings Card ID only.
2. Enter First Name + Last Name + Date of Birth + Zip.

NOTE: First Name and Last Name uses a "starts with" search and must be at least 2 characters

Savings Card ID

OR

First Name **Last Name** **Date of Birth** **Zip**

| Savings Card Group | Savings Card ID | Name ^ | Date of Birth | Zip |
|--------------------|-----------------|-----------------|---------------|-------|
| OH6808021 | R23100100488 | TEST 2, TIM TWO | 1/1/1900 | 12345 |

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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 Portal [Home](#) [Search](#) timothy.parkes@iqvia.com
Sign Out

Patient Details

| Patient | HCP | Insurance |
|--|-------------------|---------------------|
| First Name TIM TWO | NPI | Payer Name |
| Last Name TEST 2 | First Name | Plan Name |
| Savings Card Group OH6808021 | Last Name | BIN/Payer ID |
| Savings Card ID R23100100488 | Address1 | PCN |
| Date of Birth 1/1/1900 | Address2 | Group |
| Gender | City | ID |
| Zip 12345 | State, Zip | Phone |
| <input type="button" value="Edit Patient"/> <input type="button" value="Close"/> | Phone | |

Edit Patient Gender before proceeding with Claim Submission process.

Claims

No Claims found.

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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 Portal Home Search timothy.parkes@iqvia.com
Sign Out

Edit Patient

| Patient | HCP | 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 | Phone | |
| Gender <input type="text"/> | | |
| Zip 12345 | | |

Choose Gender.

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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”.

Medical Claim SP Portal Home Search timothy.parkes@iqvia.com
Sign Out

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 Card Group OH6808021 | Last Name | BIN/Payer ID |
| Savings Card ID R23100100488 | Address1 | PCN |
| Date of Birth 1/1/1900 | Address2 | Group |
| Gender Male | City | ID |
| Zip 12345 | State, Zip | Phone |
| Phone | | |

[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

- 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 Portal Home Search timothy.parkes@iqvia.com
Sign Out

Patient Details
Patient Edit changes have been saved.

| Patient | HCP | Insurance |
|---|---|---|
| First Name TIM TWO Last Name TEST 2 Savings Card Group OH6808021 Savings Card ID R23100100488 Date of Birth 1/1/1900 Gender Male Zip 12345 | NPI First Name Last Name Address1 Address2 City State, Zip Phone | Payer Name Plan Name BIN/Payer ID PCN Group ID Phone |

Completion of the insurance fields are required to submit Medical/Pharmacy claim. Please Edit Insurance

Claims
No Claims found.

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Medical Claim SP Portal Home Search timothy.parkes@iqvia.com
Sign Out

Patient Details

| Patient | HCP | Insurance |
|---|---|--|
| First Name TIM TWO Last Name TEST 2 Savings Card Group OH6808021 Savings Card ID R23100100488 Date of Birth 1/1/1900 Gender Male Zip 12345 | NPI <input type="text"/> First Name <input type="text"/> Last Name <input type="text"/> Address1 <input type="text"/> Address2 <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Phone <input type="text"/> | Payer Name <input type="text"/> Plan Name <input type="text"/> BIN/Payer ID <input type="text"/> PCN <input type="text"/> Group <input type="text"/> ID <input type="text"/> Phone <input type="text"/> |

Save

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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 Searchtimothy.parkes@iqvia.com
Sign Out

Patient Details

HCP/Insurance changes have been saved.

| Patient | | HCP | | Insurance | |
|---------------------------|--------------|-------------------|----------------|---------------------|----------------|
| First Name | TIM TWO | NPI | 1427070184 | Payer Name | Aetna |
| Last Name | TEST 2 | First Name | John | Plan Name | |
| Savings Card Group | OH6808021 | Last Name | Doctor | BIN/Payer ID | 123456 |
| Savings Card ID | R23100100488 | Address1 | 129 Main St | PCN | |
| Date of Birth | 1/1/1900 | Address2 | | Group | |
| Gender | Male | City | Fairview | ID | 123456789 |
| Zip | 12345 | State, Zip | NJ, 07022 | Phone | (111) 111-1112 |
| | | Phone | (111) 111-1111 | | |

Edit Patient Edit HCP/Insurance Submit Medical/Pharmacy Claim Close

Claims

No Claims found.

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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
Sign Out

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 Enroll A Patient Screen... ✖

Required

Attach CMS 1450/1500/UB04 Picture1.jpg ✖

Required

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.

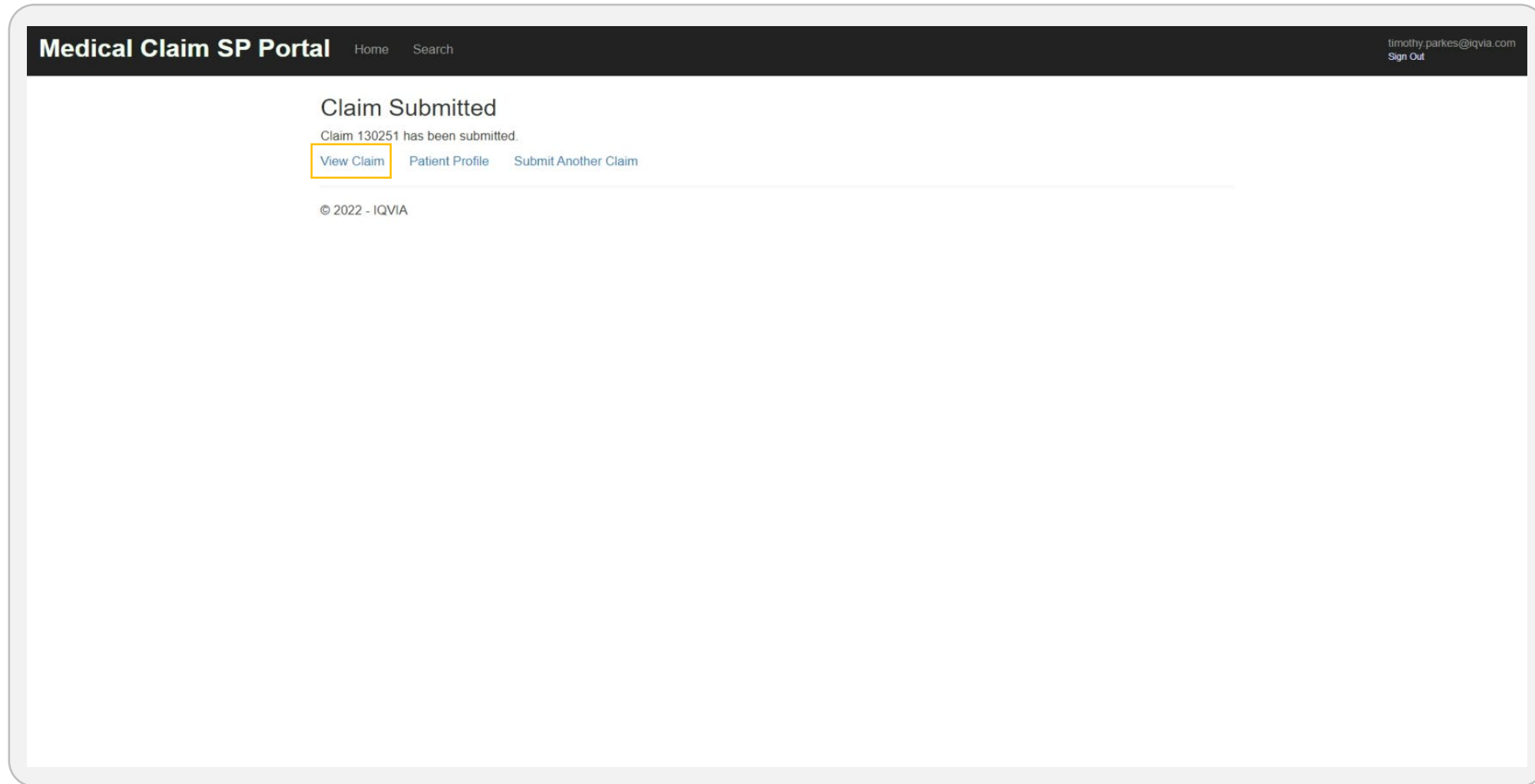
Files must be jpg, gif, tif, png, or pdf with a maximum size of 5MB each

Submit Cancel

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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”.



View Claims Details

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

The screenshot displays the 'Medical Claim SP Portal' interface. At the top, there is a navigation bar with 'Home' and 'Search' links, and a user profile for 'timothy.parkes@iqvia.com' with a 'Sign Out' option. The main content area is titled 'Claim Details' and contains a table of claim information. To the right of this table is an 'Attached Files' section with two file entries: 'Enroll A Patient Screen.png' and 'Picture1.jpg'. Below the claim details, there are navigation links for 'Home', 'Patient Profile', and 'Submit Another Claim'. At the bottom left of the page, the copyright notice '© 2022 - IQVIA' is visible.

| Claim Details | |
|---------------------|--------------|
| Confirmation Number | 130251 |
| Status | New Claim |
| Date Submitted | 12/9/2022 |
| Payment Method | Check |
| Co-pay Card GRP # | OH6808021 |
| Co-pay Card ID # | R23100100488 |

[Home](#) [Patient Profile](#) [Submit Another Claim](#)

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Attached Files

- Enroll A Patient Screen.png
- Picture1.jpg

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.

Medical Claim SP Portal

[Home](#) [Search](#)

 timothy.parkes@iqvia.com
[Sign Out](#)

Patient Details

| Patient | | HCP | | Insurance | |
|---------------------------|--------------|-------------------|----------------|---------------------|----------------|
| First Name | TIM TWO | NPI | 1427070184 | Payer Name | Aetna |
| Last Name | TEST 2 | First Name | John | Plan Name | |
| Savings Card Group | OH6808021 | Last Name | Doctor | BIN/Payer ID | 123456 |
| Savings Card ID | R23100100488 | Address1 | 129 Main St | PCN | |
| Date of Birth | 1/1/1900 | Address2 | | Group | |
| Gender | Male | City | Fairview | ID | 123456789 |
| Zip | 12345 | State, Zip | NJ, 07022 | Phone | (111) 111-1112 |
| | | Phone | (111) 111-1111 | | |

Edit Patient
Edit HCP/Insurance
Submit Medical/Pharmacy Claim
Close

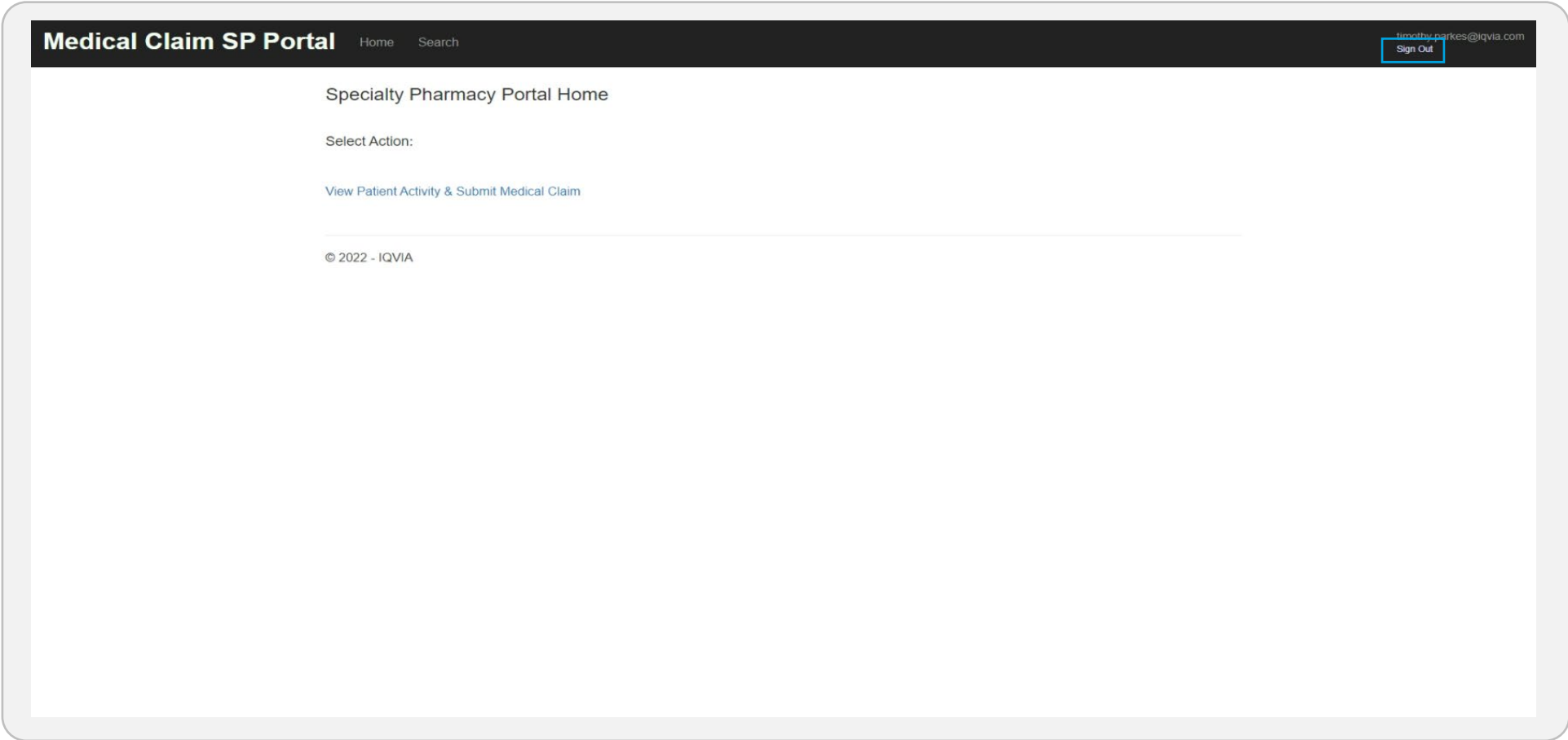
Claims

| Date of Submission | Date of Service | Card Number | Group Number | Claim Status | Submitted Copay | Benefit | Resulting Copay | Submission Type | Drug Name / Strength |
|--------------------|-----------------|--------------|--------------|--------------|-----------------|---------|-----------------|-----------------|----------------------|
| 12/9/2022 | | R23100100488 | OH6808021 | New Claim | \$0 | \$0 | \$0 | Manual | - |

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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

