

OnePA Implementation for CareSource

Medical Drug Prior Authorization Case Initiation

Announcement

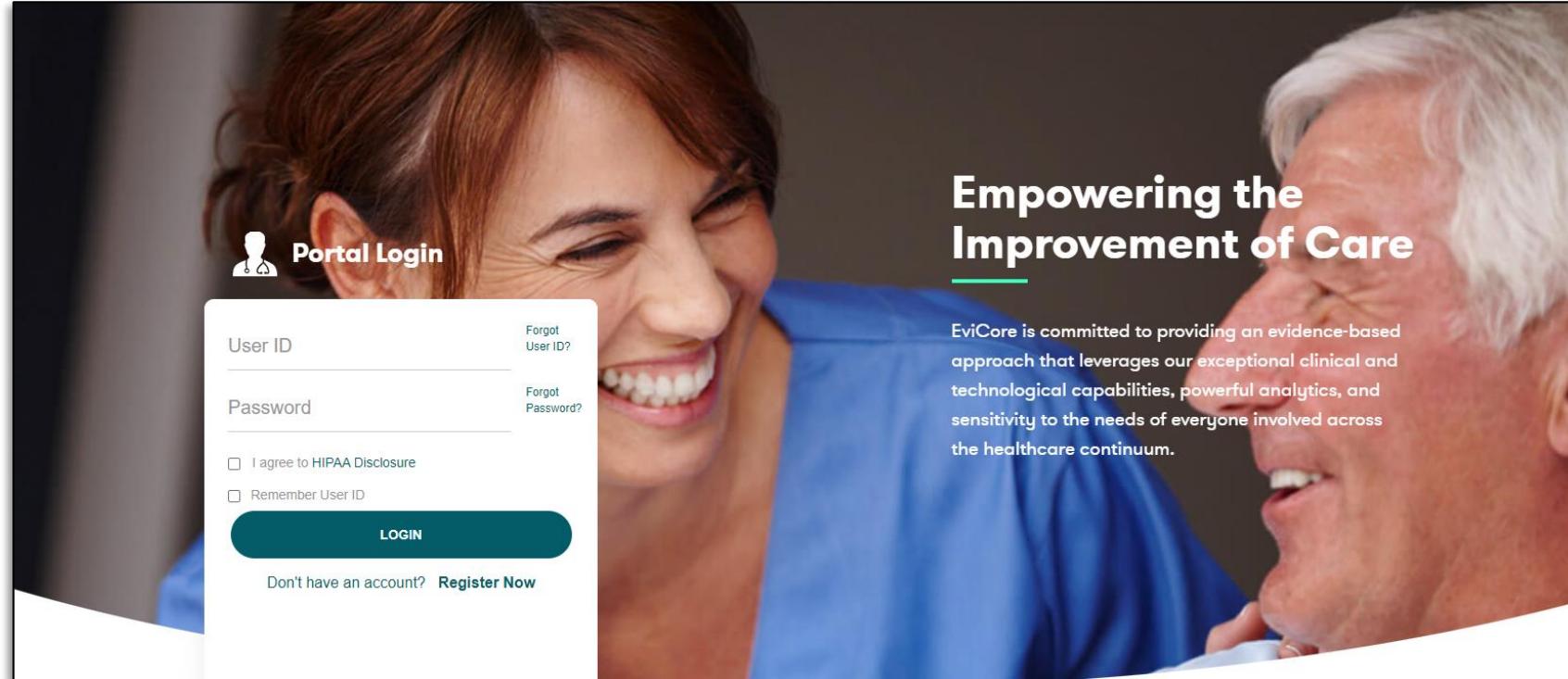
Effective July 1, 2024, CareSource Medicare Part B prior authorization can go through www.EviCore.com.

- **Phone** cases will be initiated by calling **866-264-7934**, or **faxed to 833-812-0187**.
- **Electronic** requests can be submitted via EviCore.com.
- Case status or inquiries will be through either the EviCore portal or by calling 866-264-7934.
- Member eligibility will be through CareSource.
- For CareSource helpful resources, please use this link: CareSource Provider Resources | EviCore by Evernorth
- Web portal issues may be addressed by phone at 800-646-0418 Option 2, or emailed to EviCore's Portal Support team at Portal.Support@EviCore.com.
 - The EviCore web team will triage the issue and guide the caller with technical support issues.

EviCore by Evernorth Website

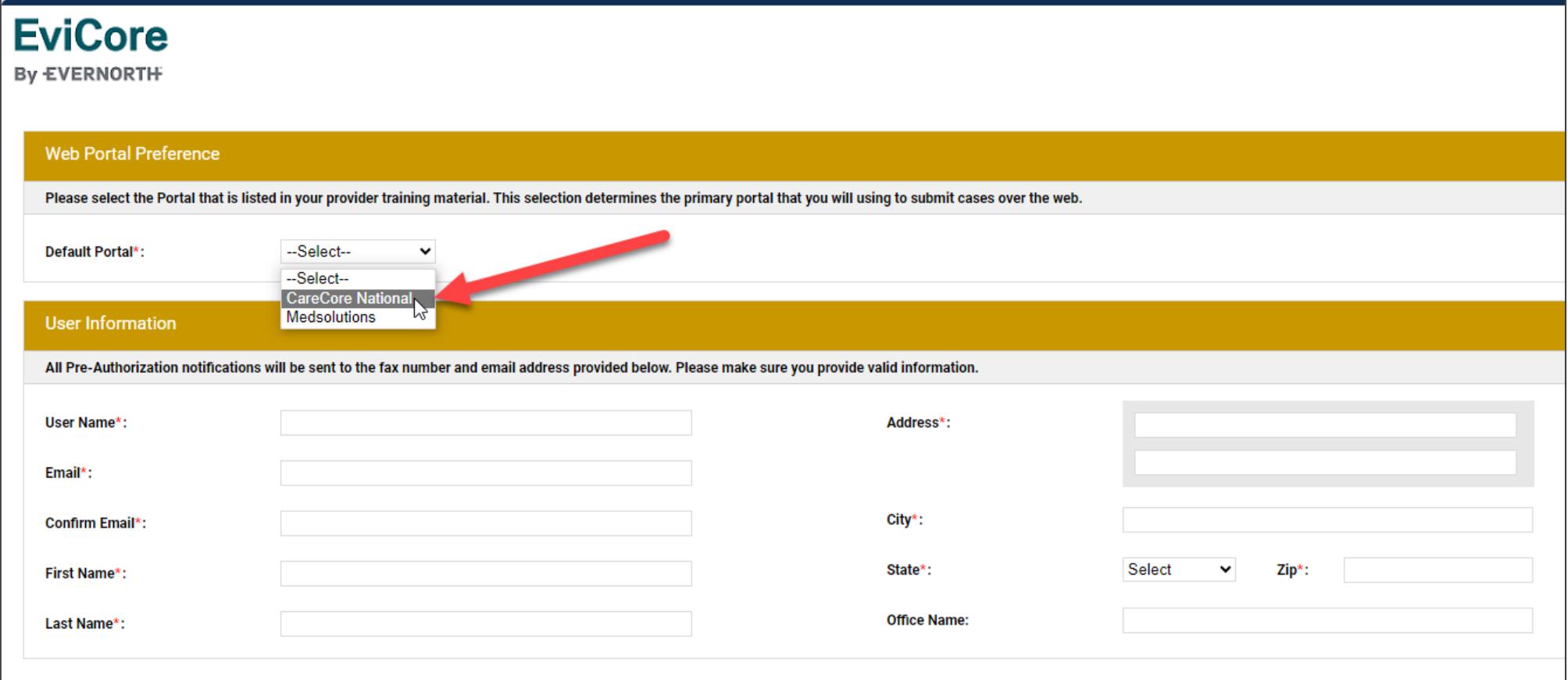
Medical drug prior authorization requests will be initiated through www.EviCore.com.

Login or Register



To create a new portal account, select “Register Now.”
If already registered, skip to slide 14.

Creating an Account



The screenshot shows the 'User Information' section of the EviCore registration form. The 'Default Portal*' dropdown menu is open, displaying two options: 'CareCore National' (which is highlighted with a red arrow) and 'Medsolutions'.

Web Portal Preference
Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to submit cases over the web.

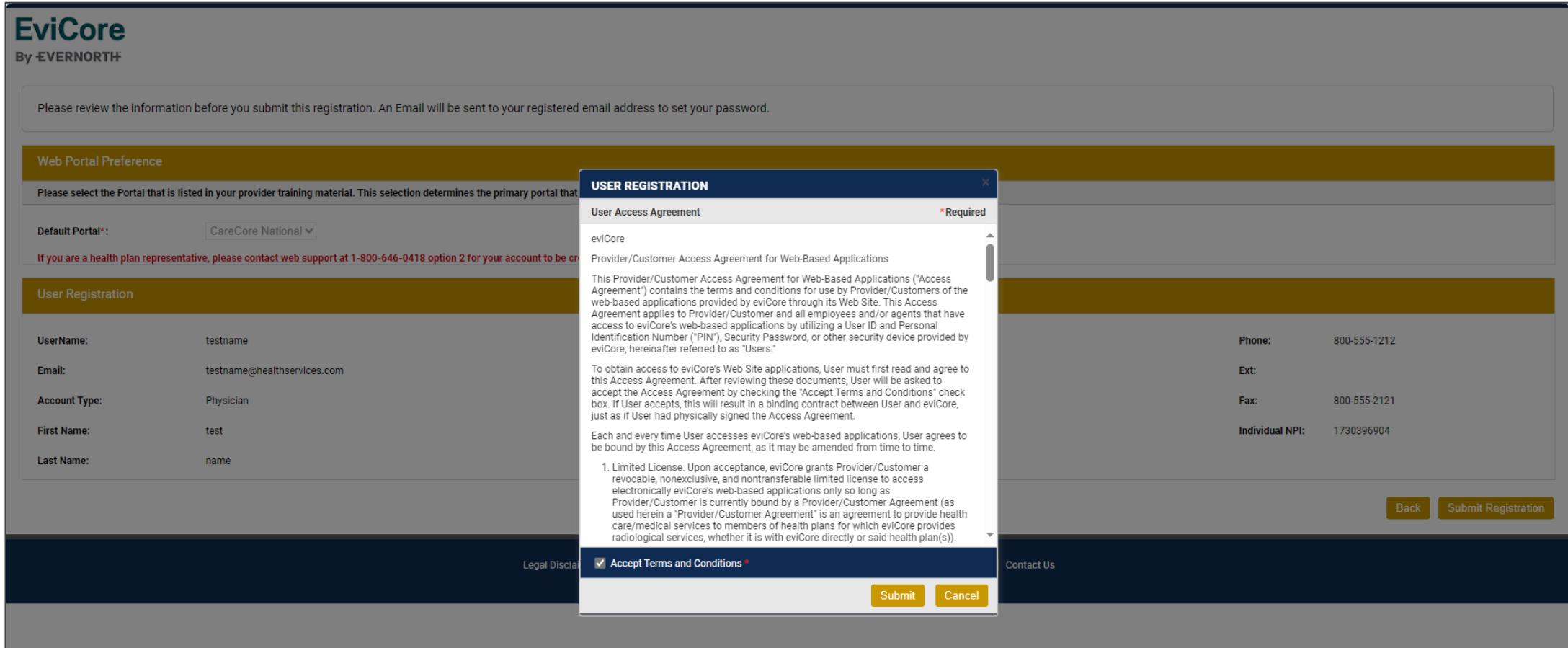
User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	Address*:	
Email*:	City*:	
Confirm Email*:	State*:	
First Name*:	Select	Zip*:
Last Name*:	Office Name:	

Under “Default Portal,” select “CareCore National,” then complete the user registration form.

User Registration Continued



Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to access the system.

Default Portal*: CareCore National

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

User Registration

UserName: testname

Email: testname@healthservices.com

Account Type: Physician

First Name: test

Last Name: name

Legal Disclosures

USER REGISTRATION

User Access Agreement *Required

eviCore
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health plan(s)).

Accept Terms and Conditions *

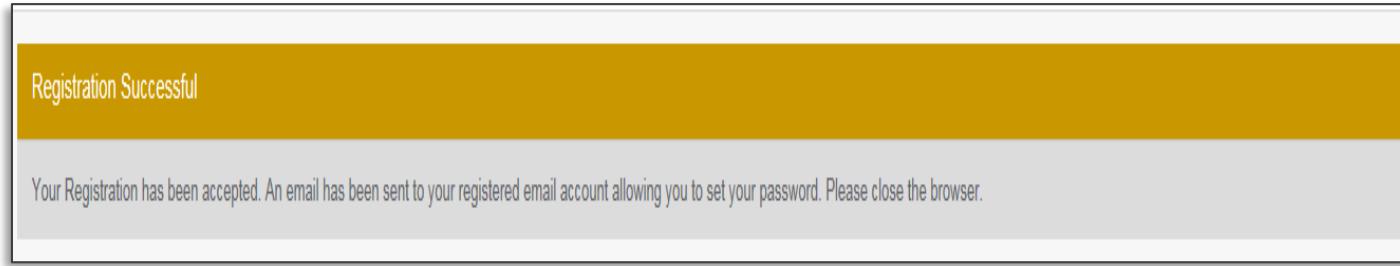
Phone: 800-555-1212
Ext:
Fax: 800-555-2121
Individual NPI: 1730396904

Back Submit Registration

Contact Us

Accept the Terms and Conditions, then click "Submit."

User Registration Continued



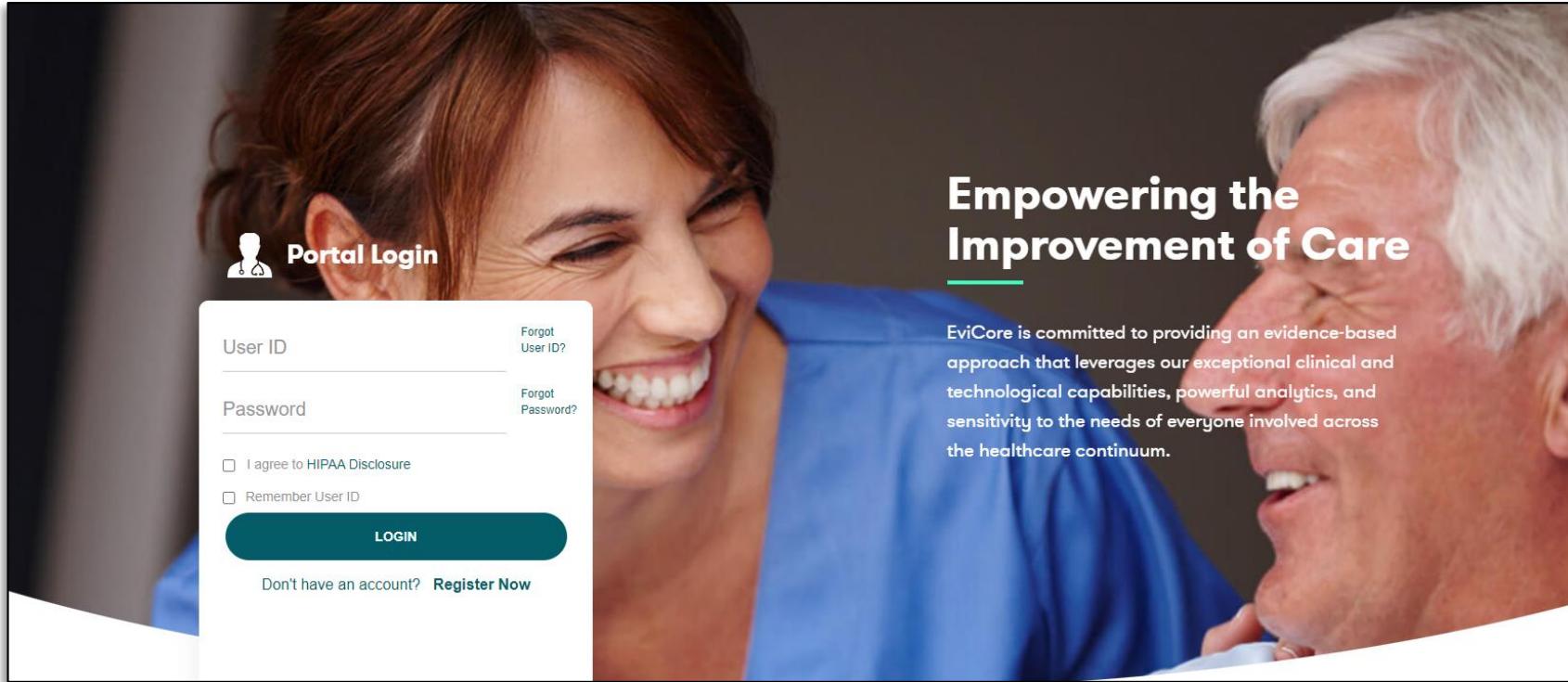
**You will receive a message on the screen confirming your registration is successful.
An email will be sent to your inbox with instructions on how to create a password.**

**Your password must be at least
eight (8) characters long and
contain the following:**

- Uppercase letters
- Lowercase letters
- Numbers
- Characters (e.g., ! ? *)

A screenshot of a password change form titled "EviCore By EVERNORTH Change Password". It instructs the user to "Please set up a new password for your account." and notes that "The password must be at least 8 characters long and contain at least one Uppercase letters, Lowercase letters, Numbers and Special character". The form has three input fields: "Old Password*" (disabled), "New Password*", and "Confirm New Password*". At the bottom are "Continue" and "Cancel" buttons.

Account Log-In



**To log-in to your account, enter your User ID and Password.
Agree to the HIPAA Disclosure, and click “LOGIN.”**

Two Factor Authentication

Complete Two Factor Authentication

Registered Email Address

Send PIN

Please enter PIN sent to your Registered Email Address

Submit

After entering your login/password, you will be prompted to “Send PIN.” The required PIN will be received into your registered email account. Enter the received PIN and submit.

Once logged into the web registration, there will be a five (5) hour window before the authentication process would expire.

Welcome Screen | Adding Providers to Registration

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Welcome to the CareCore National Web Portal. You are logged in as

[REQUEST AN AUTH](#)

[RESUME IN-PROGRESS REQUEST](#)

[SUMMARY OF AUTH](#)

[AUTH LOOKUP](#)

[MEMBER ELIGIBILITY](#)

Providers can be added to your account prior to case submission. Click the “Manage Your Account” tab to add providers to the web registration.

Adding Providers

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Click the “Add Provider” button.

Adding Providers

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES

CANCEL

Enter the Provider's NPI, state, and zip code to search for the provider record.

Once entered, click "Find Matches."

Multiple providers can be added to your account.

Adding Providers

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax

ADD THIS PRACTITIONER

CANCEL

Selecting the matching record based upon your search criteria.

Adding Providers

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

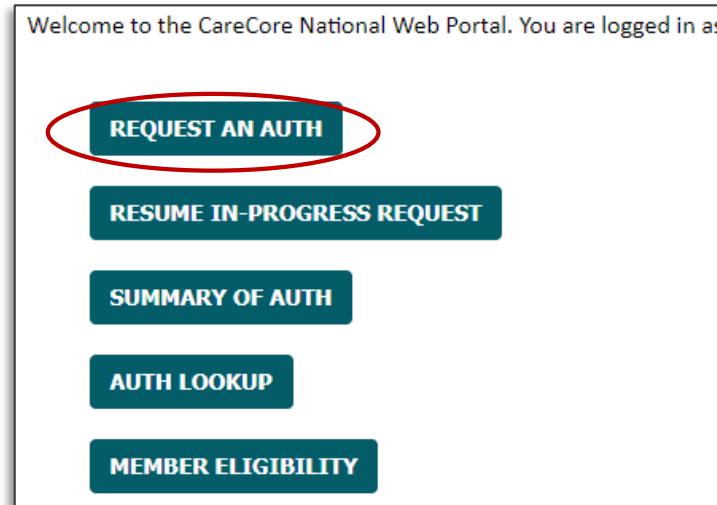
[ADD ANOTHER PRACTITIONER](#)

[CONTINUE](#)

Once you have selected a practitioner, your registration will be completed and ready for building a case. You can click on “Add Another Practitioner” to add another provider to your account or click “Continue.”

Initiating a Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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The requester/user will log into the EviCore portal using their existing login credentials, then select “Request an Auth” or “Clinical Certification.”

Select Program

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Drug Management
- Medical Oncology Pathways
- Musculoskeletal Management
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management

CONTINUE

[Click here for help](#)

- **Select Medical Drug Management from the program list and continue.**
- **Following the Medical Drug Management (MDM) program here is essential. Choosing any other radio button on the left will lead the user down an alternate prior authorization program that does not relate to CareSource.**
- **A message will populate advising the Medical Drug Management program being for non-oncology diagnoses only. Click **OK** to continue.**

Attention!

The Medical Drug Management program is for non-oncology diagnosis only. If you are requesting review of a Medical Drug Management for the treatment of cancer, please select Medical Oncology Pathways for eviCore manage members or contact the number on the back of the member's ID card for additional information.

OK

Please note: The program name may change to “Medical Specialty Drug”

Select Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

<input type="text"/>	<input type="button" value="SEARCH"/>	<input type="button" value="CLEAR SEARCH"/>
Provider		
<input type="button" value="SELECT"/>		

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

[Click here for help](#)

Select the provider who is referring the patient for medical drug treatment.

Select Health Plan and Provider Address

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

CareSource

12 WOOD DUCK RD



- Select the health plan and the referring practitioner address.
- If CareSource is not an option in the first dropdown box, you may have chosen the wrong PROGRAM on a previous screen. Navigate back to the “Select a Program” screen and choose MEDICAL DRUG MANAGEMENT.

BACK

CONTINUE

[Click here for help](#)

Click OK to Proceed

Wednesday, June 19, 2024 11:16 AM

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

[Click here for help](#)

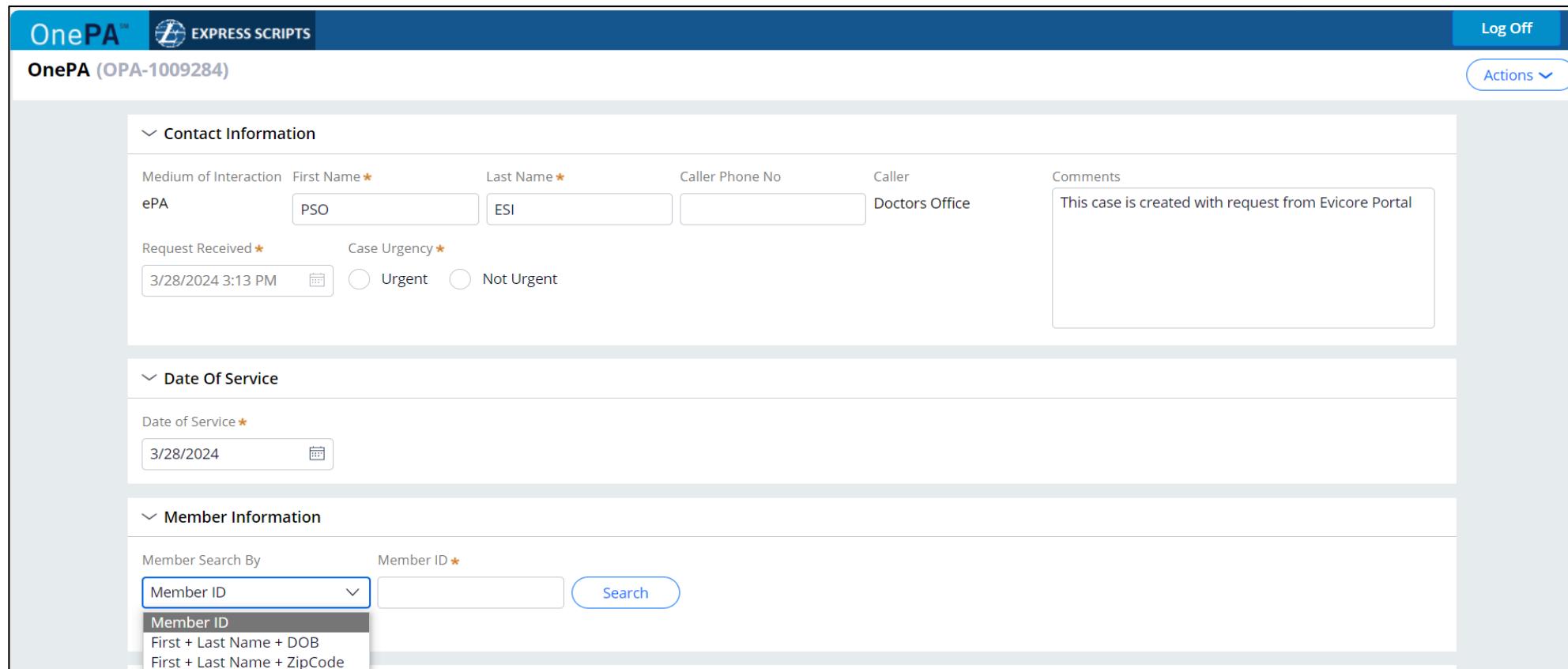
Urgent Request? You will be required to upload relevant clinical info at this time.

Don't see the insurer you're looking for? Please call the number on the back of your card.

Message from webpage ×

You are now being transferred to Express Scripts OnePA to complete your request.

Case Create



The screenshot shows the OnePA Case Create interface. At the top, there are logos for OnePA and Express Scripts, and buttons for 'Log Off' and 'Actions'. The main area is titled 'OnePA (OPA-1009284)'. It is divided into sections: 'Contact Information', 'Date Of Service', and 'Member Information'. The 'Contact Information' section includes fields for Medium of Interaction (ePA), First Name (PSO), Last Name (ESI), Caller Phone No, Caller (Doctors Office), and Comments (a note about the case being created from the EviCore Portal). The 'Date Of Service' section has a Date of Service field set to 3/28/2024. The 'Member Information' section has a 'Member Search By' dropdown set to 'Member ID', a 'Member ID' input field, and a 'Search' button. Below the dropdown are options: 'Member ID', 'First + Last Name + DOB', and 'First + Last Name + ZipCode'.

- **Complete Contact information (case urgency), Date of Service and Member information: Search by Member ID, Member Name & DOB or Member Name and Zip.**
- **Fields with * are required fields.**

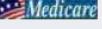
Case Create

Member Information

Member Search By Member ID *

Member ID testtdngie

Search

Patient Information		Medical Coverage	
LastName	FirstName	Member ID	Client ID
TESTTDNGIE			
Date Of Birth	Full address	Group ID	Carrier Name
02/01/1980		M	
Start Date	End Date		
01/01/2020	12/31/2050		
> Additional Info			

PATIENT CONTACT DETAILS *

Number not provided/verified

Select Phone ...

Alternate Patient Phone

Number not provided/verified

- Member information search – displays patient information and medical coverage.
- Patient contact details: Provide patient phone using alternate patient phone if applicable. If no phone number, select number not provided/verified.

Case Create

Diagnosis information

Code Type	Search By	Diagnosis Code
Primary	Code	<input type="text"/>
Primary	Code	<input type="text"/>
Secondary	Description	

Search

Code Type Search By Diagnosis Code

Primary	Code	<input type="text" value="r60"/>
Primary	Code	<input type="text"/>
Secondary	Description	

Search

Primary Diagnosis Codes

Code	Description
R60	Edema, not elsewhere classified
R60.0	Localized edema
R60.1	Generalized edema
R60.9	Edema, unspecified

Add

Code Type Search By Diagnosis description

Primary	Description	<input type="text" value="edema"/>
Primary	Description	<input type="text"/>
Secondary	Description	

Search

Primary Diagnosis Codes

Code	Description
J81.0	Acute pulmonary edema
T78.3	Angioneurotic edema
T78.3XXA	Angioneurotic edema, initial encounter
T78.3XXS	Angioneurotic edema, sequela
T78.3XXD	Angioneurotic edema, subsequent encounter

Add

- Enter Diagnosis information by code or diagnosis description.
- Must have primary, can add up to 24 secondary codes, if needed.

Case Create

Drug Information

Drug Search By Drug Name

Drug Name One Drug Per GCN Drug is Compound Ingredient

Drug Name
NDC
GCN
HCPCS

Drug Name
X7480 57894003001 61501 100 MG VIAL Single-Source

Drug Name
REMICADE 100 MG VIAL

HCPCS Description
Infliximab - 100 mg (Code deleted effective 6/15/09, see J1745)

- Drug information can be searched by HCPC, NDC or Drug name.
- Select continue to proceed.

Case Create

OnePA™ EXPRESS SCRIPTS

OnePA (OPA-583382)

onepaclient-qa.express-scripts.com says
Please correct flagged fields before submitting the form!

OK

PATIENT CONTACT DETAILS*

Number not provided/verified

Drug Information

Drug Search By Drug Name

Drug Name: remicade

One Drug Per GCN Drug is Compound Ingredient

Search

Selected Drug

HCPCS	NDC	GCN	Drug Strength	Dosage form	Drug Type
X7480	57894003001	61501	100 MG	VIAL	Single-Source

Drug Name: REMICADE 100 MG VIAL

HCPCS Description: Infliximab - 100 mg (Code deleted effective 6/15/09, see J1745)

Actions

OnePA™ EXPRESS SCRIPTS

OnePA (OPA-583382)

1. General Information 2. Coverage Engine Decision

>Contact Information

Medium of Interaction: EPA

First Name*: Provider: Demo

Last Name*: Caller Phone No: Caller Doctors Office

Request Received*: 2/7/2023 3:43 PM

Case Urgency*: Urgent Not Urgent

Value cannot be blank

Date Of Service

Date of Service*

- If all required fields are not populated, will see message “Please correct flagged fields before submitting the form!”.
- Fields that need data will be highlighted in red.

Case Create

Medical Case Information

Order Information

Weight
UOM Lbs Oz
Lbs/Oz 0

Height
UOM Feet Inches
Feet/Inches 0 Select...

Patient BMI Information
Patient Age
27 years

Start Date End Date
3/28/2024 3/27/2025

Duration in Days
365

Dosage * Dosage UOM
 MG

Frequency * Frequency UOM
 Day

Administrations *

NDC Quantity (in Units) *

HCPCS Quantity (in Units) *

Route Description *
Intravenous

HCPCS Modifier

Direction *

Remaining: 400 characters

Drug Information

Drug Name	NDC	NDC Strength
REMICADE 100 MG VIAL	57894003001	100 MG
Strength Measure	Package Quantity	Package Description
100.0	1	—
Volume Measure	HCPCS Description	
0.0	Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used for Remicade or Infliximab)	

+ Add Additional Doses/Durations

- Order Information: Enter height and weight, especially for weight based drugs for dosing and Review Type (Prospective, Retrospective or Concurrent)**
- Enter Start Date, End Date, Dosage UOM, Frequency UOM, Administrations, NDC/ HCPCS QTY units, HCPCS Modifier (if applicable), Route Description, and Directions. Add additional Doses/Duration, if applicable.**

Case Create

Medical Case Information

Order Information

Weight
UOM Lbs Oz
Lbs/Oz 135 0 ✓
Unit Conversion: 61.29 Kgs

Height
UOM Feet Inches
Feet/Inches 5 10 ✓
Review Type * Prospective
Unit Conversion: 177.80 cm

Patient BMI Information
Patient Age Body Mass Index (Kg/M2) Body Surface Area (M2)
27 years 19.39 1.74

Start Date End Date
3/28/2024 3/27/2025
Duration in Days 365

Dosage * Dosage UOM
100.000 MG ✓

NDC Quantity (in Units) *
18.0000000000

HCPCS Modifier

Frequency * Frequency UOM
3.000 Week ✓

Administrations *
18

HCPCS Quantity (in Units) *
180.0000000000

Route Description *
Intravenous

Drug Information

Drug Name	NDC	NDC Strength
REMICADE 100 MG VIAL	57894003001	100 MG
Strength Measure	Package Quantity	Package Description
100.0	1	—
Volume Measure	HCPCS Description	Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used
0.0		

Direction *
Take 100mg every 3 weeks as directed.
Remaining: 363 characters

+ Add Additional Doses/Durations

- Order Information: Populated with data.
- Patient BMI information populated when height and weight data provided.

Case Create

Prescriber Information

Search By NPI

Provider Information

Provider and Prescriber are same Site Of Care *****

Physician Requestor ***** Prescriber Provider

Search By NPI

- **Prescriber Information: Must match prescriber information registered via EviCore portal during the case request.**
- **Search by NPI, Name and state or zip or phone to locate.**

Case Create

Add New Location					
Address	City	State	Zip code	Phone#	Fax#
40 [REDACTED]	A [REDACTED]	[REDACTED]	[REDACTED]	5104550105	51 [REDACTED]
200U [REDACTED]	[REDACTED]	NY	[REDACTED]		

Prescriber Information

NPI
10 [REDACTED]

First Name Middle Name Last Name Suffix
S [REDACTED] — [REDACTED] — [REDACTED]

Specialty Network Status

Add New Location

Add / Edit Prescriber Address

Address	City	State	Zipcode	Phone	Fax
40 [REDACTED]	A [REDACTED]	[REDACTED]	[REDACTED]	5104550105	51 [REDACTED]
200U [REDACTED]	[REDACTED]	NY	[REDACTED]		

Skip Address Validation **Validate Address**

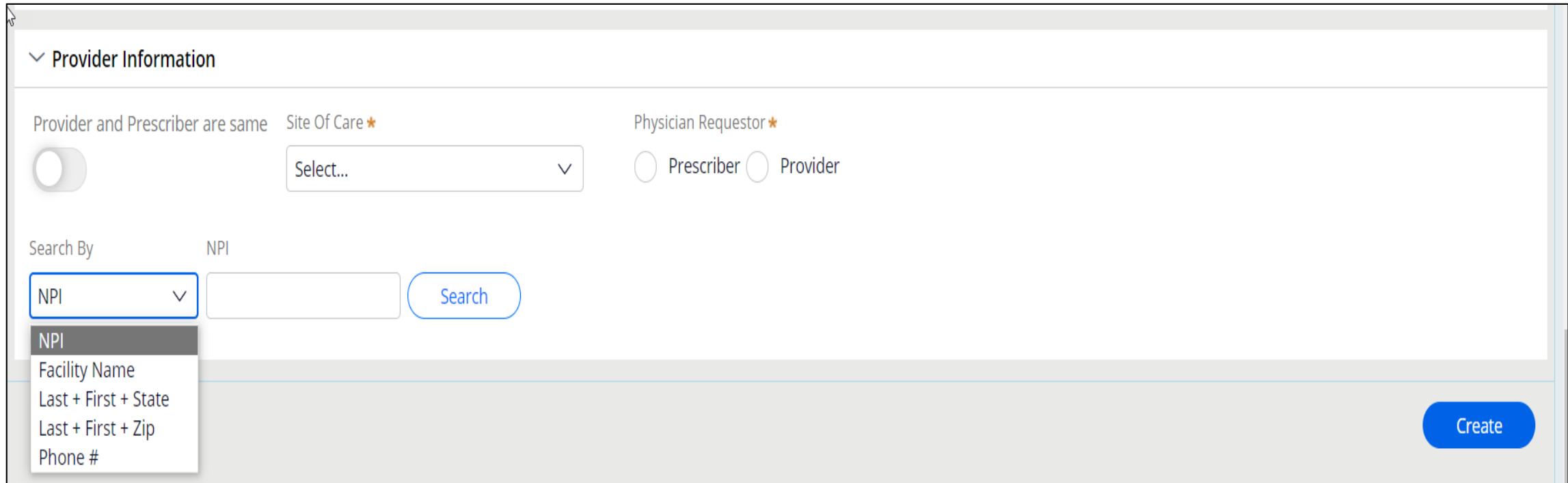
Prescriber Information

NPI
10 [REDACTED]

Cancel **Submit**

- **Prescriber Information: NPI search results.**
- **Select the appropriate address with associated phone/fax.**
- **Add New Location, if applicable.**

Case Create



Provider and Prescriber are same Site Of Care *

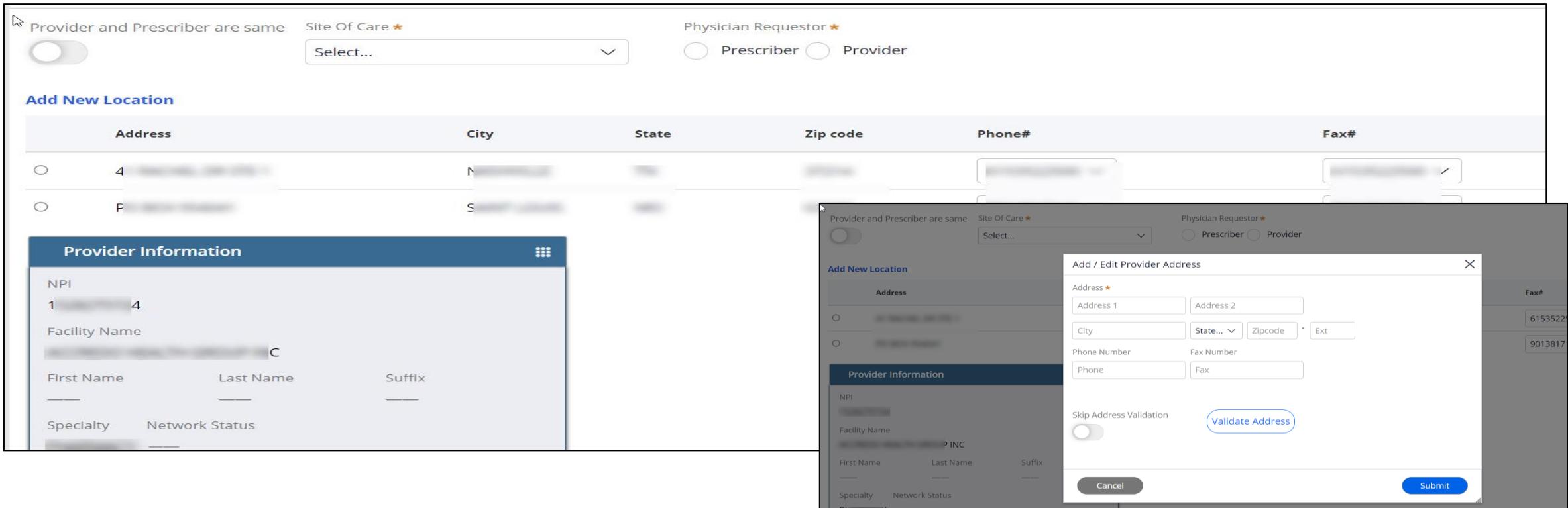
Physician Requestor *

Prescriber Provider

Search By

- **Provider Information:** If same as prescriber, select radio button.
 - If not the same, search by NPI, facility name, name, and state or zip or phone.
- **Selection of requestor is required when provider and prescriber are NOT the same.**

Case Create



The screenshot shows the 'Case Create' interface. At the top left, there is a toggle switch labeled 'Provider and Prescriber are same'. Next to it is a dropdown menu labeled 'Site Of Care *' with the option 'Select...'. To the right is a section for 'Physician Requestor *' with radio buttons for 'Prescriber' and 'Provider'. Below these are sections for 'Add New Location' and 'Provider Information'. The 'Add New Location' section includes fields for 'Address', 'City', 'State', 'Zip code', 'Phone#', and 'Fax#'. The 'Provider Information' section includes fields for 'NPI', 'Facility Name', 'First Name', 'Last Name', 'Suffix', 'Specialty', and 'Network Status'. A modal window titled 'Add / Edit Provider Address' is overlaid on the main interface. This modal contains fields for 'Address *', 'City', 'State...', 'Zipcode', 'Phone Number', 'Fax Number', and 'Skip Address Validation'. It also features 'Validate Address' and 'Submit' buttons.

- **Provider information: NPI search results.**
- **Select the appropriate address with associated phone/fax.**
- **Add New Location, if applicable.**

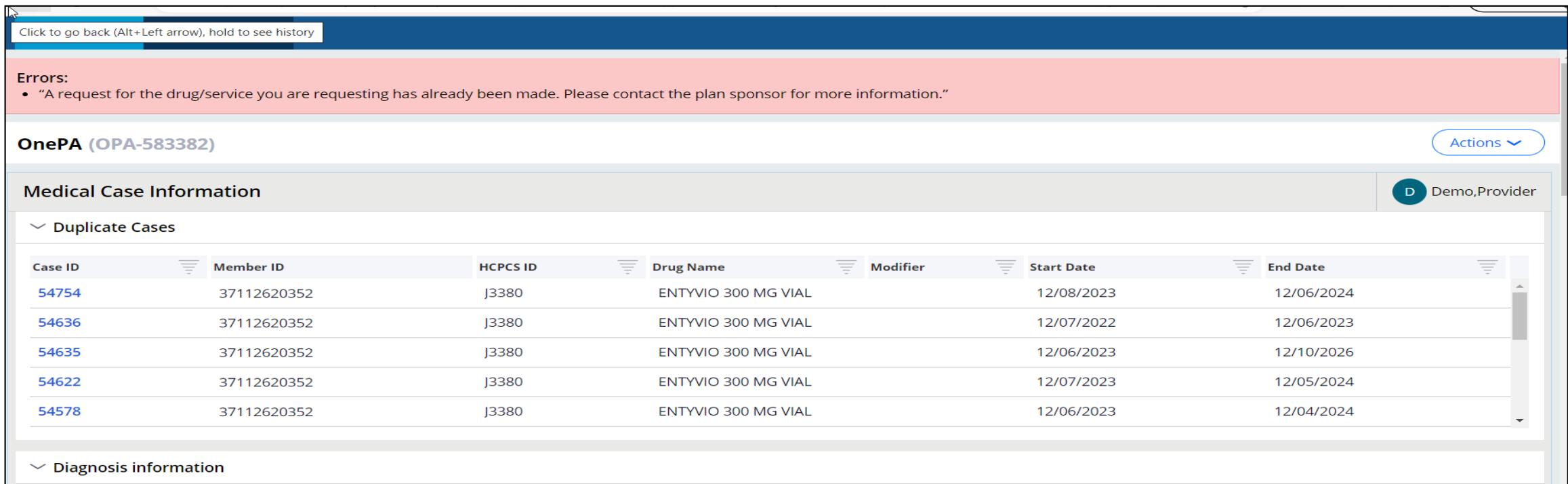
Case Create

The screenshot shows a 'Case Create' form with the following fields:

- Provider and Prescriber are same:** A toggle switch is turned off.
- Site Of Care ***: A dropdown menu is open, showing "Select..." and three options: "Home Health", "Hospital Outpatient Facility", and "Providers Office/ Ambulatory Center".
- Physician Requestor ***: Two radio buttons are present: "Prescriber" (unchecked) and "Provider" (unchecked).
- Provider Information** (grayed out):
 - NPI: 152827
 - Facility Name: [redacted] JC
 - First Name: [redacted]
 - Last Name: [redacted]
 - Suffix: [redacted]
 - Specialty: [redacted]
 - Network Status: [redacted]
 - PHARMACY: [redacted]
- Provider address** (grayed out):
 - Address: [redacted]
 - City Dsc: [redacted]
 - State Desc: [redacted]
 - ZipCode: [redacted]
 - Phone Number: (617) 350-2500
 - Fax Number: (617) 350-2500
- Buttons:** "Back" (gray) and "Create" (blue).

- Site of Care Selection: Select Home Health, Hospital Outpatient Facility or Providers Office/Ambulatory Center.**
- Fields with * are required and system will alert if information is needed.**
- Select Create to proceed.**

Case Create



Click to go back (Alt+Left arrow), hold to see history

Errors:

- "A request for the drug/service you are requesting has already been made. Please contact the plan sponsor for more information."

OnePA (OPA-583382) Actions ▾

Medical Case Information D Demo,Provider

Duplicate Cases

Case ID	Member ID	HCPCS ID	Drug Name	Modifier	Start Date	End Date
54754	37112620352	J3380	ENTYVIO 300 MG VIAL		12/08/2023	12/06/2024
54636	37112620352	J3380	ENTYVIO 300 MG VIAL		12/07/2022	12/06/2023
54635	37112620352	J3380	ENTYVIO 300 MG VIAL		12/06/2023	12/10/2026
54622	37112620352	J3380	ENTYVIO 300 MG VIAL		12/07/2023	12/05/2024
54578	37112620352	J3380	ENTYVIO 300 MG VIAL		12/06/2023	12/04/2024

Diagnosis information

- **If this message appears after you click create, this means there is a case for the same patient, drug within the same start and end date. (i.e., duplicate case).**
- **Duplicate cases will display for review.**
- **If additional details are needed, please contact Care Continuum at 866-264-7934.**

Case Processing

OnePA™ EXPRESS SCRIPTS

Medical - Make Determination  Case ID (94017) | Primary | Log Off Actions ▾

Case Information

Member ID	TESTTDNGIE	Drug Name	REMICADE 100 MG VIAL	Review Type	PROSPECTIVE
Patient Name	██████████ Gender: F	Urgency	NOT URGENT	Carrier	██████████
Date of Birth	██████████ Age: 27Y 1M	Prescriber/Provider Name	██████████	LOB	██████████
Patient Address	██████████	Network Status	IN	Regulatory Status	██████████
Patient Phone	██████████	Phone	(804) 541-3600	Funding Type	██████████
Primary Diagnosis	J81.0 (ACUTE PULMONARY EDEMA)			State	██████████

Complete Criteria

Please answer the below criteria to finalize case.

Will the requested medication be used in combination with a BIOLOGIC or with a targeted synthetic disease-modifying antirheumatic drug (DMARD) used for an inflammatory condition?

Biologic DMARD- Please note: examples of biologic DMARDs Cimzia, Cosentyx (IV or SC), etanercept products (Enbrel, biosimilars), adalimumab products (Humira, biosimilars), Kevzara, Simponi Aria, Simponi SC, Actemra (IV or SC), Kineret, a rituximab product (Rituxan, biosimilars), Siliq, Stelara (IV or SC), Taltz, Ilumya, Tremfya, Entyvio (IV or SC), Omvoq, Bimzelx, Zymfentra, Skyrizi (IV or SC), or Orencia (IV or SC)

Targeted synthetic DMARD (such as Otezla, Rinvoq, Xeljanz/XR, Sotykto, or Olumiant)

Conventional synthetic DMARD (such as methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)

Comments

Is the requested medication being prescribed by or in consultation with a rheumatologist?

Yes

No

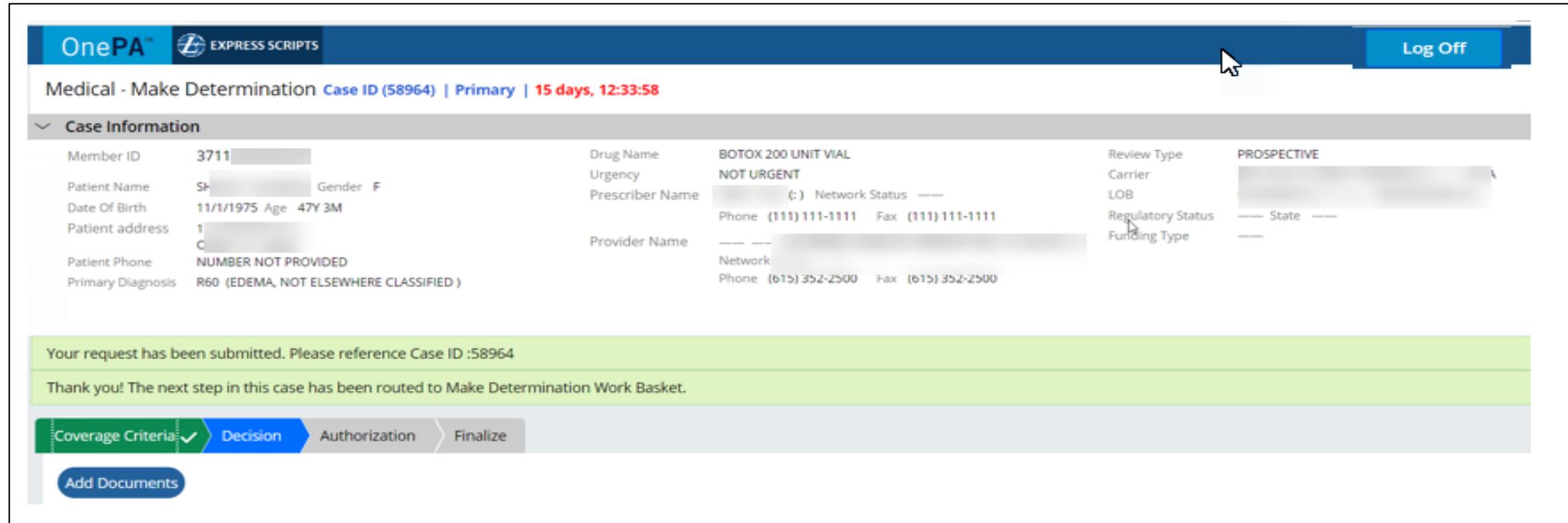
Comments

Save Answers

Submit

- Case is created and moves into the criteria collection phase. After answering the criteria questions, Select submit.
- There is a “save answers” option, if unable to answer criteria question. Choosing this option will allow you to obtain the answers and come back to the question later.

Case Processing



The screenshot shows the OnePA Express Scripts Case Processing interface. The top navigation bar includes the OnePA logo, Express Scripts logo, and a 'Log Off' button. The main title is 'Medical - Make Determination Case ID (58964) | Primary | 15 days, 12:33:58'. Below this, a 'Case Information' section displays patient and drug details. The patient information includes Member ID (3711), Patient Name (S. [REDACTED]), Gender (F), Date of Birth (11/1/1975), Age (47Y 3M), and Patient Address (1 [REDACTED] C [REDACTED]). The drug information includes Drug Name (BOTOX 200 UNIT VIAL), Urgency (NOT URGENT), Prescriber Name (redacted), and Provider Name (redacted). The review details show Review Type (PROSPECTIVE), Carrier (redacted), LOB (redacted), Regulatory Status (redacted), State (redacted), and Funding Type (redacted). A message at the bottom of the screen states: 'Your request has been submitted. Please reference Case ID :58964' and 'Thank you! The next step in this case has been routed to Make Determination Work Basket.' The bottom navigation bar includes tabs for 'Coverage Criteria' (with a checkmark), 'Decision', 'Authorization', and 'Finalize', along with a 'Add Documents' button.

Medical - Make Determination Case ID (58964) | Primary | 15 days, 12:33:58

Case Information

Member ID	3711	Drug Name	BOTOX 200 UNIT VIAL	Review Type	PROSPECTIVE
Patient Name	S. [REDACTED]	Urgency	NOT URGENT	Carrier	[REDACTED]
Date Of Birth	11/1/1975	Prescriber Name	[REDACTED]	LOB	[REDACTED]
Patient address	1 [REDACTED] C [REDACTED]	Provider Name	[REDACTED]	Regulatory Status	[REDACTED]
Patient Phone	NUMBER NOT PROVIDED	Network	[REDACTED]	State	[REDACTED]
Primary Diagnosis	R60 (EDEMA, NOT ELSEWHERE CLASSIFIED)	Phone	(111) 111-1111	Funding Type	[REDACTED]
		Fax	(111) 111-1111		
		Phone	(615) 352-2500		
		Fax	(615) 352-2500		

Your request has been submitted. Please reference Case ID :58964

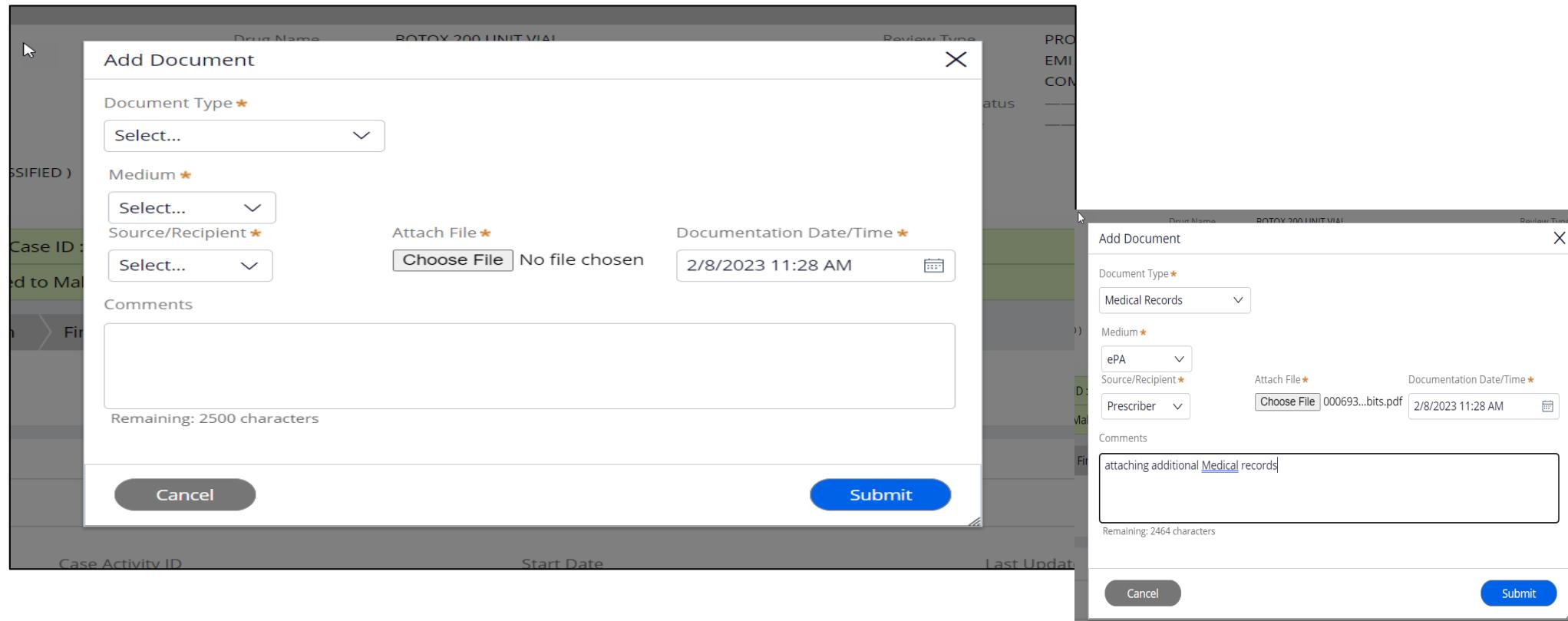
Thank you! The next step in this case has been routed to Make Determination Work Basket.

Coverage Criteria Decision Authorization Finalize

Add Documents

Criteria completion: Request is submitted, and Case ID referenced documentation can be added or Log Off to exit.

Case Processing



Drug Name: BOTOX 200 UNIT VIAI

Review Type: PRO
EMI
CON
S
Status:

Add Document

Document Type *:

Medium *:

Source/Recipient *:

Attach File *: No file chosen

Documentation Date/Time *:

Comments:
Remaining: 2500 characters

Cancel

Case Activity ID:
Start Date:
Last Update:

Drug Name: BOTOX 200 UNIT VIAI

Review Type: PRO
EMI
CON
S
Status:

Add Document

Document Type *:

Medium *:

Source/Recipient *:

Attach File *: 2/8/2023 11:28 AM

Comments:
Remaining: 2464 characters

Cancel

- **Select Add Document, if applicable. Fill out required fields* and browse desktop to attach file. Comments may be entered as well.**
- **Once finished, select submit.**

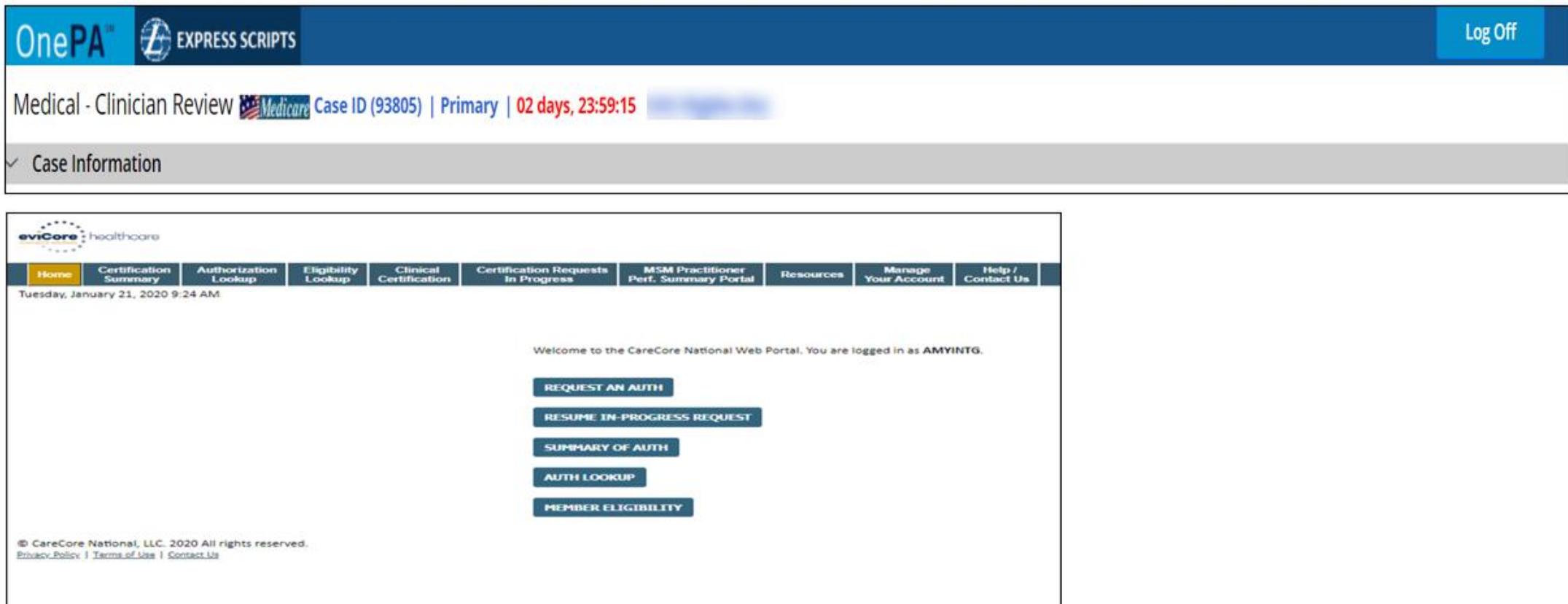
Case Processing

The screenshot shows the EviCore Case Processing interface. On the left, a modal dialog titled 'Add Document' is open. It contains fields for 'Document Type' (set to 'Medical Records'), 'Medium' (set to 'ePA'), 'Source/Recipient' (set to 'Prescriber'), 'Attach File' (set to '000693...bits.pdf'), and 'Documentation Date/Time' (set to '2/8/2023 11:28 AM'). A 'Comments' text area contains the text 'attaching additional Medical records'. A 'Submit' button is at the bottom right of the dialog. On the right, a 'Case 360 View' summary is displayed. It shows a success message: 'Your request has been submitted. Please reference Case ID :58964' and 'Thank you! The next step in this case has been routed to Make Determination Work Basket.' Below this, the 'Case Documents' tab is selected, showing a table of 'User Documents'. The table has columns: Document name, Document ID, Document Type, Recipient, Generation Date/Time, and Comments. One document is listed: '0006938_healthyHabits.pdf' (Document ID: {AOE03186-0000-CB1D-98A1-0A14E992E7F2}, Document Type: Medical Records, Recipient: Prescriber, Generation Date/Time: 2/8/2023 11:28 AM, Comments: attaching additional Medical records).

Document name	Document ID	Document Type	Recipient	Generation Date/Time	Comments
0006938_healthyHabits.pdf	{AOE03186-0000-CB1D-98A1-0A14E992E7F2}	Medical Records	Prescriber	2/8/2023 11:28 AM	attaching additional Medical records

- Once document added viewable under User Document Section.

Case Processing



Medical - Clinician Review  Case ID (93805) | Primary | 02 days, 23:59:15

Case Information

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account Help / Contact Us

Tuesday, January 21, 2020 9:24 AM

Welcome to the CareCore National Web Portal. You are logged in as AMYINTG.

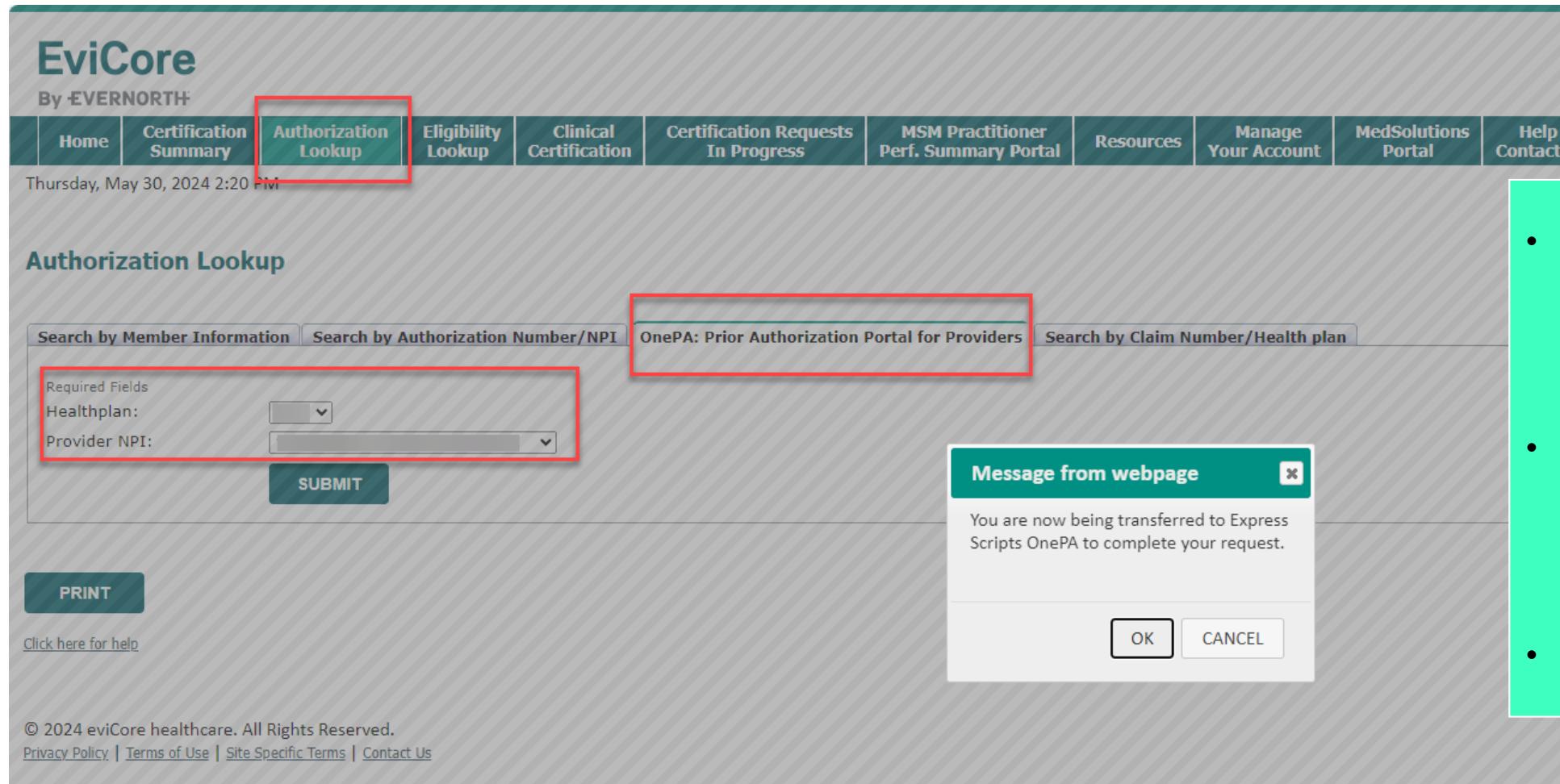
REQUEST AN AUTH
RESUME IN-PROGRESS REQUEST
SUMMARY OF AUTH
AUTH LOOKUP
MEMBER ELIGIBILITY

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

- Log off once done and takes user back to EviCore submission page.

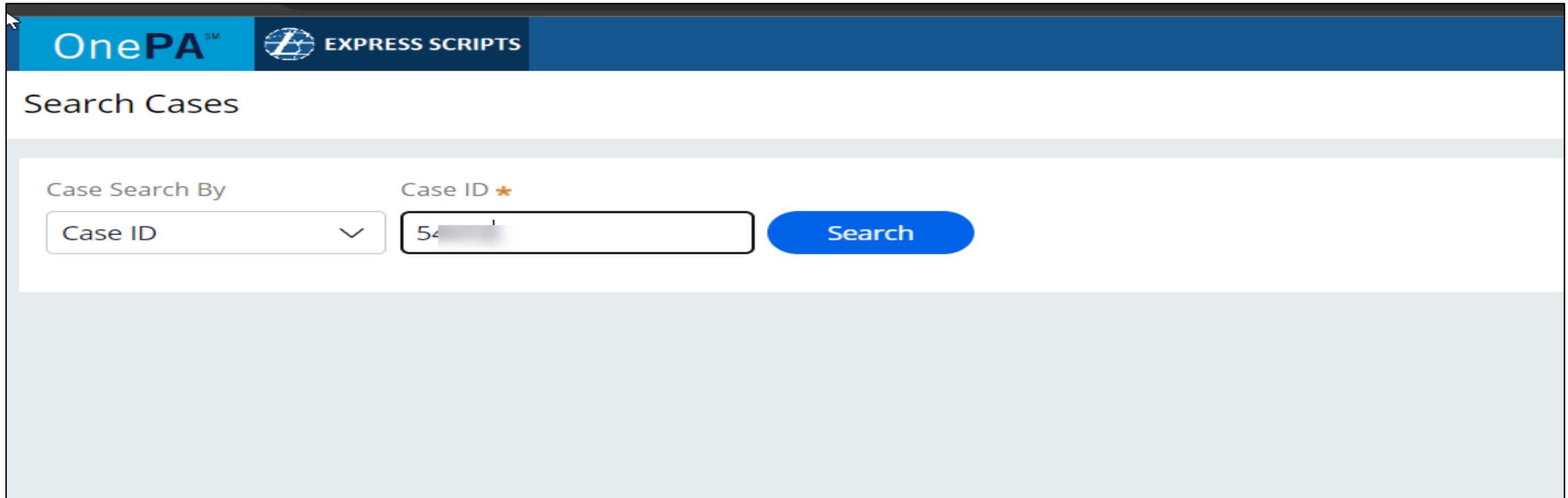
Additional Portal Features

Access a case via the Authorization Lookup feature on the EviCore portal



- Select “Authorization Lookup” to search authorization by case ID.
- Select “OnePA Prior Authorization Portal for Providers” tab, Choose Health Plan and Provider NPI.
- Click OK to continue.

Case Look Up



OnePASM EXPRESS SCRIPTS

Search Cases

Case Search By

Case ID *

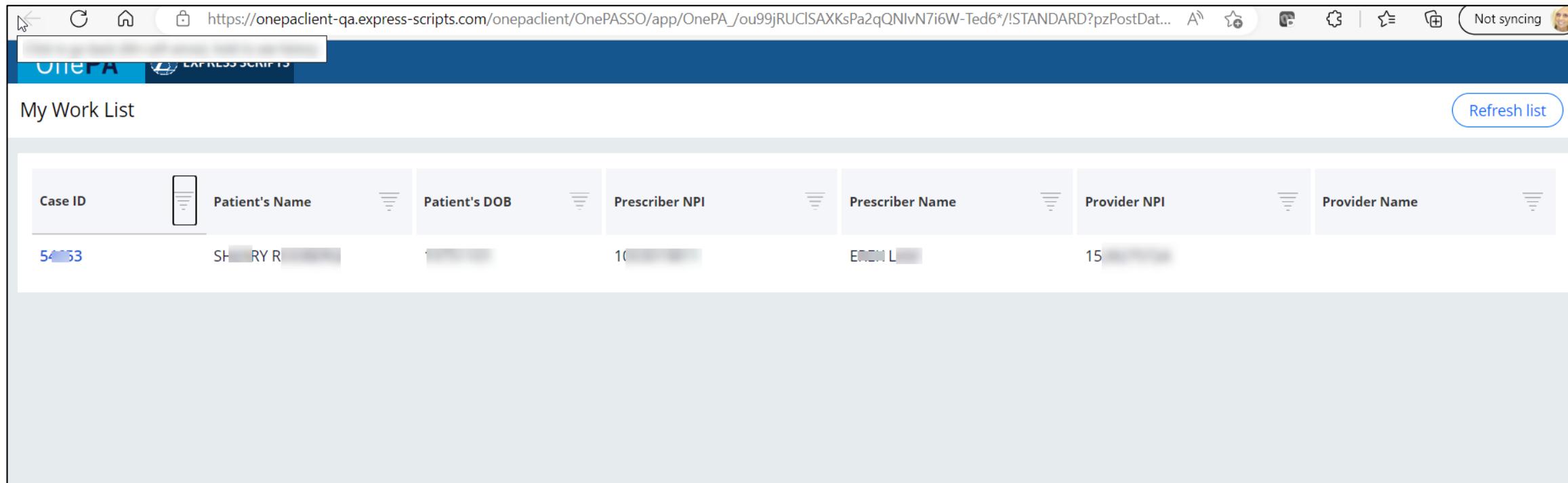
Case ID

54

Search

- **Case Search by Case ID: Enter case ID and click Search.**

Case Look Up



The screenshot shows a web browser window for 'OnePA' on the 'EXPRESS SCRIPTS' platform. The URL in the address bar is https://onepaclient-qa.express-scripts.com/onepaclient/OnePASSO/app/OnePA_ou99jRUCISAXKsPa2qQNlvN7i6W-Ted6*/!STANDARD?pzPostDat.... The page title is 'OnePA' and the sub-page title is 'My Work List'. A 'Refresh list' button is visible in the top right corner. The main content area is a table with the following data:

Case ID	Patient's Name	Patient's DOB	Prescriber NPI	Prescriber Name	Provider NPI	Provider Name
5453	SH RY R		10	ENCL	15	

- Work List of cases unique to Prescriber will display.
- Click applicable row for selection.

Case completion

OnePASM EXPRESS SCRIPTS

Medical - Make Determination Case ID (5 [REDACTED] | Primary | Actions ▾)

Case Information

Member ID	37	Drug Name	BOTOX 200 UNIT VIAL	Review Type	PROSPECTIVE
Patient Name	S [REDACTED] RG	Urgency	NOT URGENT	Carrier	[REDACTED] L ID 2B
Date Of Birth	11/1/1975	Gender	F	LOB	COMMERCIAL Group [REDACTED]
Patient address	[REDACTED]				
Patient Phone	NUMBER NOT PROVIDED	Prescriber Name	[REDACTED] Network Status	Regulatory Status	[REDACTED] State [REDACTED]
Primary Diagnosis	R60 (EDEMA, NOT ELSEWHERE CLASSIFIED)	Provider Name	[REDACTED] Phone (111) 111-1111 Fax --	Funding Type	[REDACTED]
			Network Status UNKNOWN		
			Phone (615) 250-2500 Fax [REDACTED]		

Complete Criteria

Please answer the below criteria to finalize case.

[REDACTED] : Is the medication being requested Botox COSMETIC?

Yes
 No

Comments

Save Answers

Submit

- User provided page to complete criteria.

Web Portal Services

**We're here to
help**

Tech/Web Support

Live chat is available M-F 7AM-
7PM EST

START LIVE CHAT

Email: portal.support@evicore.com

**Phone: 800-646-0418
option 2**

- **Email: portal.support@evicore.com**
- **Call a Web Support Specialist at
(800)646-0418 (Option 2)**
- **Connect with us via Live Chat on the
EviCore Provider Resource Page at
Provider's Hub | EviCore by Evernorth**

CHAT WITH US

Thank you!