

University Health Alliance (UHA) OnePA MDM

For the Prior Authorization of **Medical Drug
Management**

Announcement

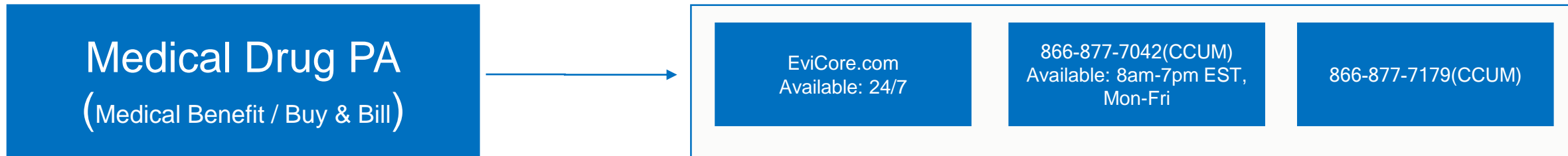
Effective **October 2021**, **UHA** medical drug management (MDM) prior authorization cases can be initiated through www.EviCore.com.

- Care Continuum (CCUM) manages the MDM program and utilization review.
- EviCore.com acts as a single sign on portal, allowing the provider to submit an electronic request to CCUM.
- 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.
- To submit MDM prior authorization requests via phone, contact CCUM at 866-877-7042, or fax CCUM at 866-877-7179.
- Case status or inquiries are handled by accessing the EviCore portal or by calling CCUM.
- Member eligibility will be through **UHA**.
- For **UHA** helpful resources, please use this link: **www.evicore.com/resources/healthplan/uha**

Provider/Prescriber Prior Authorization Submission Options

What do I need?

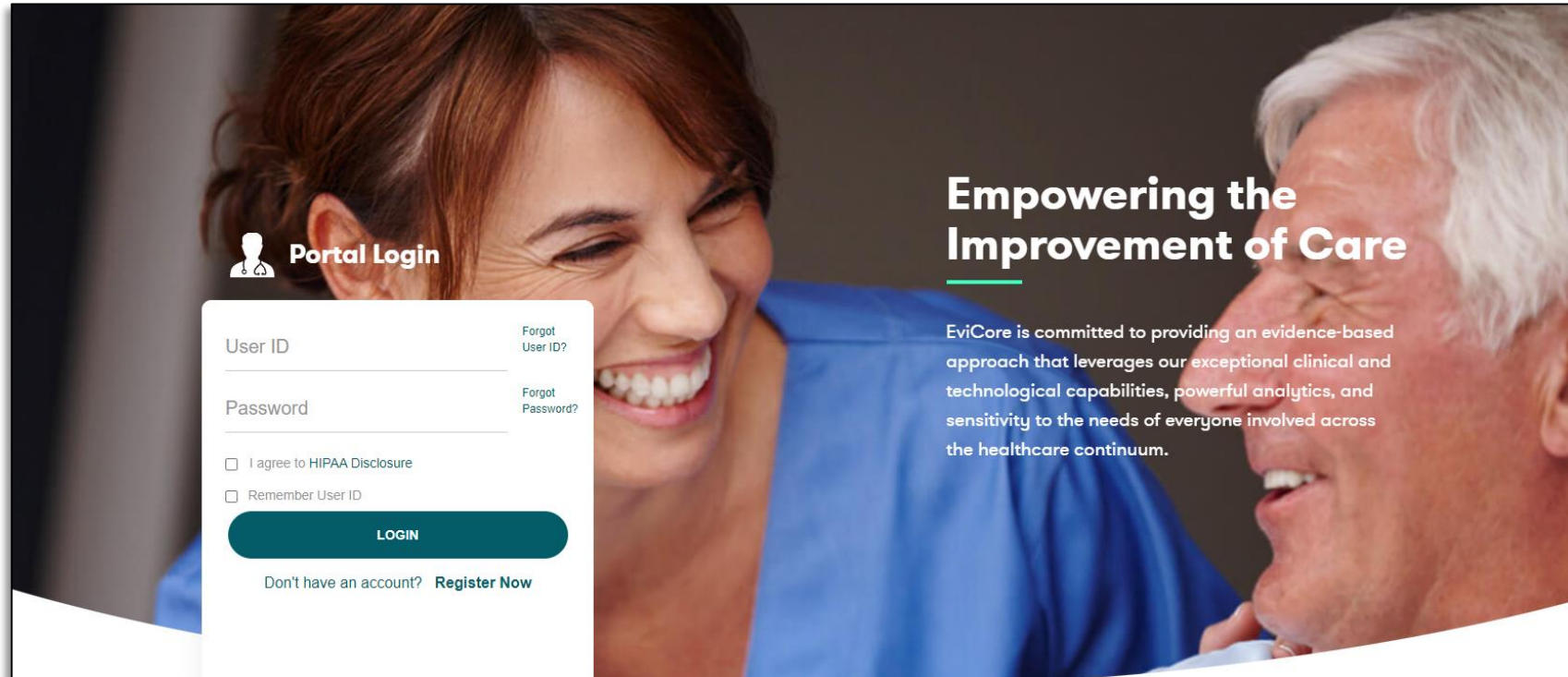
Where do I go as of 2021?



EviCore by Evernorth Website

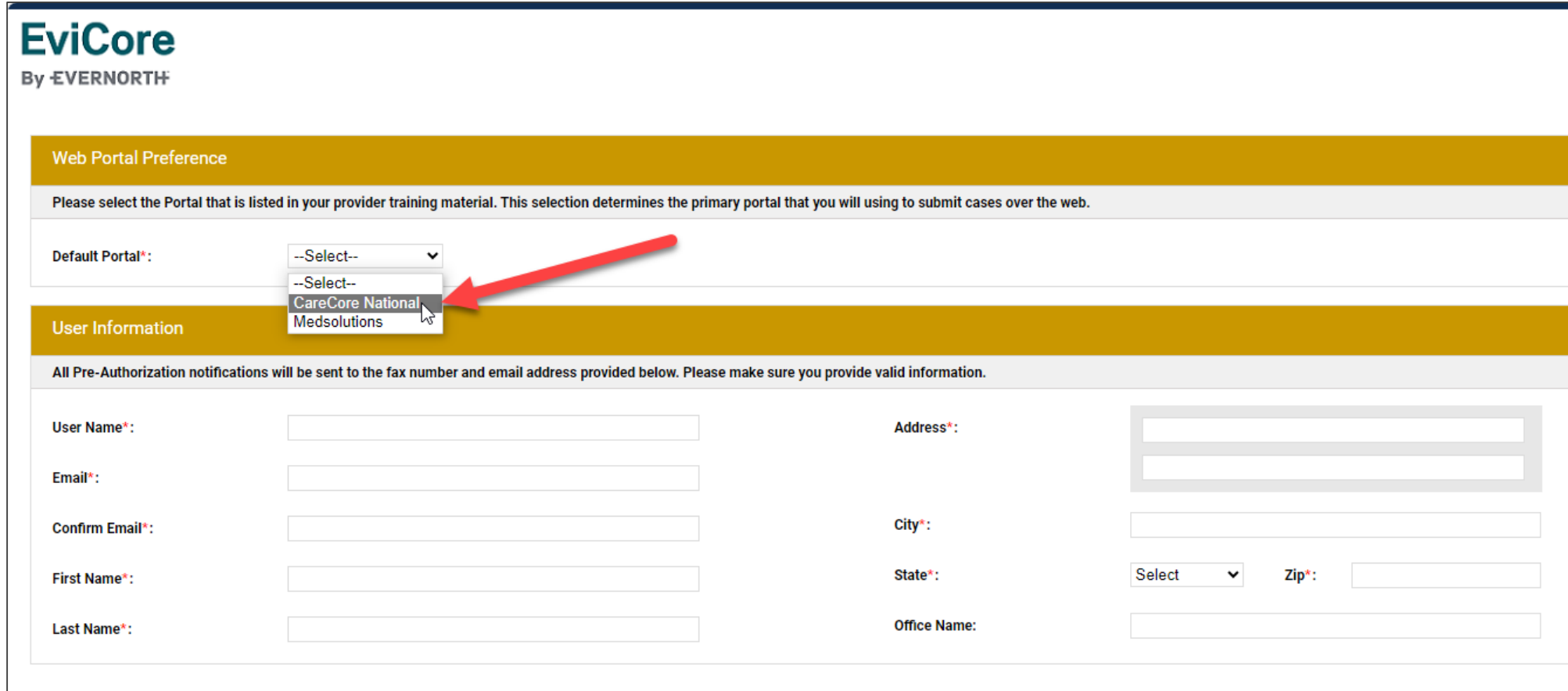
Medical drug prior authorization requests for medical drug management can be initiated through www.EviCore.com.

Login or Register



To create a new portal account, select “Register Now.”
If already registered, skip to slide 15.

Creating an Account



EviCore
By EVERNORTH

Web Portal Preference

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

Default Portal*: --Select--

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*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

City*:

State*: Select

Zip*:

Office Name:

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

User Registration Continued

EviCore

By EVERNORTH

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

Phone: 800-555-1212

Ext:

Fax: 800-555-2121

Individual NPI: 1730396904

Legal Disclaimers

Contact Us

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 *

Submit

Cancel

Accept the Terms and Conditions, then click “Submit.”

EviCore

By EVERNORTH

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This presentation contains CONFIDENTIAL and PROPRIETARY information.

User Registration Continued

Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

**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., ! ? *)

EviCore
By ~~EVERNORTH~~
Change Password

Please set up a new password for your account.
Note: The password must be at least 8 characters long and contain at least one Uppercase letters, Lowercase letters, Numbers and Special character

Old Password*

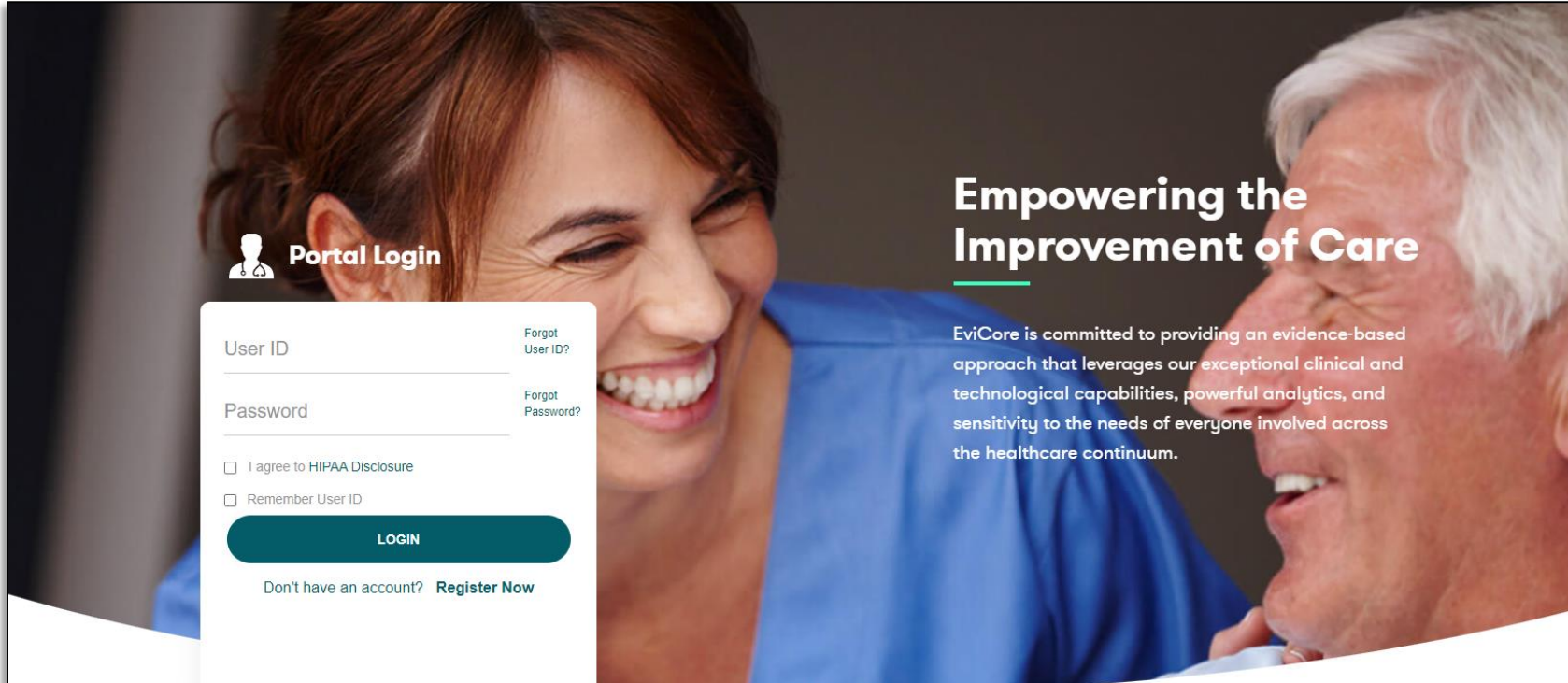
New Password*


Confirm New Password*

Continue

Cancel

Account Log-In



 **Portal Login**

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

☐ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account? [Register Now](#)

Empowering the Improvement of Care

EviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

**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

jma****@evicore.com

Send PIN

Please enter PIN sent to your Registered Email Address

PIN

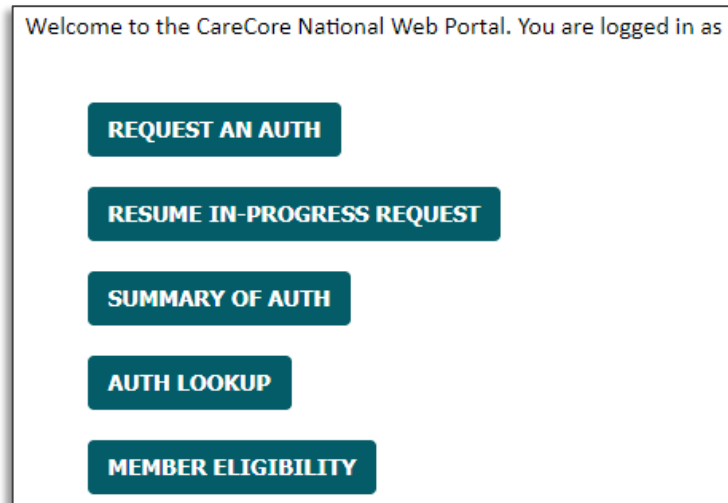
Submit

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Manage Your Account

Office Name:

CHANGE PASSWORD

EDIT ACCOUNT

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

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.

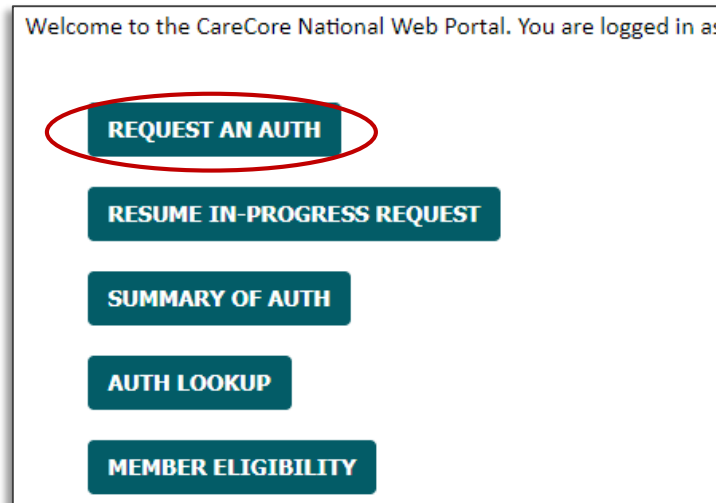
ADD ANOTHER PRACTITIONER

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

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](#)

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 this message is not health plan specific, please click OK to proceed.

For drugs requiring review by CCUM, select “Medical Drug Management” from the program list and continue.

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

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:

SEARCH

CLEAR SEARCH

	Provider
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:

SEARCH

BACK

CONTINUE

[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.

Select the health plan and the referring practitioner address.

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Case Create

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Res

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

12 WOOD DUCK RD

BACK

CONTINUE

[Click here for help](#)

Urgent Request?

You will be required to upload relevant clinical info at th

Don't see the insurer you're looking for?

Please call the number on the b

thorization through ev

Message from webpage

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

OK

CANCEL

Case Create

OnePA™

EXPRESS SCRIPTS

Log Off

OnePA (OPA-1009284)

Actions ▾

▼ Contact Information

Medium of Interaction

First Name *

Last Name *

Caller Phone No

Caller

Comments

ePA

PSO

ESI

Doctors Office

This case is created with request from Evicore Portal

Request Received *

Case Urgency *

3/28/2024 3:13 PM

☐ Urgent ☐ Not Urgent

▼ Date Of Service

Date of Service *

3/28/2024

▼ Member Information

Member Search By

Member ID *

Member ID ▾

Search

Member ID

First + Last Name + DOB

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

✎

✎

LastName

FirstName

Date Of Birth

Full address

02/01/

Medical Coverage

✎

✎

Member ID

Client ID

Group ID

Carrier Name


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 ▼

Search

Primary

Code

Secondary

Description

Code Type

Search By

Diagnosis Code

Primary ▼

Code ▼

r60

Search

Primary Diagnosis Codes

Code	Description
<input type="radio"/> R60	Edema, not elsewhere classified
<input type="radio"/> R60.0	Localized edema
<input type="radio"/> R60.1	Generalized edema
<input type="radio"/> R60.9	Edema, unspecified

Add

Code Type

Search By

Diagnosis description

Primary ▼

Description ▼

edema

Search

Primary Diagnosis Codes

Code	Description
<input type="radio"/> J81.0	Acute pulmonary edema
<input type="radio"/> T78.3	Angioneurotic edema
<input type="radio"/> T78.3XXA	Angioneurotic edema, initial encounter
<input type="radio"/> T78.3XXS	Angioneurotic edema, sequela
<input type="radio"/> 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 ▼

remicade

☒ One Drug Per GCN ☐ Drug is Compound Ingredient

Search

Drug Name

NDC

GCN

HCPCS

	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)

Continue

- Drug information can be searched by Drug Name, NDC, GCN, or HCPCS.
- Select continue to proceed.

Case Create

OnePA™ EXPRESS SCRIPTS

OnePA (OPA-583382)

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

OK

Start Date 09/01/2012 End Date 12/31/2999

> Additional Info

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)					

OnePA™ EXPRESS SCRIPTS

OnePA (OPA-583382)

1. General Information 2. Coverage Engine Decision

▼ Contact Information

Medium of Interaction First Name ★ Last Name ★ Caller Phone No Caller

ePA Provider Demo Doctors Office

Request Received ★ Case Urgency ★

2/7/2023 3:43 PM ☐ 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

Review Type *

Select...

Patient BMI Information

Patient Age

27 years

Start Date

3/28/2024

End Date

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 *

Drug Name

REMICADE 100 MG VIAL

NDC

57894003001

NDC Strength

100 MG

Strength Measure

100.0

Package Quantity

1

Package Description

Volume Measure

0.0

HCPCS Description

Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used for Remicade or Infliximab)

+ Add Additional Doses/Durations

- **Order Information:** Enter weight and height, 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

Patient BMI Information

Patient Age

Body Mass Index (Kg/M2)

Body Surface Area (M2)

27 years

19.39

1.74

Start Date

3/28/2024

End Date

3/27/2025

Duration in Days

365

Dosage *

100.000

Dosage UOM

MG

Frequency *

3.000

Frequency UOM

Week

Administrations *

18

NDC Quantity (In Units) *

18.0000000000

HCPCS Quantity (In Units) *

180.0000000000

Route Description *

Intravenous

HCPCS Modifier

Direction *

Take 100mg every 3 weeks as directed.

Remaining: 363 characters

+ Add Additional Doses/Durations

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

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

EviCore
By EVERNORTH

This presentation contains CONFIDENTIAL and PROPRIETARY information.

Case Create

Prescriber Information

Search By

NPI

NPI

Last + First + State

Last + First + Zip

Phone #

NPI

Search

Provider Information

Provider and Prescriber are same

Site Of Care ★

Physician Requestor ★

Select...

Prescriber

Provider

Search By

NPI

NPI

Search

Back

Create

- **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#
<input type="radio"/>	40	A			510-433-1005	510-433-1005
<input type="radio"/>	200U	Y	NY			

Prescriber Information

NPI

10

First Name

Middle Name

Last Name

Suffix

Specialty

Network Status

Add New Location

Add / Edit Prescriber Address

Address *

Address 1

Address 2

City

State...

Zipcode

Ext

Phone Number

Fax Number

Phone

Fax

Skip Address Validation

Validate Address

Prescriber Information

NPI

10

Cancel

Submit

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

Case Create

▼ Provider Information

Provider and Prescriber are same ☐ Site Of Care ★ ▼

Physician Requestor ★ ☐ Prescriber ☐ Provider

Search By ▼

Attention: Provider Information MUST be selected at this point. If Provider Information is not selected, system will auto assign the Prescriber as the servicing Provider.

- **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 displays the 'Case Create' form. At the top, there are three main sections: a toggle for 'Provider and Prescriber are same', a 'Site Of Care' dropdown menu, and a 'Physician Requestor' section with radio buttons for 'Prescriber' and 'Provider'. Below these is an 'Add New Location' button. A table lists existing locations with columns for Address, City, State, Zip code, Phone#, and Fax#. An inset window titled 'Provider Information' shows fields for NPI, Facility Name, First Name, Last Name, Suffix, Specialty, and Network Status. Another inset window titled 'Add / Edit Provider Address' is open, showing fields for Address 1, Address 2, City, State, Zipcode, Ext, Phone Number, and Fax Number, along with a 'Skip Address Validation' toggle and a 'Validate Address' button.

Provider and Prescriber are same ☐ Site Of Care ★ Physician Requestor ★ ☐ Prescriber ☐ Provider

Add New Location

	Address	City	State	Zip code	Phone#	Fax#
<input type="radio"/>	4	N				
<input type="radio"/>	F	S				

Provider Information

NPI
1 4

Facility Name
C

First Name Last Name Suffix
Network Status

Add / Edit Provider Address

Address ★
Address 1 Address 2
City State... Zipcode Ext
Phone Number Fax Number
Phone Fax
Skip Address Validation ☐ **Validate Address**
Cancel **Submit**

- **Provider 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 *** Select... Physician Requestor * ☐ Prescriber ☐ Provider

Provider Information

NPI
152827

Facility Name
IC

First Name Last Name Suffix
Specialty Network Status
PHARMACY:

Provider address

Address City Desc State Desc ZipCode
Phone Number Fax Number
(615) 353-3533 (615) 353-3533

Back Create

- **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 866-877-7042.

Case Processing

OnePA™

EXPRESS SCRIPTS

Log Off

Medical - Make Determination Case ID (94017) | Primary |

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				Regulatory Status	State
Patient Phone		Network Status	IN	Funding Type	
Primary Diagnosis	J81.0 (ACUTE PULMONARY EDEMA)	Phone	(804) 341-3800		
		Fax			

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), Omvoh, Bimzelx, Zymfentra, Skyrizi (IV or SC), or Orencia (IV or SC)

☐ Targeted synthetic DMARD (such as Otezla, Rinvoq, Xeljanz/XR, Sotyktu, 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

OnePA[™]

EXPRESS SCRIPTS

Log Off

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	SH	Urgency	NOT URGENT		Carrier		
Date Of Birth	11/1/1975 Age 47Y 3M	Prescriber Name	() Network Status		LOB		
Patient address	1	Phone	(111) 111-1111	Fax	(111) 111-1111	Regulatory Status	State
Patient Phone	NUMBER NOT PROVIDED	Provider Name			Funding Type		
Primary Diagnosis	R60 (EDEMA, NOT ELSEWHERE CLASSIFIED)	Network					
		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 Time

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Case Activity ID

Start Date

Last Updat

Add Document

Document Type ★

Select... ▼

Medium ★

Select... ▼

Source/Recipient ★

Select... ▼

Attach File ★

Choose File No file chosen

Documentation Date/Time ★

2/8/2023 11:28 AM

Comments

Remaining: 2500 characters

Cancel Submit

Drug Name: BOTOX 200 UNIT VIAI

Review Time

PRO

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Case ID :

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Case Activity ID

Start Date

Last Updat

Add Document

Document Type ★

Medical Records ▼

Medium ★

ePA ▼

Source/Recipient ★

Prescriber ▼

Attach File ★

Choose File 000693...bits.pdf

Documentation Date/Time ★

2/8/2023 11:28 AM

Comments

attaching additional Medical records

Remaining: 2464 characters

Cancel Submit

- **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

Drug Name

ROTCY 300 UNIT VIAL

Review Type

Add Document

✕

Document Type ★

Medical Records

▼

Medium ★

ePA

▼

Source/Recipient ★

Prescriber

▼

Attach File ★

Choose File

000693...bits.pdf

Documentation Date/Time ★

2/8/2023 11:28 AM

📅

Comments

attaching additional Medical records

Remaining: 2464 characters

Cancel

Submit

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.

Add Documents

Case 360 View

Case Summary Case Documents

▼ User Documents

Document name	Document ID	Document Type	Recipient	Generation Date/Time	Comments
0006938_healthyHabits.pdf	{A0E03186-0000-CB1D-98A1-0A14E992E7F2}	Medical Records	Prescriber	2/8/23 11:28 AM	attaching additional Medical records

- **Once document added viewable under User Document Section.**

Case Processing

The screenshot displays the OnePA Express Scripts interface. At the top, the header includes the OnePA logo, the Express Scripts logo, and a Log Off button. Below the header, the main content area shows a medical review case for a Medicare beneficiary. The case details include the Case ID (93805), the Primary status, and a timer indicating 02 days, 23:59:15 remaining. A section titled 'Case Information' is visible. Below this, the EviCore submission page is shown, featuring a navigation bar with links to Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, Medication Portal, and Help / Contact Us. The main content area of the EviCore page displays a welcome message and a list of buttons for 'REQUEST AN AUTH', 'RESUME IN-PROGRESS REQUEST', 'SUMMARY OF AUTH', 'AUTH LOOKUP', and 'MEMBER ELIGIBILITY'. The footer of the EviCore page contains copyright information for 2024 EviCore healthcare.

OnePA[™] EXPRESS SCRIPTS Log Off

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

✓ Case Information

EviCore
By EVERNORTH

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

Thursday, 11/14/2024 10:10 AM

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

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

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[Privacy Policy](#) | [Terms of Use](#) | [Site Specific Terms](#) | [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

EviCore
By EVERNORTH

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

Thursday, May 30, 2024 2:20 PM

Authorization Lookup

Search by Member Information Search by Authorization Number/NPI **OnePA: Prior Authorization Portal for Providers** Search by Claim Number/Health plan

Required Fields
Healthplan:
Provider NPI:

SUBMIT

PRINT

[Click here for help](#)

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

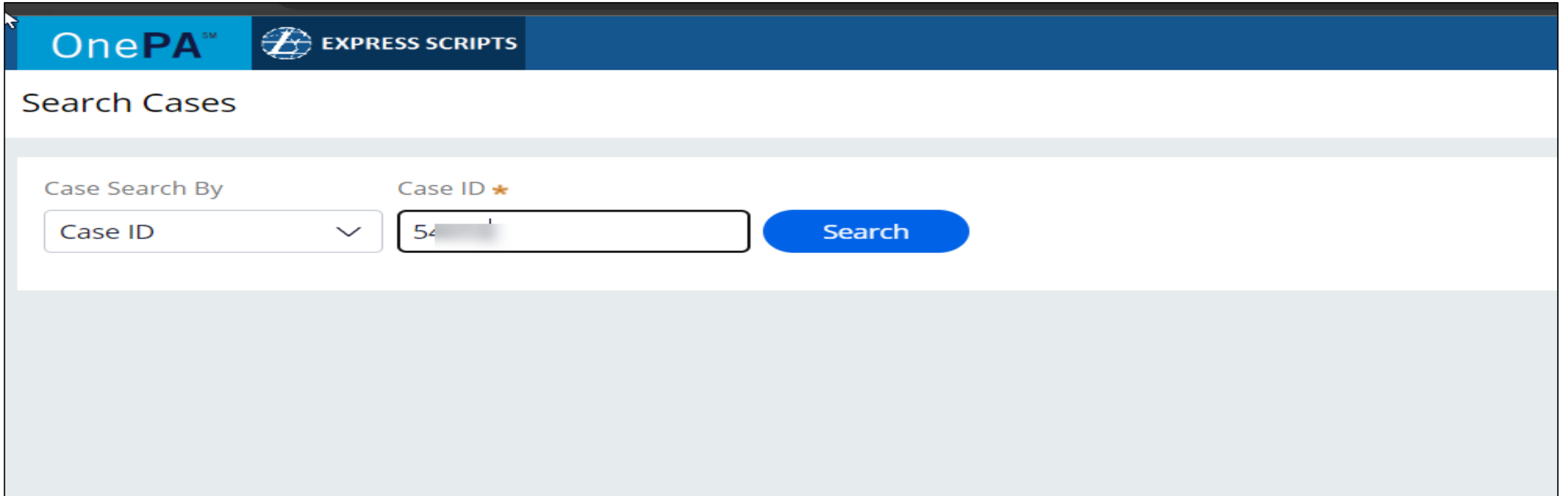
Message from webpage

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

OK **CANCEL**

- 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.

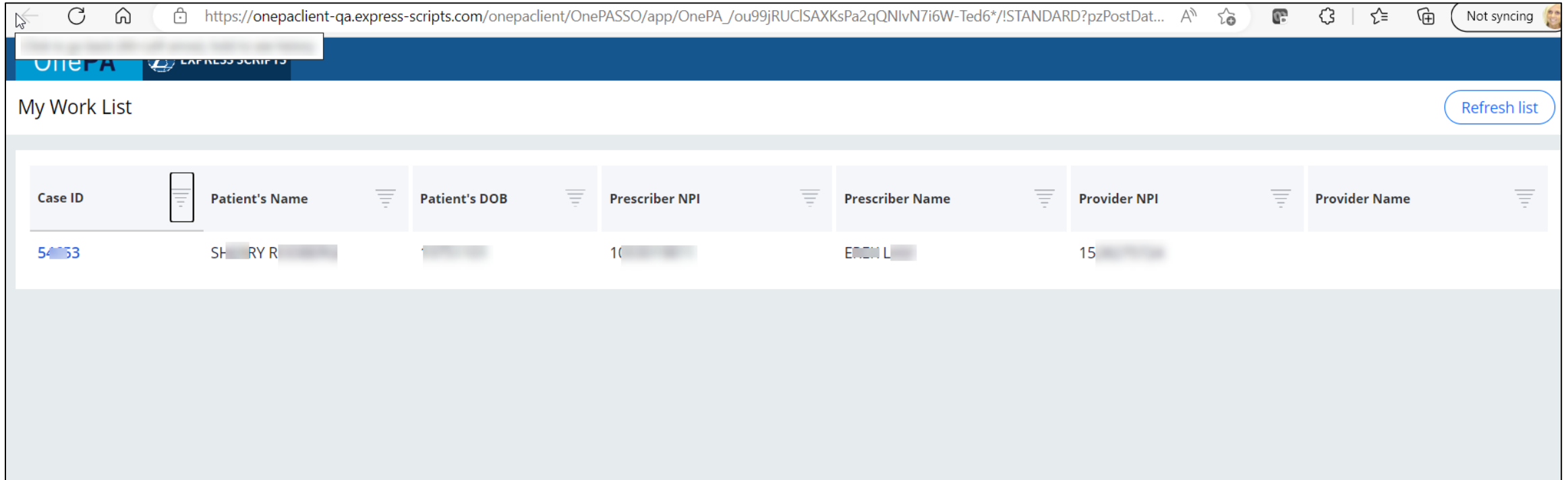
Case Look Up



The screenshot shows the 'OnePA EXPRESS SCRIPTS' header. Below it is a 'Search Cases' section. Under 'Search Cases', there is a 'Case Search By' dropdown menu currently set to 'Case ID' with a downward arrow. To the right of the dropdown is a text input field labeled 'Case ID' with an orange star icon, containing the text '54'. To the right of the input field is a blue 'Search' button.

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

Case Look Up




The screenshot shows a web browser window with the URL `https://onepacient-qa.express-scripts.com/onepacient/OnePASSO/app/OnePA_/ou99jRUCISAXksPa2qQNIvN7i6W-Ted6*/!STANDARD?pzPostDat...`. The page title is "My Work List" and there is a "Refresh list" button. The table below displays a list of cases.

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

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

Case Completion

OnePA™

 EXPRESS SCRIPTS

Medical - Make Determination Case ID (5) | Primary |

Actions

Case Information

Member ID	37	Drug Name	BOTOX 200 UNIT VIAL		Review Type	PROSPECTIVE	
Patient Name	S. RG Gender F	Urgency	NOT URGENT		Carrier	L ID 2B	
Date Of Birth	11/1/1975 Age 47Y 3M	Prescriber Name	BROWN, LAMAR ()		LOB	COMMERCIAL Group	
Patient address		Phone	(111) 111-1111	Fax --	Regulatory Status	State	
Patient Phone	NUMBER NOT PROVIDED	Provider Name	-- --		Funding Type	--	
Primary Diagnosis	R60 (EDEMA, NOT ELSEWHERE CLASSIFIED)	Network Status	UNKNOWN				
		Phone	(610) 222-2522	Fax			

Complete Criteria

Please answer the below criteria to finalize case.

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](tel: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