

# OnePA Implementation for CareSource

**Medical Specialty Drugs Prior Authorization  
Case Initiation**

# Announcement

---

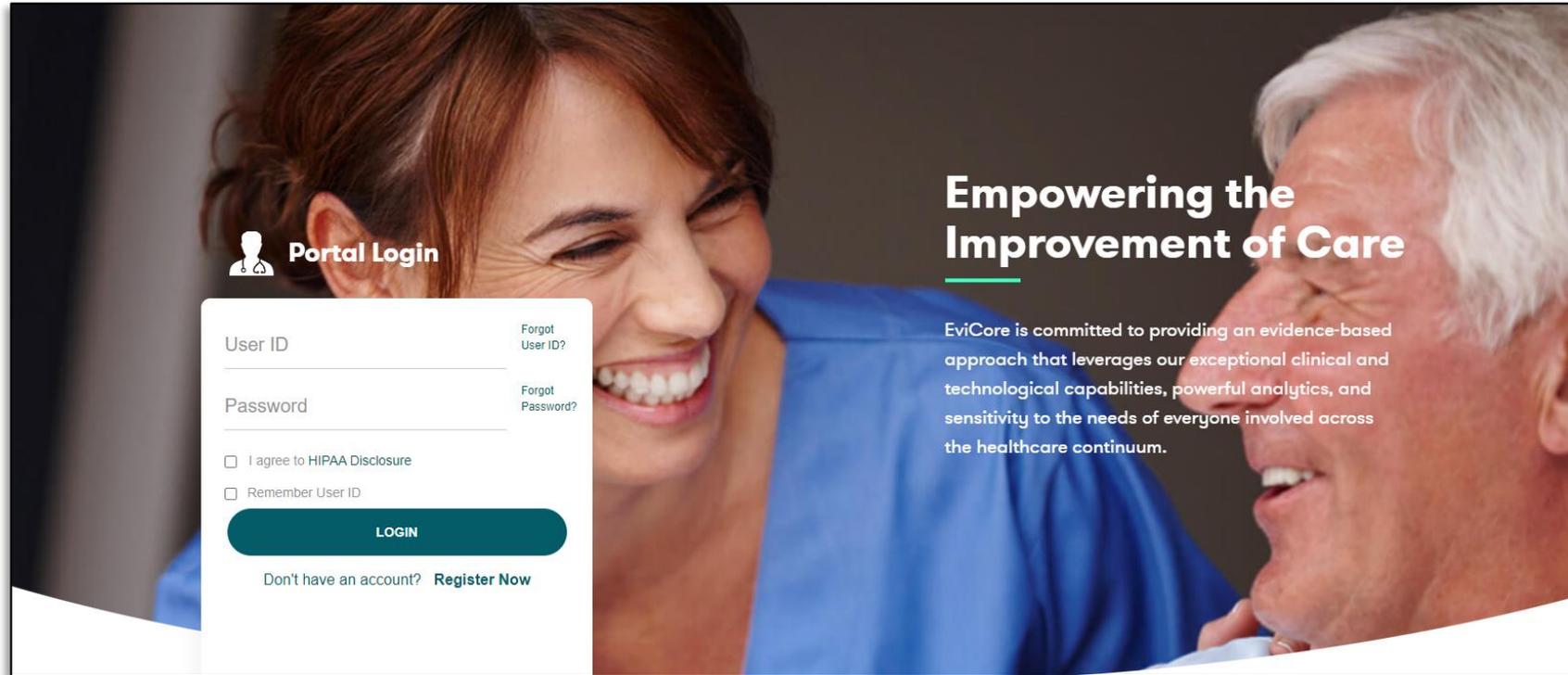
Effective **July 1, 2024**, CareSource Medicare Part B prior authorization can go through [www.EviCore.com](http://www.EviCore.com).

- **Phone** cases will be initiated by calling **866-264-7934**, or **faxed** to **833-812-0187**.
- **Electronic** requests can be submitted via EviCore.com.
- Inquiries into case status can be made 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](mailto: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 Specialty Drugs prior authorization requests will be initiated through [www.EviCore.com](http://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

**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\*:

**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\*:

Zip\*:

Office Name:

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

# User Registration Continued

The screenshot displays the EviCore user registration interface. At the top left, the EviCore logo is shown with the tagline "By EVERNORTH". Below the logo, a message states: "Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password." The main content area is divided into sections: "Web Portal Preference" with a dropdown menu set to "CareCore National" and a note for health plan representatives; and "User Registration" with a form containing the following fields: Username (EviCoreHealthcare), Email (EviCore@EviCore.com), Account Type (Physician), First Name (EviCore), and Last Name (Healthcare). To the right of the form, contact information is listed: Phone (5555555555\_\_), Ext, Fax (555-555-5555), and Individual NPI (1548597644). A modal window titled "USER REGISTRATION" is open, displaying the "User Access Agreement" which is marked as "Required". The agreement text includes: "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.", and "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)).". At the bottom of the modal, there is a checked checkbox for "Accept Terms and Conditions" and "Submit" and "Cancel" buttons. The background page has "Back" and "Submit Registration" buttons at the bottom right, and footer links for "Legal Disclaimer", "Privacy Policy", "Guidelines and Forms", and "Contact Us".

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

# 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**

### Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password\*

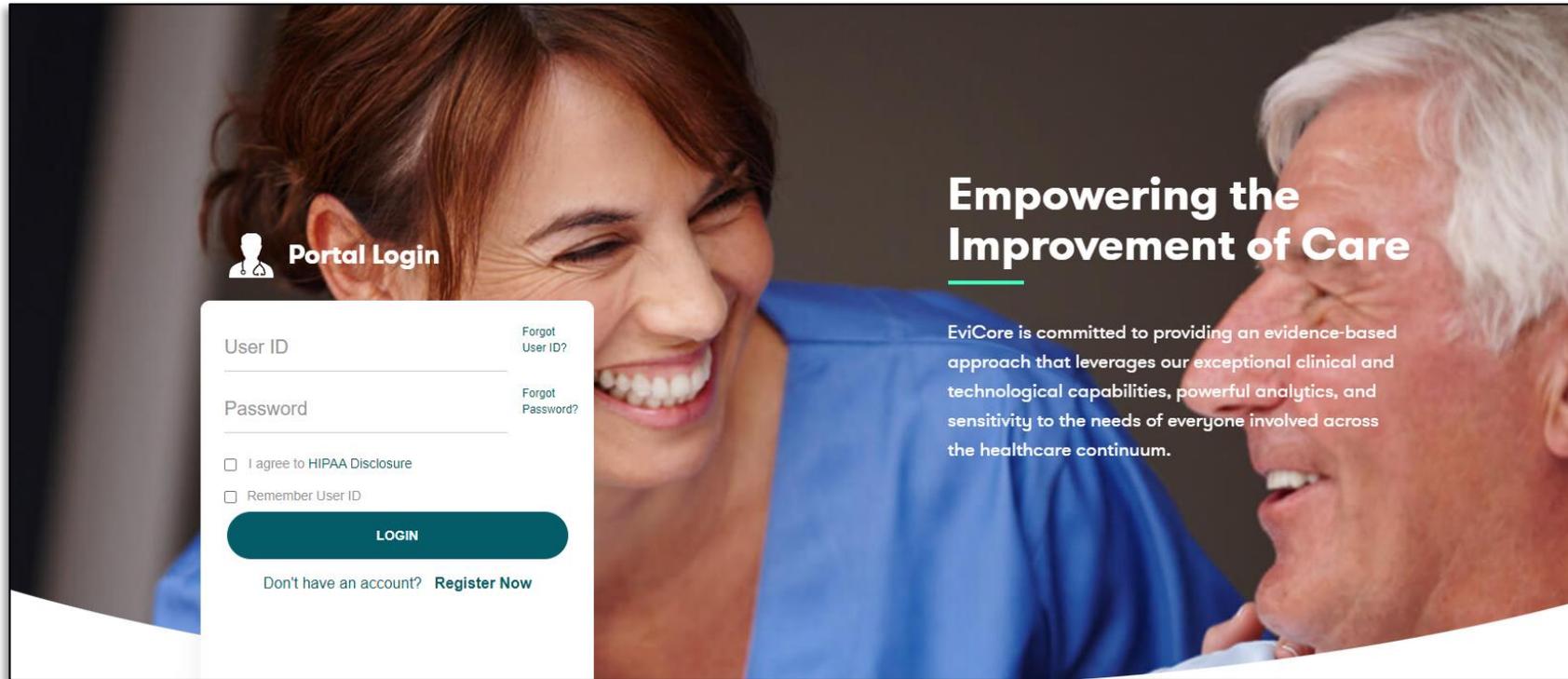
Please enter New Password

Confirm New Password\*

Save

# 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



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

## 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

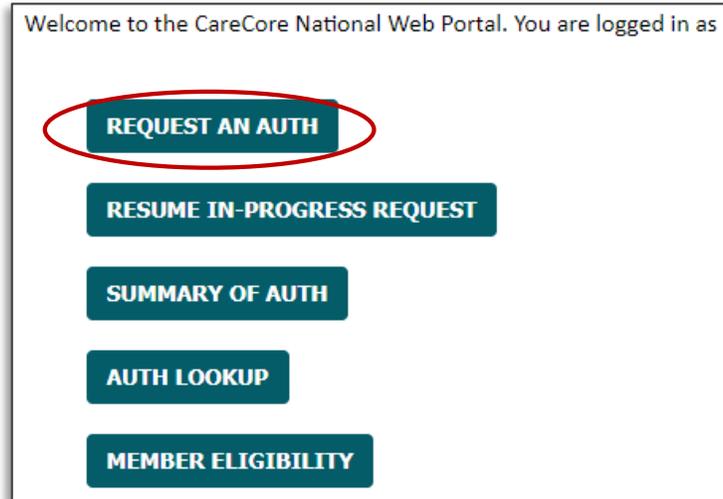
Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

**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



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)
- Evicore Medical Oncology Pathways
- Gastroenterology
- Lab Management Program
- Medical Specialty Drugs
- Musculoskeletal Management
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology/Vascular Intervention
- Sleep Management

CONTINUE

[Click here for help](#)

- **Select Medical Specialty Drugs from the program list and continue.**
- **Following the Medical Specialty Drugs program 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.**

# 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
<b>SELECT</b>	

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.

CareSource   
12 WOOD DUCK RD



[Click here for help](#)

- 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, then choose Medical Specialty Drugs.**

# Click OK to Proceed

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.

[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 aut

**Message from webpage**

Please click OK to proceed.

# 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		Medical Coverage	
LastName	FirstName	Member ID	Client ID
[REDACTED]	[REDACTED]	TESTTDNGIE	[REDACTED]
Date Of Birth	Full address	Group ID	Carrier Name
02/01/[REDACTED]	[REDACTED]	M [REDACTED]	[REDACTED]
		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: Primary | Search By: Code | Diagnosis Code: [ ] | Search

Code Type dropdown: Primary, Secondary  
Search By dropdown: Code, Description

Code Type: Primary | Search By: Code | Diagnosis 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: Primary | Search By: Description | Diagnosis 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   One Drug Per GCN  Drug is Compound Ingredient

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)

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

# Case Create

OnePA EXPRESS SCRIPTS

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

Actions

nePA (OPA-583382)

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: ePA

First Name \*: Provider

Last Name \*: Demo

Caller Phone No: [Empty]

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 \*: [Empty]

- 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: [ ]  
Remaining: 400 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 for Remicade or Infliximab)	

- **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  
135 Lbs, 0 Oz  
Unit Conversion: 61.29 Kgs

**Height**  
UOM: Feet, Inches  
5 Feet, 10 Inches  
Unit Conversion: 177.80 cm

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 MG, Frequency: 3.000 Week, Administrations: 18

NDC Quantity (in Units): 18.0000000000, HCPCS Quantity (in Units): 180.0000000000, Route Description: Intravenous

HCPCS Modifier: [Empty], 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.**

# Case Create

Prescriber Information

Search By NPI

NPI  Search

NPI  
Last + First + State  
Last + First + Zip  
Phone #

Provider Information

Provider and Prescriber are same  Site Of Care \*  Physician Requestor \*  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 [REDACTED]	A [REDACTED]	[REDACTED]	[REDACTED]	510-433-1035	51 [REDACTED]
<input type="radio"/>	[REDACTED] 200U	[REDACTED] Y	NY	[REDACTED]		

**Prescriber Information**

NPI  
10 [REDACTED]

First Name Middle Name Last Name Suffix

S [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Specialty Network Status

**Add / Edit Prescriber Address**

Address \*

Address 1 Address 2

City State... Zipcode Ext

Phone Number Fax Number

Phone Fax

Skip Address Validation

**Validate Address**

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  NPI

- NPI
- Facility Name
- Last + First + State
- Last + First + Zip
- Phone #

- **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 the 'Add New Location' section, which contains a table with columns for 'Address', 'City', 'State', 'Zip code', 'Phone#', and 'Fax#'. Two rows are visible in the table, each with a radio button for selection. A 'Provider Information' modal is open, showing fields for NPI, Facility Name, First Name, Last Name, Suffix, Specialty, and Network Status. A second, smaller version of the form is overlaid on the right, showing the 'Add / Edit Provider Address' modal with fields for Address 1, Address 2, City, State, Zipcode, Ext, Phone Number, and Fax Number, along with 'Skip Address Validation' and 'Validate Address' 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 web form for creating a case. At the top, there are three main sections: 'Provider and Prescriber are same' with a toggle switch, 'Site Of Care \*' with a dropdown menu, and 'Physician Requestor \*' with radio buttons for 'Prescriber' and 'Provider'. The 'Site Of Care' dropdown is open, showing three options: 'Home Health', 'Hospital Outpatient Facility', and 'Providers Office/ Ambulatory Center'. Below these are two main form panels: 'Provider Information' and 'Provider address'. The 'Provider Information' panel includes fields for NPI (15282), Facility Name, and a section for Name (First Name, Last Name, Suffix) and Specialty (PHARMACY). The 'Provider address' panel includes fields for Address, City Desc, State Desc, ZipCode, Phone Number, and Fax Number. At the bottom of the form are 'Back' and 'Create' buttons.

- **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 Log Off

Medical - Make Determination Medicare 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: U██████████	THALL MONITOR WESA
Date of Birth: ██████████ Age: 27Y 1M	Prescriber/Provider Name: K██████████	LOB: M██████████	Group: ██████████
Patient address: ██████████	(██████████)	Regulatory Status: --- State ---	
Patient Phone: ██████████	Network Status: IN	Funding Type: ---	
Primary Diagnosis: J81.0 (ACUTE PULMONARY EDEMA)	Phone: (804) 341-3600 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)

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

Yes

No

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 displays the OnePA Express Scripts interface. At the top, there is a blue header with the OnePA logo and 'EXPRESS SCRIPTS' text. A 'Log Off' button is located in the top right corner. Below the header, the page title reads 'Medical - Make Determination Case ID (58964) | Primary | 15 days, 12:33:58'. A section titled 'Case Information' is expanded, showing a grid of patient and provider details. A green notification bar 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.' Below this is a progress bar with four steps: 'Coverage Criteria' (checked), 'Decision' (active), 'Authorization', and 'Finalize'. An 'Add Documents' button is positioned at the bottom left of the interface.

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		

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

# Case Processing

The image displays two screenshots of the "Add Document" dialog box in a software application. The left screenshot shows the dialog with the following fields: "Document Type" (Select...), "Medium" (Select...), "Source/Recipient" (Select...), "Attach File" (Choose File, No file chosen), "Documentation Date/Time" (2/8/2023 11:28 AM), and "Comments" (empty). The right screenshot shows the dialog with the following fields: "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), and "Comments" (attaching additional Medical records). Both screenshots include "Cancel" and "Submit" buttons at the bottom.

- **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: ROTY 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 Typ	Recipient	Generation Date/Time	Comments
<a href="#">0006938_healthyHabits.pdf</a>	{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

OnePA™ EXPRESS SCRIPTS Log Off

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

© CareCore National, LLC. 2020 All rights reserved.  
[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

**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**

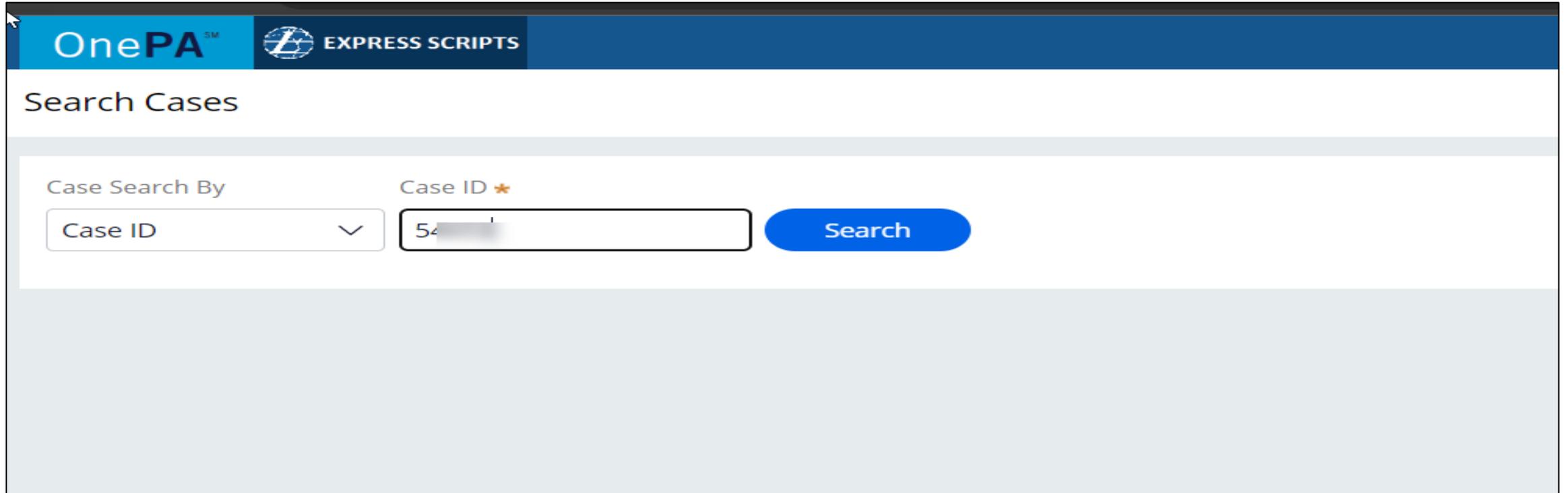
[Click here for help](#)

© 2024 eviCore healthcare. All Rights Reserved.  
[Privacy Policy](#) | [Terms of Use](#) | [Site Specific Terms](#) | [Contact Us](#)

- 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

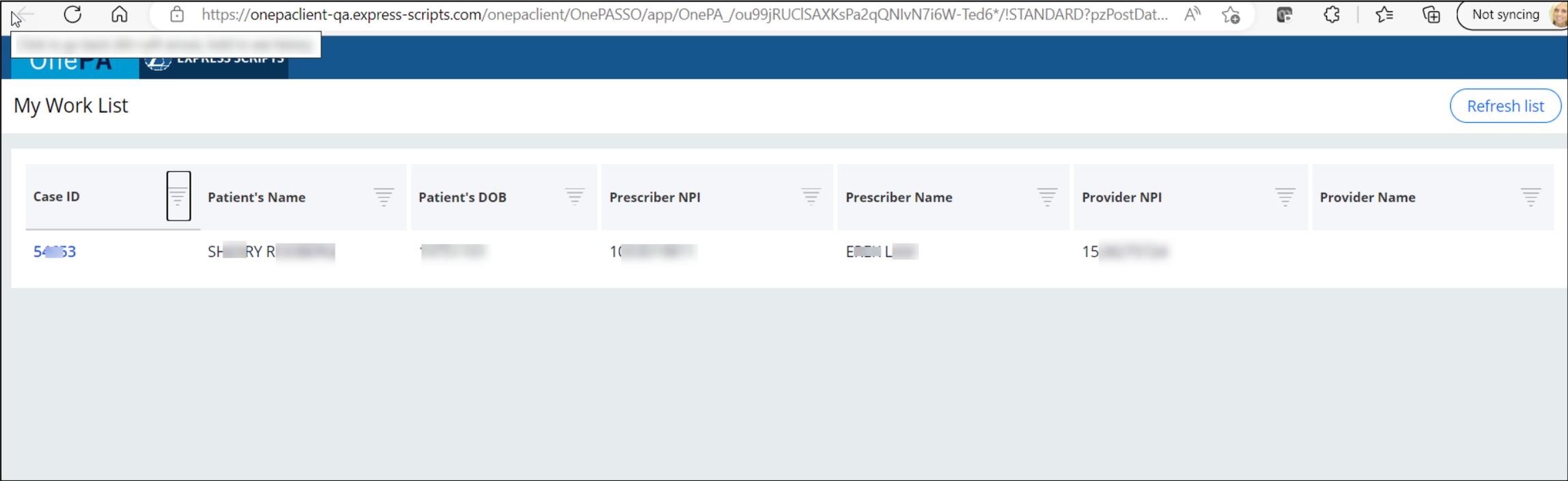
---



The screenshot shows the OnePA Express Scripts interface. At the top, there is a blue header with the OnePA logo and the Express Scripts logo. Below the header, the text "Search Cases" is displayed. The search area contains a dropdown menu labeled "Case Search By" with "Case ID" selected, a text input field labeled "Case ID" containing the number "54", and a blue "Search" button.

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

# Case Look Up



- **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	Network Status	LOB	COMMERCIAL Group
Patient address		Phone	(111) 111-1111 Fax	Regulatory Status	State
Patient Phone	NUMBER NOT PROVIDED	Provider Name	Network Status UNKNOWN	Funding Type	
Primary Diagnosis	R60 (EDEMA, NOT ELSEWHERE CLASSIFIED)	Phone	1610-200-2500 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](mailto:portal.support@evicore.com)**

**Phone: [800-646-0418](tel:800-646-0418)  
option 2**

- **Email: [portal.support@evicore.com](mailto: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!**

---