

OnePA MDM Implementation for WellSense

For the Prior Authorization of
Medical Specialty Drugs

Announcement

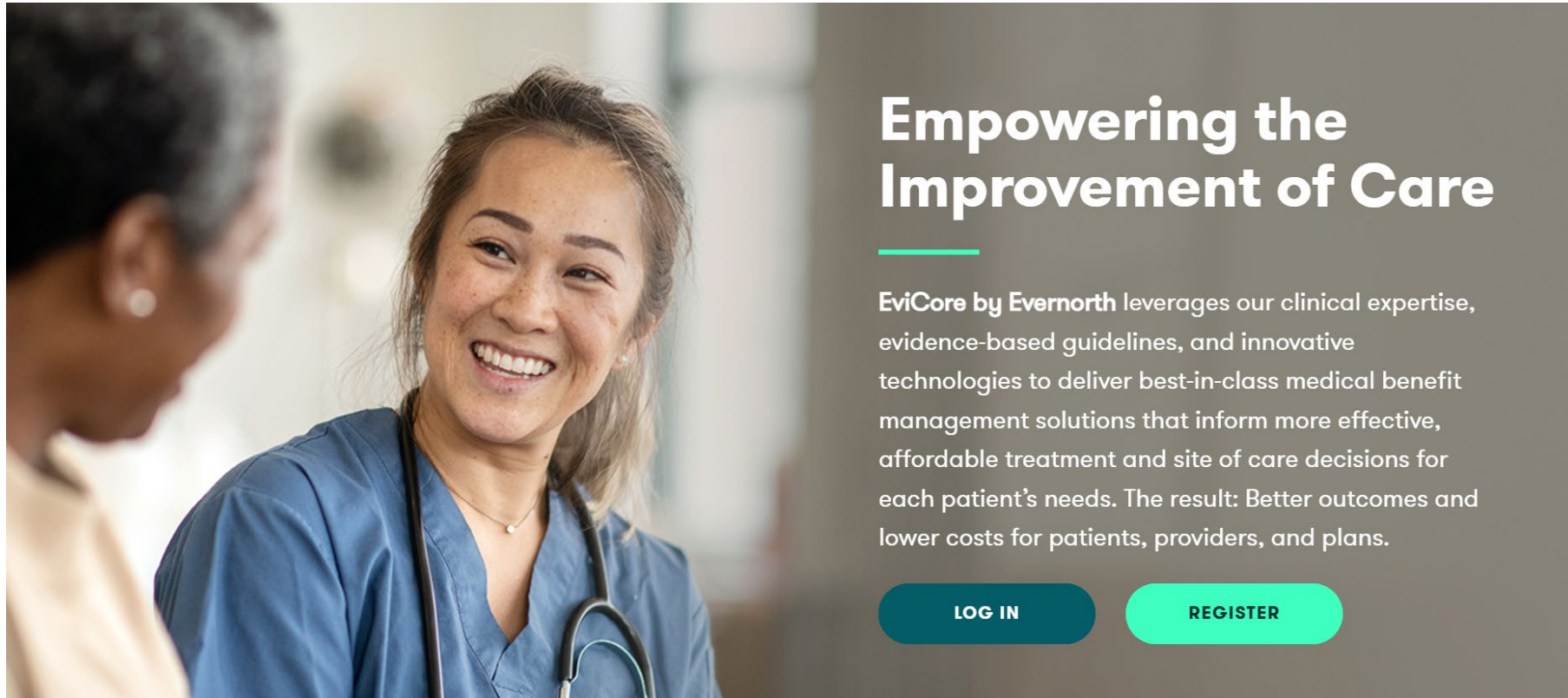
Effective 1/1/2026, WellSense New Hampshire Medicaid, WellSense Massachusetts Medicaid and WellSense Clarity Massachusetts providers will go through www.EviCore.com for medical drug prior authorization case initiation for provider-administered medications.

Effective 1/1/2026, WellSense New Hampshire Medicare Advantage and WellSense Clarity New Hampshire providers will have additional provider-administered medications added to the drug list.

- + **New Hampshire Phone** cases will be initiated by calling 866-716-8338 or **Faxed** to 833-812-0687
- + **Massachusetts Phone** cases will be initiated by calling 877-512-5985 or **Faxed** to 833-812-0687
- + **Electronic** requests can be submitted via EviCore.com.
- + **NH** Case status or inquires can be obtained through either the EviCore portal or by calling CCUM at 866-716-8338
- + **MA** Case status or inquires can be obtained through either the EviCore portal or by calling CCUM at 877-512-5985
- + Member eligibility will be through WellSense.
- + For WellSense helpful resources, please use this link: <https://www.evicore.com/resources/healthplan/wellsense>
- + 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

Prior authorization requests for medical specialty drugs management will be initiated through www.EviCore.com.



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*:

--Select--

--Select--

CareCore National

Medsolutions

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.

EviCore

By EVERNORTH

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4

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 access.

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:

EviCoreHealthcare

Email:

EviCore@EviCore.com

Account Type:

Physician

First Name:

EviCore

Last Name:

Healthcare

Phone:

555555555__

Ext:

Fax:

555-555-5555

Individual NPI:

1548597644

Back

Submit Registration

USER REGISTRATION

X

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.”

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.

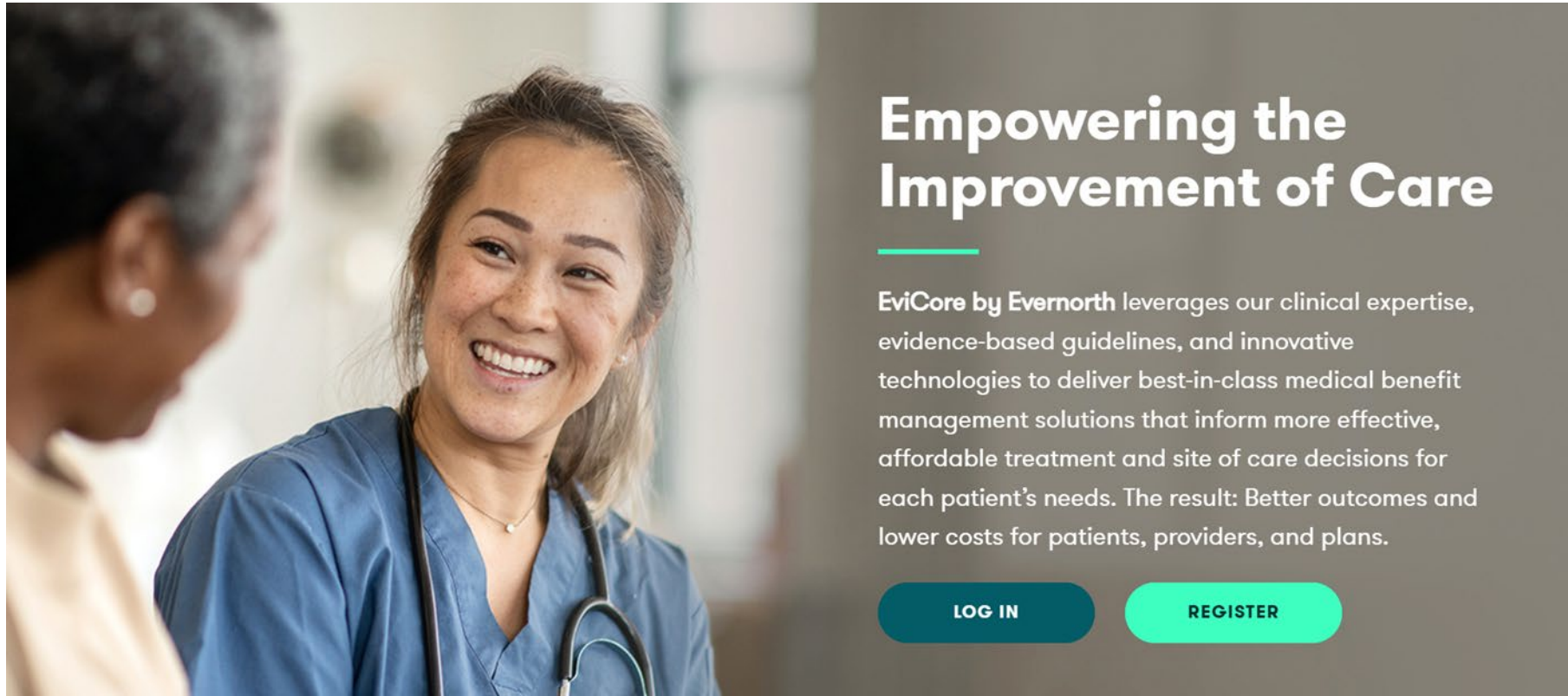
New Password*

Please enter New Password

Confirm New Password*

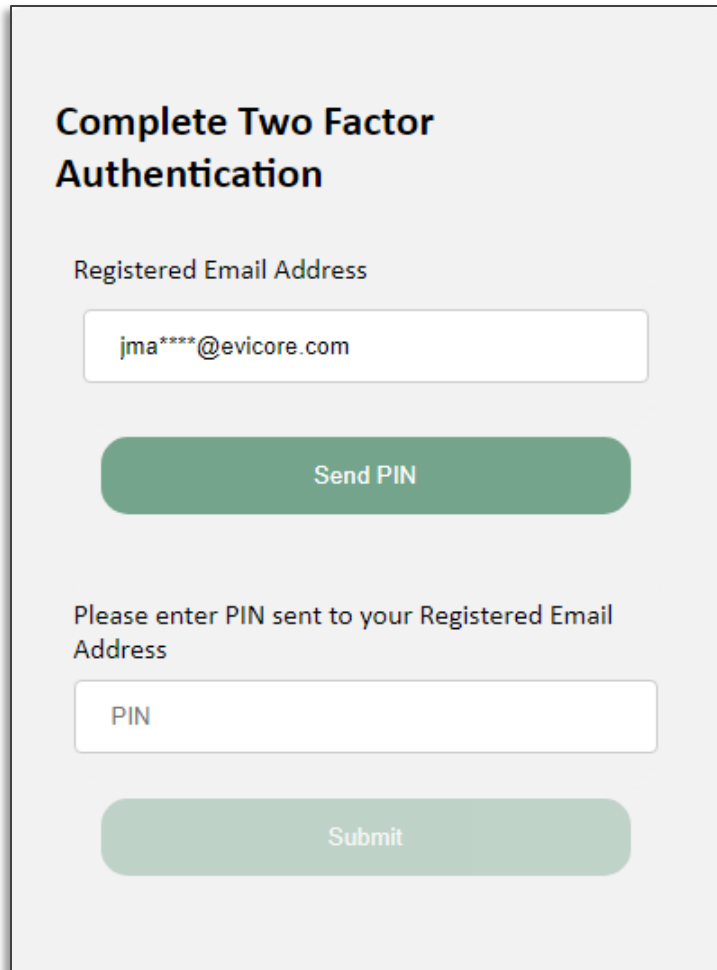
Save

Account Log-In



Now that you have completed the one-time registration for the portal, you are ready to log-in to your account, enter your User ID and Password. Agree to the HIPAA Disclosure, and click “LOGIN”.

Two Factor Authentication



The screenshot shows a web form titled "Complete Two Factor Authentication". It contains two main sections. The first section is labeled "Registered Email Address" and features a text input field with the placeholder text "jma****@evicore.com". Below this field is a green button labeled "Send PIN". The second section is labeled "Please enter PIN sent to your Registered Email Address" and features a text input field with the placeholder text "PIN". Below this field is a green button labeled "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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

CHANGE PASSWORD

EDIT ACCOUNT

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
R [REDACTED] EL	19 [REDACTED] 4	57 [REDACTED] RD	[REDACTED]	S PA	1 [REDACTED] 5	(4 [REDACTED]) [REDACTED] 0	(4 [REDACTED]) [REDACTED] 7

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.

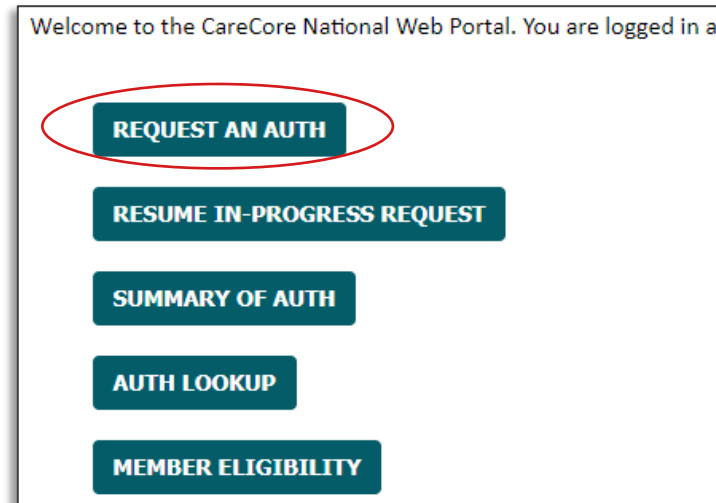
ADD ANOTHER PRACTITIONER

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)
- ☐ 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 WellSense.

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
<div>SELECT</div>	19 - RU (Selected)

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 specialty drugs management.

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.



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.

- Select the health plan and the referring practitioner address.
- If **WELLSENSE** 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.

WELLSENSE

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 1-800-444-4444. [Learn more](#)

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Message from webpage

Please click OK to proceed.

OK

CANCEL

Case Create

The screenshot shows the 'OnePA (OPA-1009284)' case creation interface. The top navigation bar includes the 'OnePA' logo, 'EXPRESS SCRIPTS' branding, and a 'Log Off' button. A secondary bar shows the case ID and an 'Actions' dropdown. The form is organized into three main sections: 'Contact Information', 'Date Of Service', and 'Member Information'. The 'Contact Information' section contains fields for 'Medium of Interaction' (set to 'ePA'), 'First Name' (set to 'PSO'), 'Last Name' (set to 'ESI'), 'Caller Phone No', 'Caller' (set to 'Doctors Office'), and 'Comments' (containing the text 'This case is created with request from Evicore Portal'). It also includes a 'Request Received' timestamp of '3/28/2024 3:13 PM' and 'Case Urgency' radio buttons for 'Urgent' and 'Not Urgent'. The 'Date Of Service' section has a 'Date of Service' field set to '3/28/2024'. The 'Member Information' section features a 'Member Search By' dropdown menu with options 'Member ID', 'First + Last Name + DOB', and 'First + Last Name + ZipCode'. The 'Member ID' option is currently selected, and a 'Search' button is positioned next to the 'Member ID' input field. Asterisks (*) next to 'First Name', 'Last Name', 'Request Received', 'Case Urgency', 'Date of Service', and 'Member ID' indicate required fields.

- **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

TESTTDNGIE

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

nePA (OPA-583382)

onepaclient-qa.express-scripts.com says

Please correct flagged fields before submitting the form!

OK

Start Date

End Date

09/01/2012

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 *

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

Review Type *

Select...

Patient BMI Information

Patient Age

27 years

Start Date

End Date

Duration in Days

3/28/2024

3/27/2025

365

Dosage *

Dosage UOM

Frequency *

Frequency UOM

Administrations *

MG

Day

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 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

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

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.**

Case Create

Prescriber Information

Search By

NPI

NPI

Last + First + State

Last + First + Zip

Phone #

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	51
<input type="radio"/>	200U	Y	NY			

Prescriber Information

NPI

10

First NameMiddle NameLast NameSuffix

SpecialtyNetwork Status

Add / Edit Prescriber Address

Address

Address

Address 1Address 2

CityState...ZipcodeExt

Phone NumberFax Number

PhoneFax

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

- **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

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 [REDACTED]	N [REDACTED]	TX	[REDACTED]	[REDACTED]	[REDACTED]
<input type="radio"/>	F [REDACTED]	S [REDACTED]	TX	[REDACTED]	[REDACTED]	[REDACTED]

Provider Information

NPI
1 [REDACTED] 4

Facility Name
[REDACTED] C

First Name Last Name Suffix
[REDACTED] [REDACTED] [REDACTED]

Specialty Network Status
[REDACTED] [REDACTED]

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

[Add New Location](#)

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
[Redacted] IC

First Name Last Name Suffix

Specialty Network Status
PHARMACY: ____

Provider address

Address	City Desc	State Desc	ZipCode
[Redacted]	[Redacted]	[Redacted]	[Redacted]

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, contact Care Continuum at 866-716-8338 for NH or 877-512-5985 for MA.

Case Create

OnePA[™]

EXPRESS SCRIPTS

Log Off

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

Actions

Case Information

Member ID	TESTDNGIE	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	State Group
Patient Phone		Phone	(804) 541-5600	Funding Type	
Primary Diagnosis	J81.0 (ACUTE PULMONARY EDEMA)				

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 Ocrencia (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

Patient Name

SH

Gender

F

Date Of Birth

11/1/1975

Age

47Y 3M

Patient address

1

C

Patient Phone

NUMBER NOT PROVIDED

Primary Diagnosis

R60 (EDEMA, NOT ELSEWHERE CLASSIFIED)

Drug Name

BOTOX 200 UNIT VIAL

Urgency

NOT URGENT

Prescriber Name

(:)

Network Status

Phone

(111) 111-1111

Fax

(111) 111-1111

Provider Name

Network

Phone

(615) 352-2500

Fax

(615) 352-2500

Review Type

PROSPECTIVE

Carrier

LOB

Regulatory Status

State

Funding Type

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

The image displays two screenshots of the 'Add Document' form in a software interface. The left screenshot shows the form with default values: Document Type is 'Select...', Medium is 'Select...', Source/Recipient is 'Select...', Attach File is 'Choose File' with 'No file chosen', and Documentation Date/Time is '2/8/2023 11:28 AM'. The right screenshot shows the form after some fields have been filled: Document Type is 'Medical Records', Medium is 'ePA', Source/Recipient is 'Prescriber', Attach File is 'Choose File' with '000693...bits.pdf' selected, and Documentation Date/Time is '2/8/2023 11:28 AM'. The comments field in the right screenshot contains the text 'attaching additional Medical records'.

- 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

BOTOX 200 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

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

MedSolutions Portal

Help / Contact Us

Thursday, 10/24/2024 10:00 AM

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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- 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 Unified Dashboard Help / Contact Us

Wednesday, November 06, 2024 2:42 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: WELLSENSE
Provider NPI:
SUBMIT

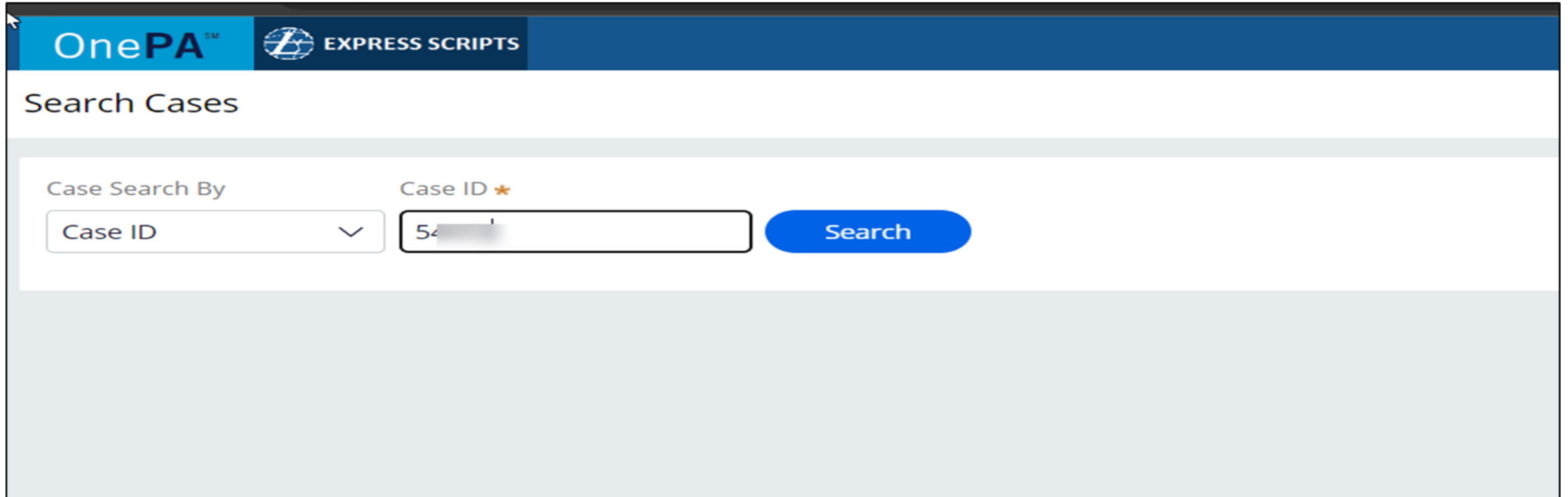
PRINT
[Click here for help](#)

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Message from webpage
Please click OK to proceed.
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' logo and 'EXPRESS SCRIPTS' text in the top header. Below this is a 'Search Cases' section. It features a 'Case Search By' dropdown menu currently set to 'Case ID', a text input field containing '54', and a blue 'Search' button.

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

Case Look Up

https://onepatient-qa.express-scripts.com/onepatient/OnePASSO/app/OnePA_/ou99jRUCISAXKsPa2qQNivN7i6W-Ted6*/!STANDARD?pzPostDat...

Not syncing

OnePA EXPRESS SCRIPTS

My Work List

Refresh list

Case ID	Patient's Name	Patient's DOB	Prescriber NPI	Prescriber Name	Provider NPI	Provider Name
54153	SH RY R		10	EDWIN 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	Network Status	LOB	COMMERCIAL Group I
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	1615-250-2500 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

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

CHAT WITH US

- **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](#)**

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal



ECRM is available **24/7**. Users can login or register here, [ECRM](#)

Additional Information about ECRM can be found on [Providers Hub](#)



Thank you