

OnePA MDM Implementation for Commonwealth Care Alliance (CCA)

For the Prior Authorization of Medical Specialty Drugs

Announcement

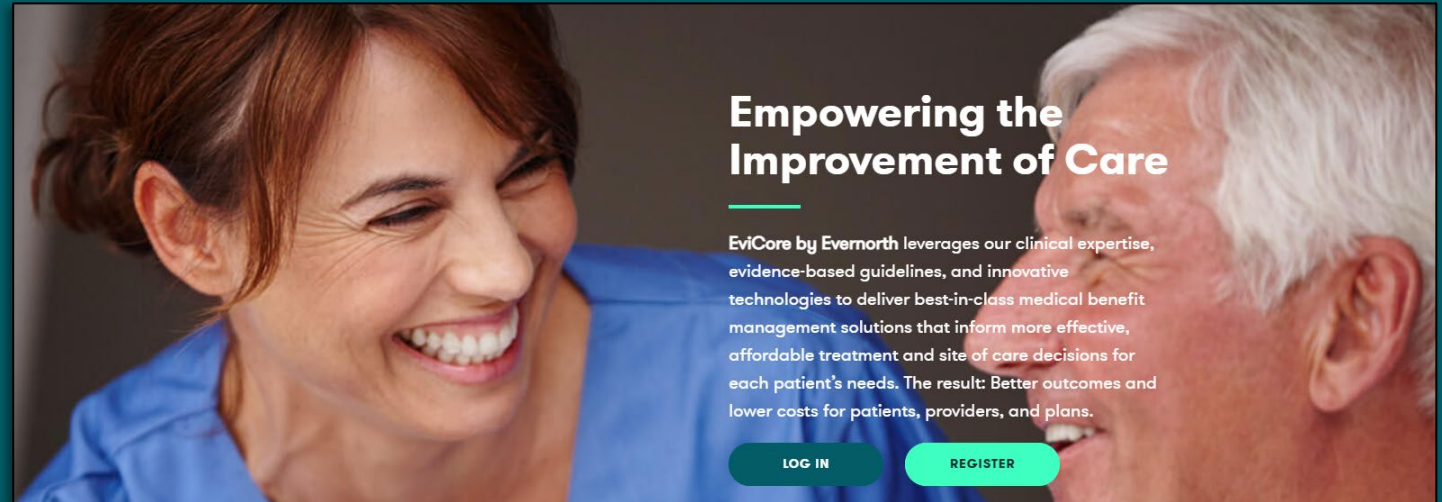
Effective **April 1, 2026**, Commonwealth Care Alliance (CCA) Medicare Part B providers will go through www.EviCore.com for Medical Specialty Drug electronic prior authorization case initiation.

- Care Continuum (CCUM) will manage the Medical Specialty Drug program and utilization review.
- **Phone** cases can be initiated by calling **888-933-2653** or **Faxed** to **866-247-5005** beginning **April 1, 2026**.
- **Electronic** portal requests can be submitted via [EviCore](http://www.EviCore.com) beginning **April 1, 2026**.
- Prior to **April 1, 2026**, all prior authorization requests should continue to be submitted directly to CCA.
- Inquiries into case status and questions can be made by calling CCUM at **888-933-2653**.
- Member eligibility will be through Commonwealth Care Alliance (CCA).
 - Refer to CCA 2026 provider manual at: <http://ccama.org/provider-manual>
- For Commonwealth Care Alliance (CCA) helpful resources, please use this link: [Commonwealth Care Alliance \(CCA\) Provider Resources | EviCore by Evernorth](#)
- Web portal issues may be addressed by phone at 800-646-0418 Option 2 or emailed to EviCore's Portal Support team at Portal.Support@EviCore.com.
 - The EviCore web team will triage the issue and guide the caller with technical support issues.

Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.

- Access resources on the EviCore Provider Portal at **EviCore.com/provider**
- Already a user?
Log in with User ID & Password
- Don't have an account?
Click **Register Now**.
- If you already have an account, please skip to **slide 8**.



EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an Account

- Complete the User Information section in full, then **Submit Registration**.
- You will immediately be sent an email with a link to create a password.
- Once you have created a password, you will be redirected to the login page.

The screenshot displays the EviCore registration form. At the top left, the logo reads "EviCore By EVERNORTH". The form is titled "User Information" and includes a "Next" button in the top right corner. The form is divided into three sections: "User Information", "Contact Info", and "Physician/Facility Information".

User Information:

- First Name: Enter first name
- Last Name: Enter last name
- User Name: Create user name

Contact Info:

- Email: Enter email
- Confirm Email: Confirm email
- Phone: Phone number
- Ext (optional): Extension

Physician/Facility Information:

- Individual NPI: Enter NPI
- Tax ID: Enter Tax ID

Setting Up Multi-Factor Authentication (MFA)

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, enter your email address or mobile phone number.
- Select Send PIN, and a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

Set up Two Factor Authentication

Email SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

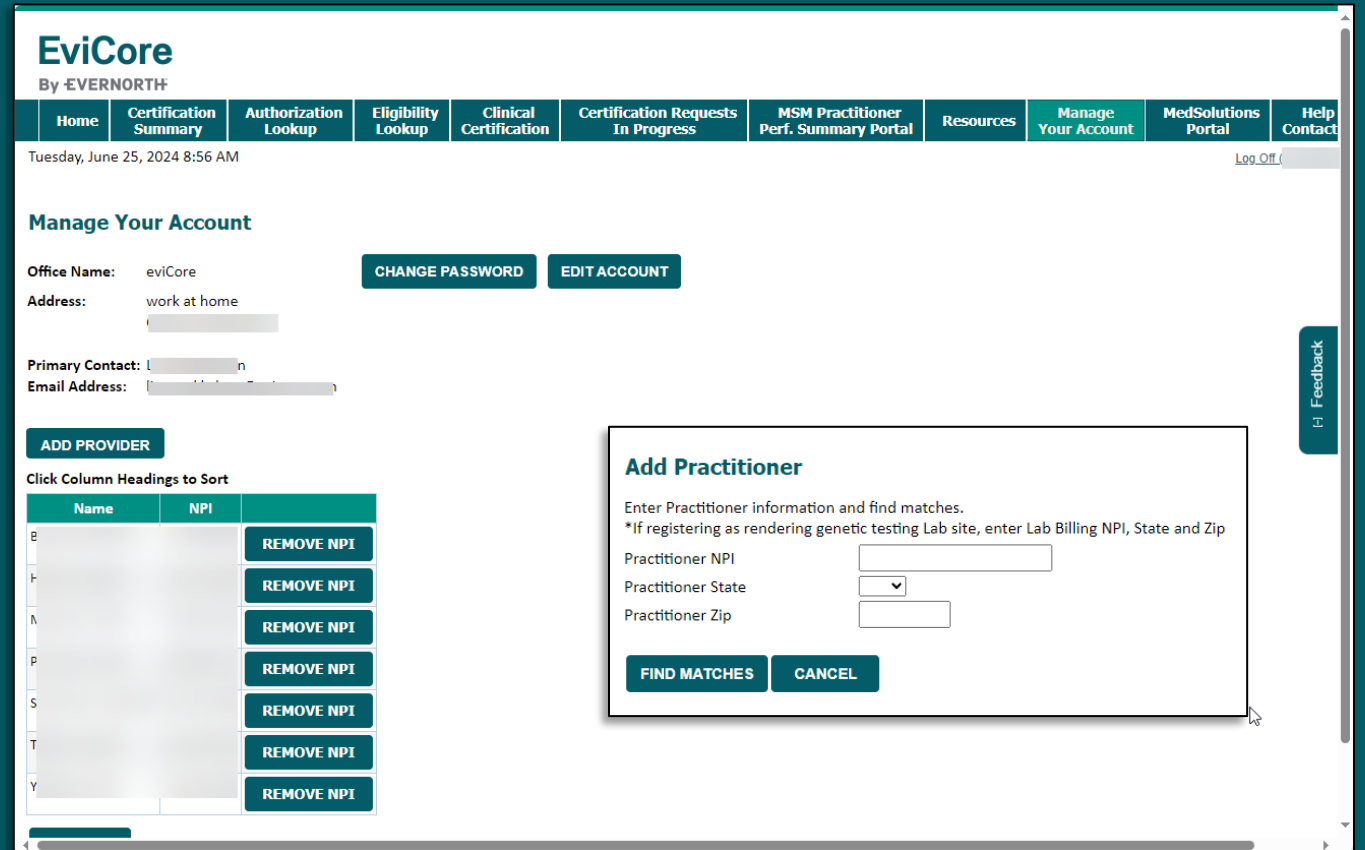
768342

Submit

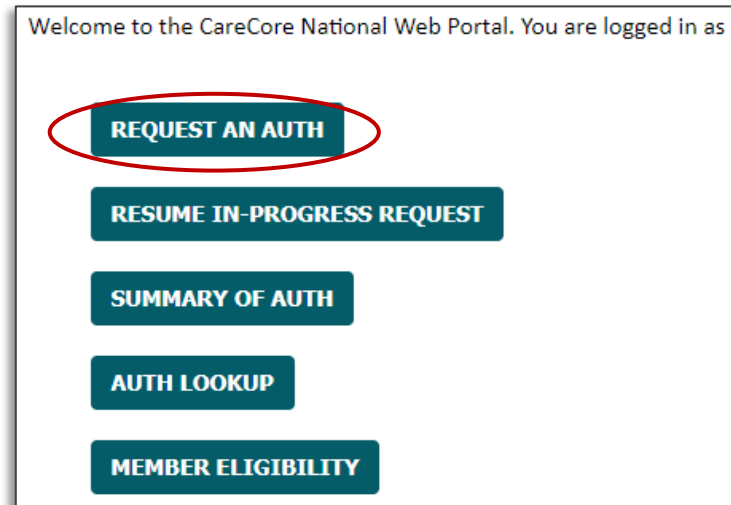
Skip

Add Providers

- You can add providers and their NPI's to your account prior to case submission.
- Click the **Manage Your Account** tab to add provider information.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria
- You can click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.



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
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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 Commonwealth Care Alliance (CCA).**

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.

Commonwealth Care Alliance (CCA) ▼
12 W... RD ▼



BACK CONTINUE

[Click here for help](#)

- Select the health plan and the referring practitioner address.
- **If Commonwealth Care Alliance (CCA) 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.

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 aut

Message from webpage



Please click OK to proceed.

OK

CANCEL

EviCore

By EVERNORTH

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 (dropdown menu open showing Primary and Secondary)
Search By: Code (dropdown menu open showing Code and Description)
Diagnosis Code: [Empty field]
Search

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 ▼ remicade One Drug Per GCN Drug is Compound Ingredient [Search](#)

Drug Name	NDC	GCN	HCPCS	GCN	Drug Strength	Dosage form	Drug Type
REMICADE 100 MG VIAL	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 HCPC, NDC or Drug name.
- DO NOT search or select CPT codes. (example: 90283 & 90284)
- 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

OnePA (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

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

Selected Drug

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 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 *

Continue

- 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: [Lbs/Oz] [] [0] []

Height
UOM: Feet, Inches
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

- 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.

EviCore

By EVERNORTH

Case Create

Medical Case Information

Order Information

Weight
UOM: Lbs, Oz
Lbs: 135, Oz: 0
Unit Conversion: 61.29 Kgs

Height
UOM: Feet, Inches
Feet: 5, Inches: 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): 18.000000000, HCPCS Quantity (in Units): 180.000000000, Route Description: Intravenous

HCPCS Modifier: [Dropdown], 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

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

- 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

The screenshot displays the 'Case Create' interface. At the top, there is a section titled 'Add New Location' containing a table with columns for Address, City, State, Zip code, Phone#, and Fax#. Two rows are visible, each with a radio button for selection. The first row has a phone number dropdown set to '510-433-1035' and a fax number dropdown set to '51-'. Below the table is a sidebar titled 'Prescriber Information' which includes fields for NPI, a 10-digit ID, and name fields (First Name, Middle Name, Last Name, Suffix). A modal window titled 'Add / Edit Prescriber Address' is open, showing fields for Address 1, Address 2, City, State, Zipcode, Ext, Phone Number, and Fax Number. It also features a 'Skip Address Validation' toggle and a 'Validate Address' button. At the bottom of the modal are 'Cancel' and 'Submit' buttons.

- Prescriber 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 titled "Case Create" with a section for "Provider Information".

- Provider Information:** A section header with a downward arrow.
- Provider and Prescriber are same:** A toggle switch that is currently turned off.
- Site Of Care ***: A dropdown menu with "Select..." and a downward arrow.
- Physician Requestor ***: Two radio buttons labeled "Prescriber" and "Provider".
- Search By:** A dropdown menu currently showing "NPI".
- NPI:** A text input field.
- Search:** A blue button.
- Search Dropdown Menu:** A list of options: "NPI", "Facility Name", "Last + First + State", "Last + First + Zip", and "Phone #".
- Create:** A blue button at the bottom right of the form.

- 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 a web form for creating a case. 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 a section titled "Add New Location" which contains a table with columns for "Address", "City", "State", "Zip code", "Phone#", and "Fax#". Two rows of data are visible in the table. A "Provider Information" modal is open, showing fields for NPI, Facility Name, First Name, Last Name, Suffix, Specialty, and Network Status. Another "Add / Edit Provider Address" modal 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 information: NPI search results.
- Select the appropriate address with associated phone/fax.
- Add New Location, if applicable.

Case Create

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

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) 252-2522 (615) 252-2522

[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 **888-933-2653** or fax request to **866-247-5005**.

Case Processing

The screenshot displays the OnePA Express Scripts interface for a medical case determination. The header includes the OnePA logo, Express Scripts logo, and a 'Log Off' button. The main title is 'Medical - Make Determination' with a Medicare icon, Case ID (94017), and Primary status. An 'Actions' dropdown menu is visible in the top right.

Case Information

Member ID	TESTTDNGIE	Drug Name	REMICADE 100 MG VIAL	Review Type	PROSPECTIVE
Patient Name	[REDACTED] Gender: F	Urgency	NOT URGENT	Carrier	[REDACTED] TRAILBLAZER
Date Of Birth	[REDACTED] Age: 27Y 1M	Prescriber/Provider Name	[REDACTED]	LOB	[REDACTED] Group: [REDACTED]
Patient address	[REDACTED]	Network Status	IN	Regulatory Status	State: [REDACTED]
Patient Phone	[REDACTED]	Phone	(804) 341-3800 Fax: [REDACTED]	Funding Type	[REDACTED]
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 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: [REDACTED]

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

Yes

No

Comments: [REDACTED]

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

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

Add Document

Document Type ★
Medical Records ▼

Medium ★
ePA ▼

Source/Recipient ★
Prescriber ▼

Attach File ★
Choose File 000693...bit

Documentation Date/Time ★
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

The 'Add Document' modal form contains the following fields and controls:

- Document Type ***: A dropdown menu with 'Medical Records' selected.
- Medium ***: A dropdown menu with 'ePA' selected.
- Source/Recipient ***: A dropdown menu with 'Prescriber' selected.
- Attach File ***: A 'Choose File' button followed by the filename '000693...bits.pdf'.
- Documentation Date/Time ***: A date/time picker showing '2/8/2023 11:28 AM'.
- Comments**: A text area containing the text 'attaching additional Medical records'. Below the text area, it says 'Remaining: 2464 characters'.
- Buttons**: 'Cancel' and 'Submit' buttons at the bottom.

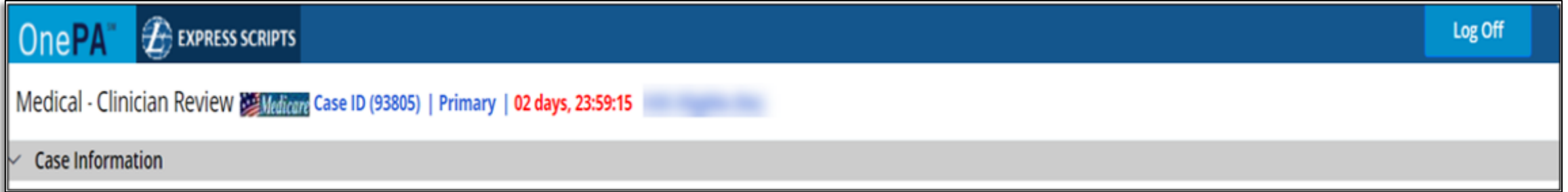
The screenshot shows a case document view with the following elements:

- Notification**: A green banner at the top stating '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.'
- Buttons**: An 'Add Documents' button.
- Case 360 View**: A section with tabs for 'Case Summary' and 'Case Documents'.
- User Documents**: A section containing a table of documents.

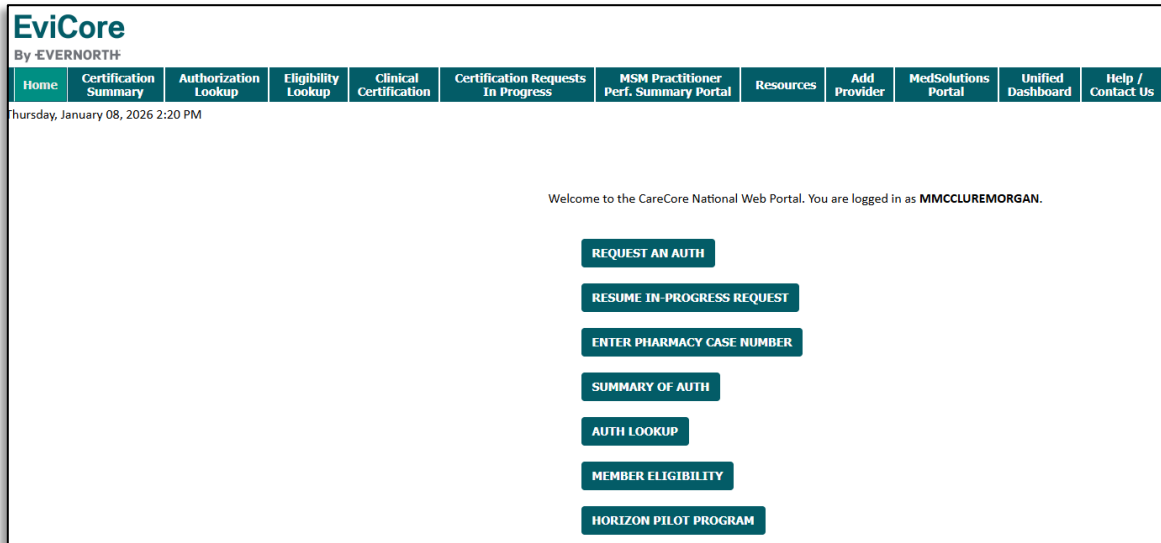
Document name	Document ID	Document Type	Recipient	Generation Date/Time	Comments
0006938_healthyHabits.pdf	{A0E03186-0000-CB1D-98A1-0A14E992E7F2}	Medical Records	Prescriber	2/8/23 11:28 AM	attaching additional Medical records

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

Case Processing



The screenshot shows the OnePA Express Scripts interface. At the top left, there is a logo for OnePA and Express Scripts. On the top right, there is a "Log Off" button. Below the header, the main content area displays "Medical - Clinician Review" followed by a Medicare logo, "Case ID (93805) | Primary | 02 days, 23:59:15". A navigation bar at the bottom of this section shows "Case Information" with a checkmark icon.



The screenshot shows the EviCore submission page. At the top left, it says "EviCore By EVERNORTH". Below this is a navigation menu with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Add Provider, MedSolutions Portal, Unified Dashboard, and Help / Contact Us. The date and time "Thursday, January 08, 2026 2:20 PM" are displayed. The main content area contains a welcome message: "Welcome to the CareCore National Web Portal. You are logged in as MMCCLOREMORGAN." Below the message is a vertical list of buttons: "REQUEST AN AUTH", "RESUME IN-PROGRESS REQUEST", "ENTER PHARMACY CASE NUMBER", "SUMMARY OF AUTH", "AUTH LOOKUP", "MEMBER ELIGIBILITY", and "HORIZON PILOT PROGRAM".

- **Log Off** once done, then the user is taken back to the 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

Message from webpage

Please click OK to proceed.

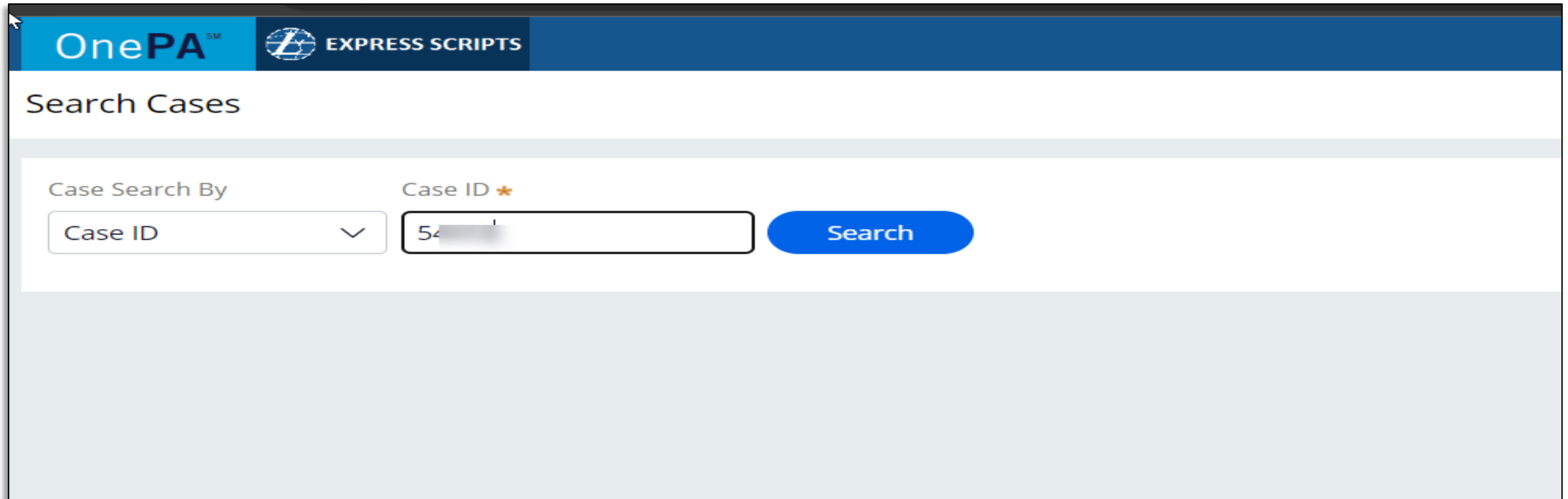
PRINT

[Click here for help](#)

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- 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 for searching cases. 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

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

Case ID	Patient's Name	Patient's DOB	Prescriber NPI	Prescriber Name	Provider NPI	Provider Name
54053	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 [redacted]) | Primary | Actions

Case Information

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

Complete Criteria

Please answer the below criteria to finalize case.

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

Yes

No

Comments

Save Answers

Submit

- User provided page to complete criteria.

Web Portal Services

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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](#)**

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Thank You