

OnePA Implementation for CareSource

Medical Specialty Drugs
Prior Authorization Case Initiation

EviCore
By EVERNORTH


CareSource



Announcement

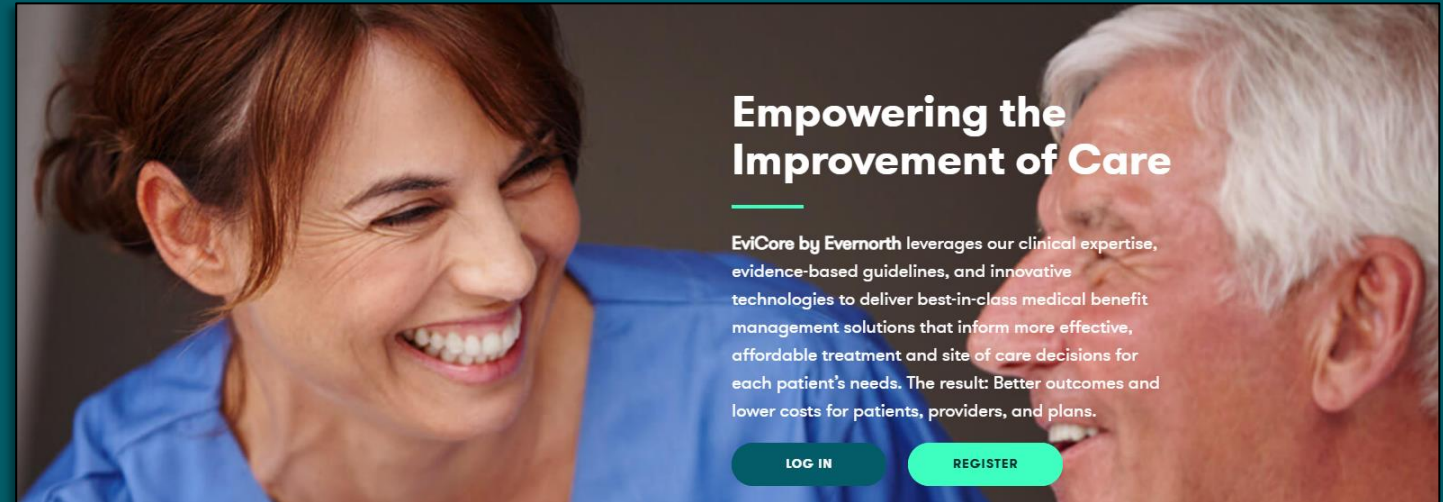
Effective **July 1, 2024**, CareSource Medicare Part B prior authorization can go through www.EviCore.com.

- **Phone** cases will be initiated by calling **866-264-7934**, or **faxed** to **833-812-0187**.
- **Electronic** requests can be submitted via EviCore.com.
- 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.
 - 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 is the logo 'EviCore By EVERNORTH'. The main heading is 'User Information' with a 'Next' button in the top right corner. The form is divided into three sections: 'User Information', 'Contact Info', and 'Physician/Facility Information'. Each section contains several input fields for user details.

| User Information | | | |
|---|--|---|--|
| First Name | Last Name | User Name | |
| <input type="text" value="Enter first name"/> | <input type="text" value="Enter last name"/> | <input type="text" value="Create user name"/> | |
| Contact Info | | | |
| Email | Confirm Email | Phone | Ext (optional) |
| <input type="text" value="Enter email"/> | <input type="text" value="Confirm email"/> | <input type="text" value="Phone number"/> | <input type="text" value="Extension"/> |
| Physician/Facility Information | | | |
| Individual NPI | Tax ID | | |
| <input type="text" value="Enter NPI"/> | <input type="text" value="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

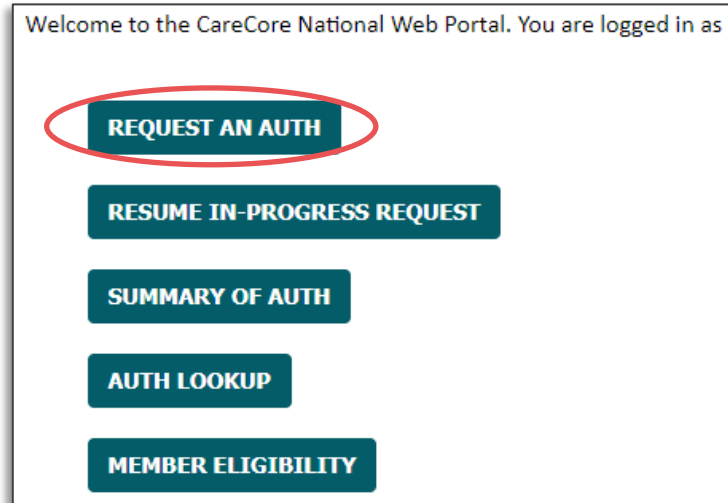
Skip

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.

The screenshot displays the EviCore provider portal interface. At the top, there is a navigation bar with tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account (highlighted), MedSolutions Portal, and Help Contact. Below the navigation bar, the user's account information is shown, including the office name 'eviCore', address 'work at home', and primary contact details. There are buttons for 'CHANGE PASSWORD' and 'EDIT ACCOUNT'. A table with columns 'Name' and 'NPI' is visible, with a 'REMOVE NPI' button next to each row. An 'ADD PROVIDER' button is located above the table. A modal window titled 'Add Practitioner' is open, prompting the user to enter practitioner information (NPI, State, Zip) and providing 'FIND MATCHES' and 'CANCEL' buttons. The EviCore logo and 'By EVERNORTH' are visible in the bottom left corner of the screenshot.

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 |
|---------------|----------|
| 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.

| | |
|-----------------|---|
| CareSource | ▼ |
| 12 WOOD DUCK RD | ▼ |



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

| | |
|------|----------|
| BACK | CONTINUE |
|------|----------|

[Click here for help](#)

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.

CareSource

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

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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 |
| | | TESTTDNGIE | |
| Date Of Birth | Full address | Group ID | Carrier Name |
| 02/01/ | | M | |
| | | Start Date | End Date |
| | | 01/01/2020 | 12/31/2050 |
| | | Additional Info  | |

PATIENT CONTACT DETAILS *

Number not provided/verified

- Select Phone ...
- Alternate Patient Phone
- Number not provided/verified

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

Case Create

Diagnosis information

Code Type: 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 | 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 HCPC, NDC or Drug name.
- Select **Continue** to proceed.

Case Create

The screenshot displays the OnePA Express Scripts Case Create interface. A validation error message is shown at the top: "onepatient-qa.express-scripts.com says Please correct flagged fields before submitting the form!" with an "OK" button. The main form is titled "OnePA (OPA-583382)". It includes a "PATIENT CONTACT DETAILS" section with a dropdown menu showing "Number not provided/verified". Below this is the "Drug Information" section, which includes a search bar with "Drug Name" selected and "remicade" entered. A "Search" button is present. A "Selected Drug" table is displayed below the search bar:

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

Below the table, the drug name "REMICADE 100 MG VIAL" and the HCPCS description "Infliximab - 100 mg (Code deleted effective 6/15/09, see J1745)" are listed. The right-hand side of the interface shows a form with two tabs: "1. General Information" and "2. Coverage Engine Decision". The "Contact Information" section is expanded, showing fields for "Medium of Interaction" (ePA), "First Name" (Provider), "Last Name" (Demo), "Caller Phone No", and "Caller" (Doctors Office). The "Request Received" field is set to "2/7/2023 3:43 PM". The "Case Urgency" section has radio buttons for "Urgent" and "Not Urgent", with a red error message "Value cannot be blank" below. The "Date Of Service" section is partially visible at the bottom.

- 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:

Height
UOM: Feet, Inches
Feet: Inches:

Review Type *:

Patient BMI Information
Patient Age: 27 years

Start Date: End Date:
Duration in Days:

Dosage *: Dosage UOM:

Frequency *: Frequency UOM:

Administrations *:

NDC Quantity (in Units) *:

HCPCS Quantity (in Units) *:

Route Description *:

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.

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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 | Drug Information | | | | | | | | | | | | | | | | | | |
| Dosage * 100.000 | Dosage UOM MG | Frequency * 3.000 | Frequency UOM Week | | | | | | | | | | | | | | | | | | |
| NDC Quantity (in Units) * 18.000000000 | HCPCS Quantity (in Units) * 180.000000000 | Administrations * 18 | Route Description * Intravenous | | | | | | | | | | | | | | | | | | |
| HCPCS Modifier | Direction * Take 100mg every 3 weeks as directed. Remaining: 363 characters | | <table><tr><td>Drug Name</td><td>NDC</td><td>NDC Strength</td></tr><tr><td>REMICADE 100 MG VIAL</td><td>57894003001</td><td>100 MG</td></tr><tr><td>Strength Measure</td><td>Package Quantity</td><td>Package Description</td></tr><tr><td>100.0</td><td>1</td><td>—</td></tr><tr><td>Volume Measure</td><td colspan="2">HCPCS Description</td></tr><tr><td>0.0</td><td colspan="2">Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used)</td></tr></table> | 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) | |
| 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) | | | | | | | | | | | | | | | | | | | | |

+ Add Additional Doses/Durations

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

Case Create

Prescriber Information

Search By NPI

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

The screenshot displays the 'Case Create' interface. At the top, there is a section titled 'Add New Location' which contains a table with columns for Address, City, State, Zip code, Phone#, and Fax#. Below this table, there are two rows of location data. To the left, a 'Prescriber Information' modal is open, showing fields for NPI, a 10-digit ID, and name fields (First Name, Middle Name, Last Name, Suffix). To the right, another modal titled 'Add / Edit Prescriber Address' is open, featuring fields for Address 1, Address 2, City, State, Zipcode, Ext, Phone Number, and Fax Number. It also includes a 'Skip Address Validation' toggle and a 'Validate Address' button.

- 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 dropdown menu is expanded, showing options: "NPI", "Facility Name", "Last + First + State", "Last + First + Zip", and "Phone #".
- Provider and Prescriber are same:** A toggle switch 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:** A "Search By" dropdown menu is set to "NPI", followed by an empty text input field and a "Search" button.
- Create:** A blue button labeled "Create" is located 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 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. An 'Add / Edit Provider Address' modal is also open, showing fields for Address 1, Address 2, City, State, Zipcode, Ext, Phone Number, and Fax Number. It includes a 'Skip Address Validation' toggle and a 'Validate Address' button. The background form is dimmed.

- 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

| 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 866-264-7934.

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Case Create

Errors:

- Provider Information: Provider Phone is invalid. Please use the pencil icon to edit/add information
- Provider Information: Provider Fax is invalid. Please use the pencil icon to edit/add information
- Prescriber Information: Prescriber Phone is invalid. Please use the pencil icon to edit/add information
- Prescriber Information: Prescriber Fax is invalid. Please use the pencil icon to edit/add information

| Prescriber Information | | | | Prescriber Address | | | | |
|-----------------------------|----------------|-----------|--------|--------------------|----------------|------------|------------|---------|
| NPI | 1[REDACTED] | | | Address Line 1 | Address line 2 | City Dsc | State Desc | ZipCode |
| First Name | Middle Name | Last Name | Suffix | 1[REDACTED] S | --- | BIRMINGHAM | AL | 35205 |
| JEF | F | J | --- | Phone Number | Fax Number | | | |
| Specialty | Network Status | | | | | | | |
| EMERGENCY MEDICINE: UNKNOWN | | | | | | | | |

Add / Edit Prescriber Address

Address *

1[REDACTED] S Address 2

BIRMINGHAM AL 35205 Ext

Phone Number Fax Number

Phone Fax

Skip Address Validation

Validate Address

Cancel Submit

Enter phone/fax and click Submit

- Errors for invalid phone or fax for prescriber or provider will present when this information is missing.
- Use the pencil icon to enter the information and rectify the error.

Case Processing

The screenshot displays the OnePA Express Scripts interface for a medical determination. The top navigation bar includes the OnePA logo, Express Scripts logo, and a Log Off button. The main header shows the case type as 'Medical - Make Determination' with Medicare coverage, 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] |
| Date Of Birth | [REDACTED] Age: 27Y 1M | Prescriber/Provider Name | [REDACTED] | LOB | [REDACTED] |
| Patient address | [REDACTED] | Network Status | IN | Regulatory Status | [REDACTED] |
| Patient Phone | [REDACTED] | Phone | (604) 341-3600 | Funding Type | [REDACTED] |
| Primary Diagnosis | J81.0 (ACUTE PULMONARY EDEMA) | Fax | [REDACTED] | | |

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: [Text Area]

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

Yes

No

Comments: [Text Area]

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

The screenshot shows the 'Add Document' form with the following fields and values:

- Document Type: Select... (dropdown)
- Medium: Select... (dropdown)
- Source/Recipient: Select... (dropdown)
- Attach File: Choose File button, No file chosen
- Documentation Date/Time: 2/8/2023 11:28 AM (calendar icon)
- Comments: Empty text area
- Remaining: 2500 characters
- Buttons: Cancel, Submit

The screenshot shows the 'Add Document' form with the following fields and values:

- Document Type: Medical Records (dropdown)
- Medium: ePA (dropdown)
- Source/Recipient: Prescriber (dropdown)
- Attach File: Choose File button, 000693...bit
- Documentation Date/Time: 2023 11:28 AM (calendar icon)
- Comments: attaching additional [Medical records](#)
- Remaining: 2464 characters
- Buttons: 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

Add Document

Document Type ★
Medical Records

Medium ★
ePA

Source/Recipient ★
Prescriber

Attach File ★
Choose File 000693...bits.pdf

Documentation Date/Time ★
2/8/2023 11:28 AM

Comments
attaching additional Medical records

Remaining: 2464 characters

Cancel Submit

Your request has been submitted. Please reference Case ID :58964
Thank you! The next step in this case has been routed to Make Determination Work Basket.

Add Documents

Case 360 View

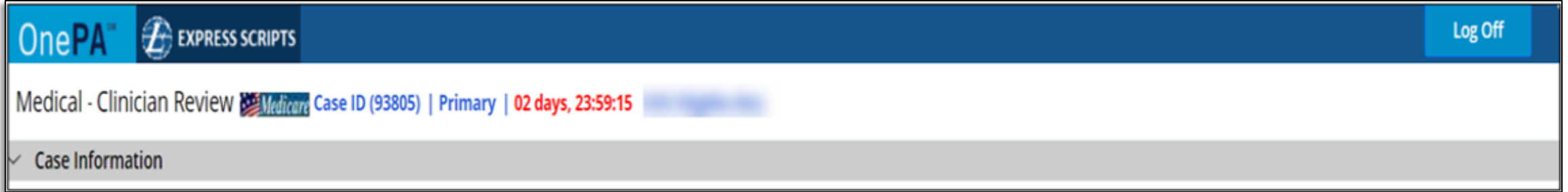
Case Summary Case Documents

User Documents

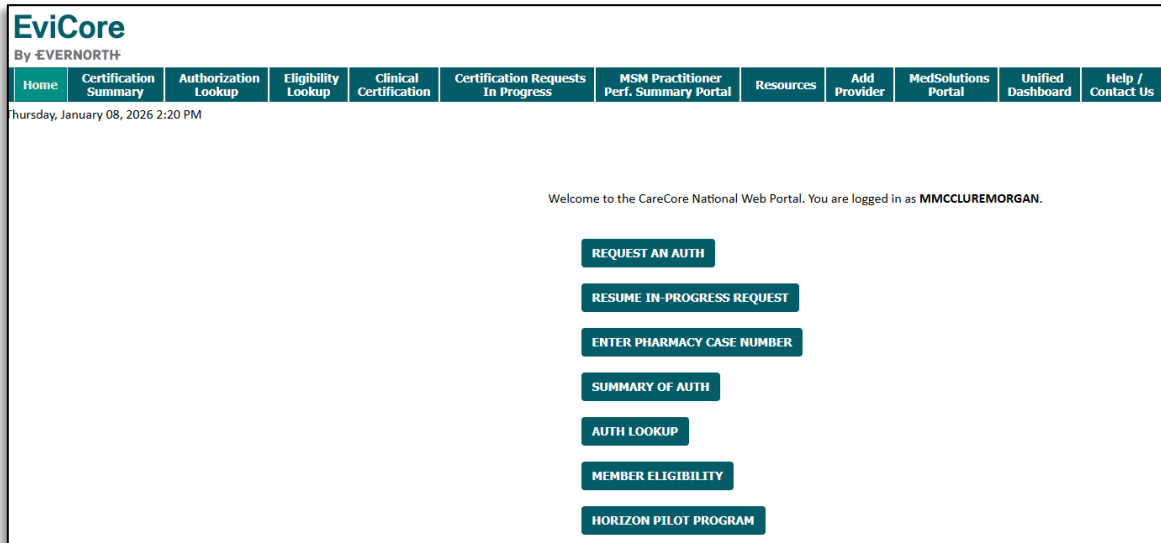
| Document name | Document ID | Document Type | Recipient | Generation Date/Time | Comments |
|---------------------------|--|-----------------|------------|----------------------|--------------------------------------|
| 0006938_healthyHabits.pdf | {A0E03186-0000-CB1D-98A1-0A14E992E7F2} | Medical Records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

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

Case Processing



The screenshot shows the OnePA Express Scripts interface. At the top left, the OnePA logo and Express Scripts logo are visible. On the top right, there is a "Log Off" button. Below the header, the text reads "Medical - Clinician Review" followed by a Medicare icon, "Case ID (93805) | Primary | 02 days, 23:59:15". A navigation bar below this contains a checkmark icon and the text "Case Information".



The screenshot shows the EviCore submission page. At the top left, the EviCore logo and "By EVERNORTH" are displayed. 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 page content includes the date and time "Thursday, January 08, 2026 2:20 PM" and a welcome message: "Welcome to the CareCore National Web Portal. You are logged in as MMCLUREMORGAN." Below the message is a vertical list of seven 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.

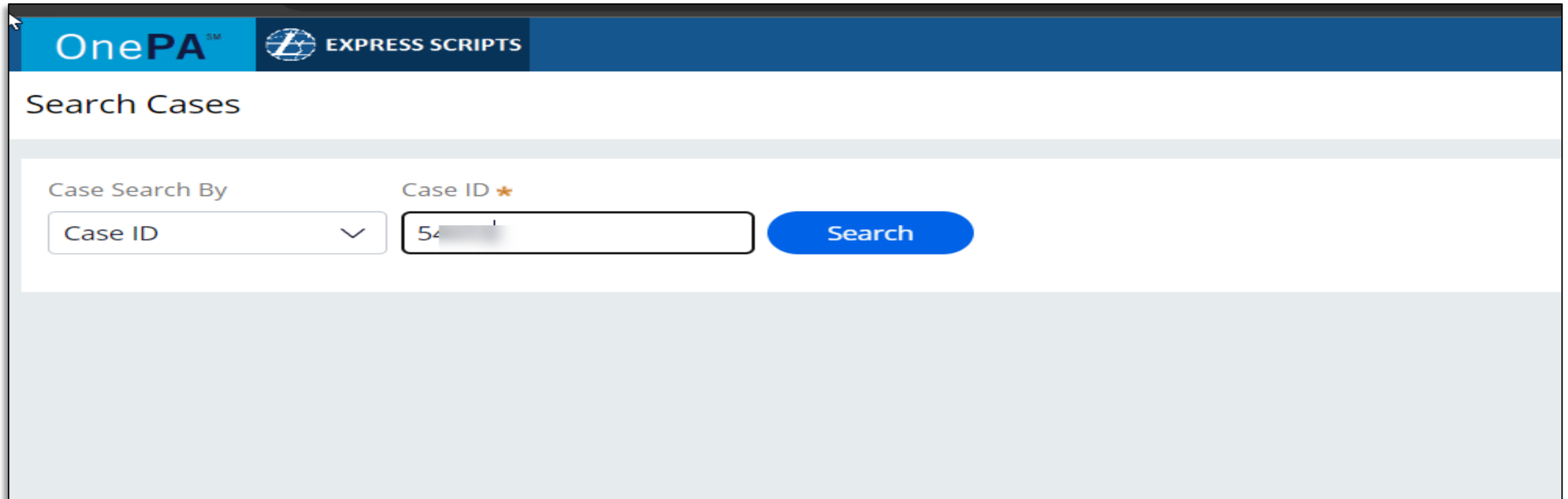
PRINT

[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://onepatient-qa.express-scripts.com/onepatient/OnePASSO/app/OnePA_/ou99jRUCISAXsPa2qQNIvN7i6W-Ted6*/!STANDARD?pzPostDat.... The page title is "My Work List" and there is a "Refresh list" button in the top right corner. The main content is a table with the following columns and 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.

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
- Support for EviCore's provider portal
 - You can also call a web support specialist at 800-646-0418 (option 2), or
 - Chat with web support on the [EviCore Provider Resource page](#)



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

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

Thank You