

OnePA Implementation for CareSource

Medical Specialty Drugs
Prior Authorization Case Initiation

EviCore
By EVERNORTH


CareSource



Announcement

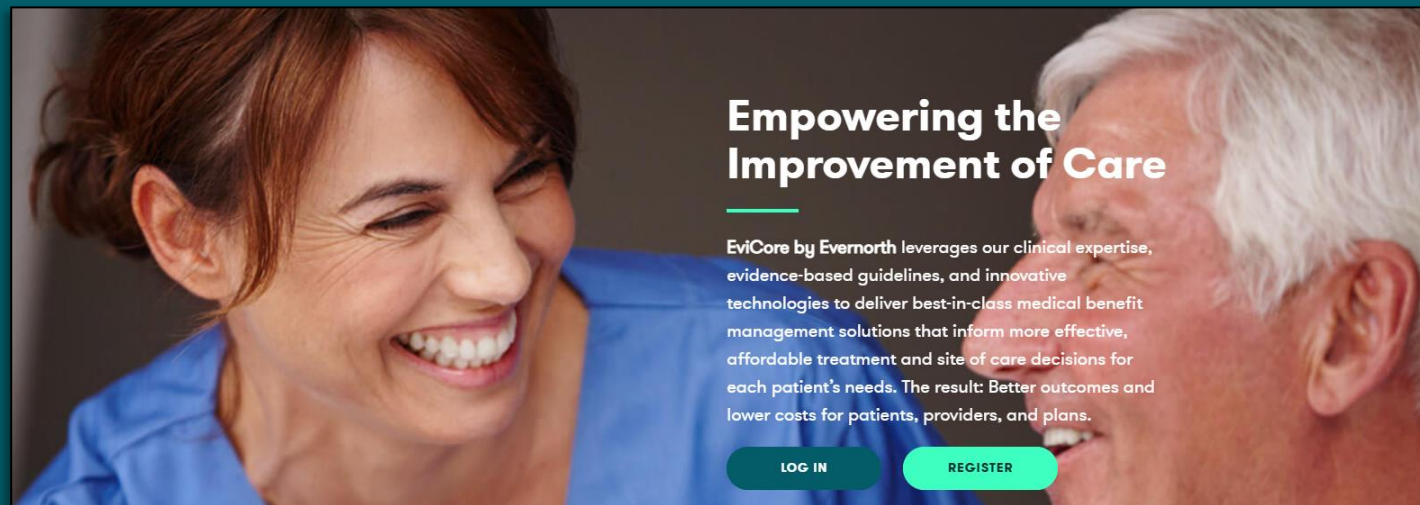
Effective **July 1, 2024**, CareSource Medicare Part B prior authorization can go through www.EviCore.com.

- **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 the following methods:
 - Phone at 800-646-0418 (option 2)
 - Online chat with Web Support at EviCore.com
 - Submitting inquiries via the [EviCore Communication Relationship Management application \(ECRM\)](#) application
 - The EviCore web team will triage the issue and guide the user with technical support.

Access and Compatibility

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

- Access resources on the EviCore Provider Portal at www.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 'User Information' registration form for EviCore. The form is organized into three main sections: 'User Information', 'Contact Info', and 'Physician/Facility Information'. Each section contains several input fields for user details. A 'Next' button is located in the top right corner of the form area.

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User Information

First Name: Last Name: User Name:

Contact Info

Email: Confirm Email: Phone: Ext (optional):

Physician/Facility Information

Individual NPI: Tax ID:

Next

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

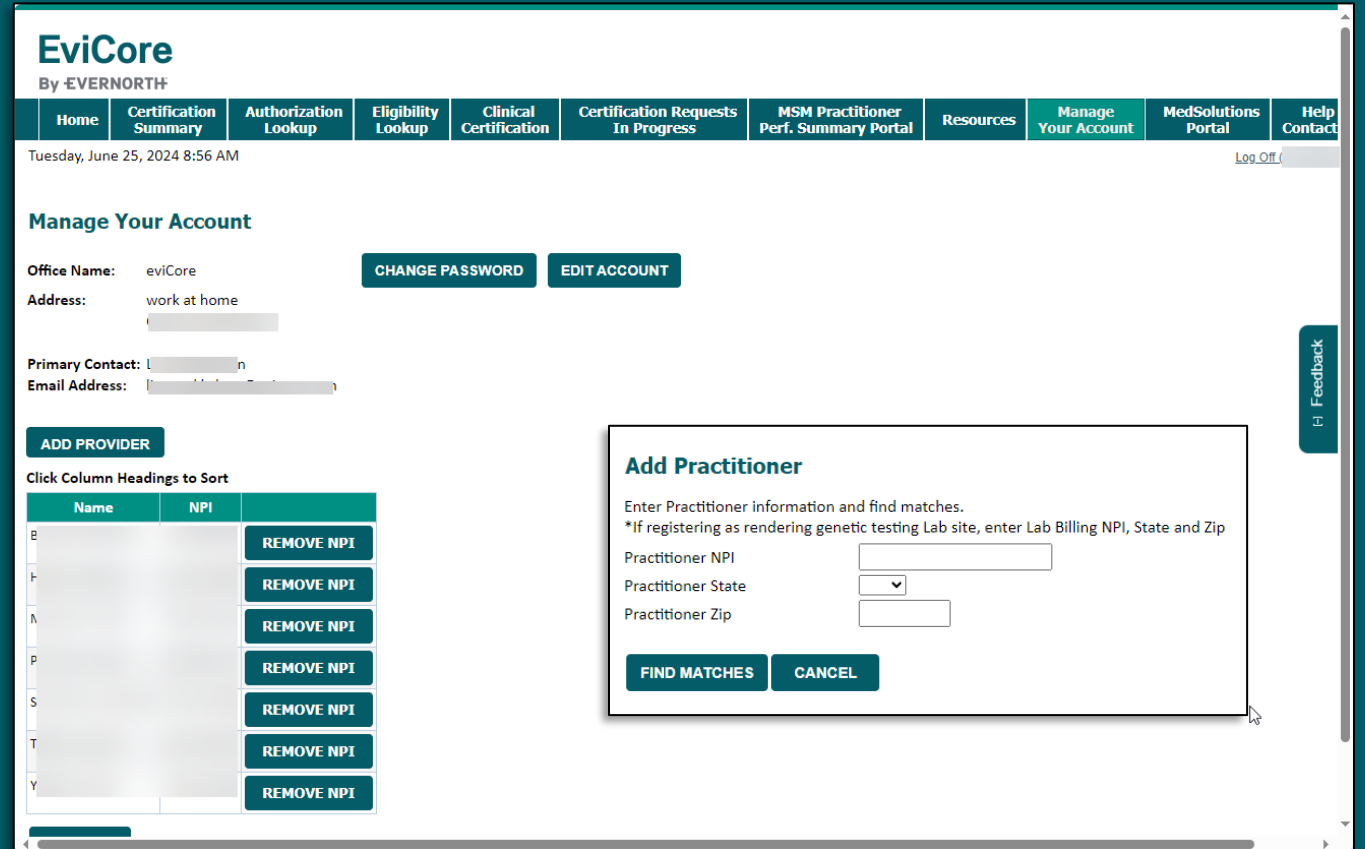
768342

Submit

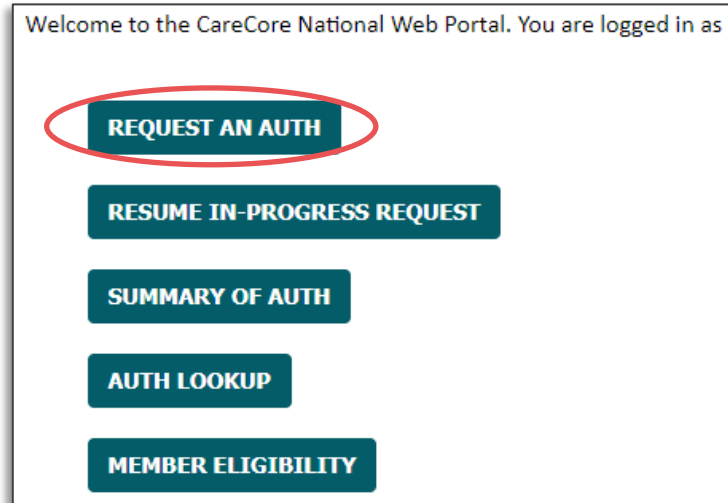
Skip

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 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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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	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 "Drug Search By" dropdown set to "Drug Name", a search box containing "remicade", and checkboxes for "One Drug Per GCN" (checked) and "Drug is Compound Ingredient". A "Selected Drug" table is shown below the search box:

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

Additional details for the selected drug are listed below the table: Drug Name: REMICADE 100 MG VIAL; HCPCS Description: Infliximab - 100 mg (Code deleted effective 6/15/09, see J1745). The form also includes a "Contact Information" section with fields for "Medium of Interaction" (ePA), "First Name" (Provider), "Last Name" (Demo), "Caller Phone No", and "Caller" (Doctors Office). There are also fields for "Request Received" (2/7/2023 3:43 PM) and "Case Urgency" (Urgent/Not Urgent). A red error message "Value cannot be blank" is visible under the "Case Urgency" section. The "Date Of Service" section is partially visible at the bottom. A "Continue" button is located at the bottom right of the form.

- 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.

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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
Administrations * 18	NDC Quantity (in Units) * 18.000000000	HCPCS Quantity (in Units) * 180.000000000	Route Description * Intravenous
HCPCS Modifier	Direction * Take 100mg every 3 weeks as directed. Remaining: 363 characters		Drug Name REMICADE 100 MG VIAL
			NDC 57894003001
			NDC Strength 100 MG
			Strength Measure 100.0
			Package Quantity 1
			Package Description —
			Volume Measure 0.0
			HCPCS Description Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used)

+ 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' containing a table with columns: Address, City, State, Zip code, Phone#, and Fax#. Two rows are visible, each with a radio button for selection. Below the table, there are two overlapping modals. The first is 'Prescriber Information', which shows NPI search results with fields for NPI, First Name, Middle Name, Last Name, and Suffix. The second is 'Add / Edit Prescriber Address', which contains 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.

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

Case Create

Provider Information

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

Search By ▼

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

- Provider Information: If same as prescriber, select radio button.
- If not the same, search by NPI, facility name, name, and state or zip or phone.
- Selection of requestor is required when provider and prescriber are NOT the same.

Case Create

The screenshot displays 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 table titled "Add New Location" 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 (with a search result "1" and "4"), Facility Name, First Name, Last Name, Suffix, Specialty, and Network Status. A second, smaller "Add / Edit Provider Address" modal is overlaid on the right, containing 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. "Cancel" and "Submit" buttons are at the bottom of the address modal.

- 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 866-264-7934.

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 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.

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] State: [REDACTED] Group: [REDACTED]
Patient Phone	[REDACTED]	Phone	(604) 341-3600 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: [Text Area]

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

Yes

No

Comments: [Text Area]

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

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 top navigation bar of the OnePA Express Scripts portal. On the left, the OnePA logo and Express Scripts logo are displayed. On the right, there is a 'Log Off' button. Below the navigation bar, the page content includes 'Medical - Clinician Review' with a Medicare icon, 'Case ID (93805) | Primary | 02 days, 23:59:15'. A 'Case Information' tab is selected and highlighted in grey.

The screenshot shows the EviCore submission page. At the top left, the EviCore logo and 'By EVERNORTH' are visible. A navigation menu contains 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 a timestamp '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.

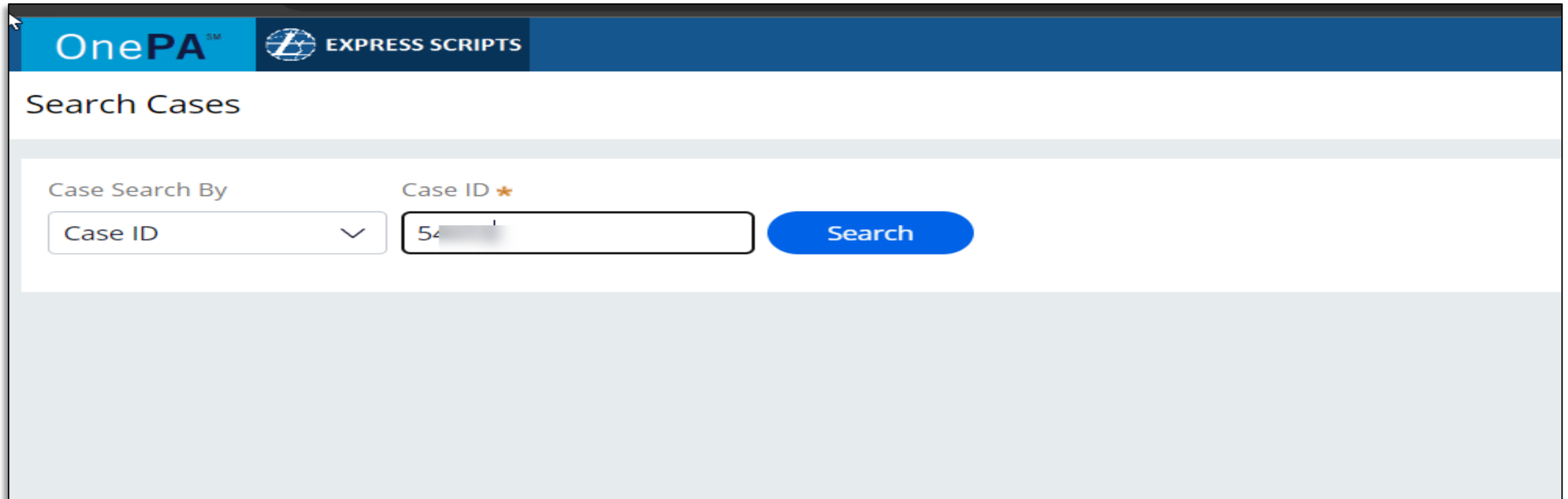
PRINT

[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:

- Issues experienced during case creation
- Reports of system issues
- Support for EviCore's provider portal
 - You can also speak with Web Support at 800-646-0418 (option 2), or
 - Chat with Web Support online at www.EviCore.com Monday-Friday, 7AM-7PM ET.

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

Additional Information about ECRM can be found on the [ECRM Resources site](#).



Thank You