

## Electronic Submission Portal Change for Medical Drug Authorizations

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

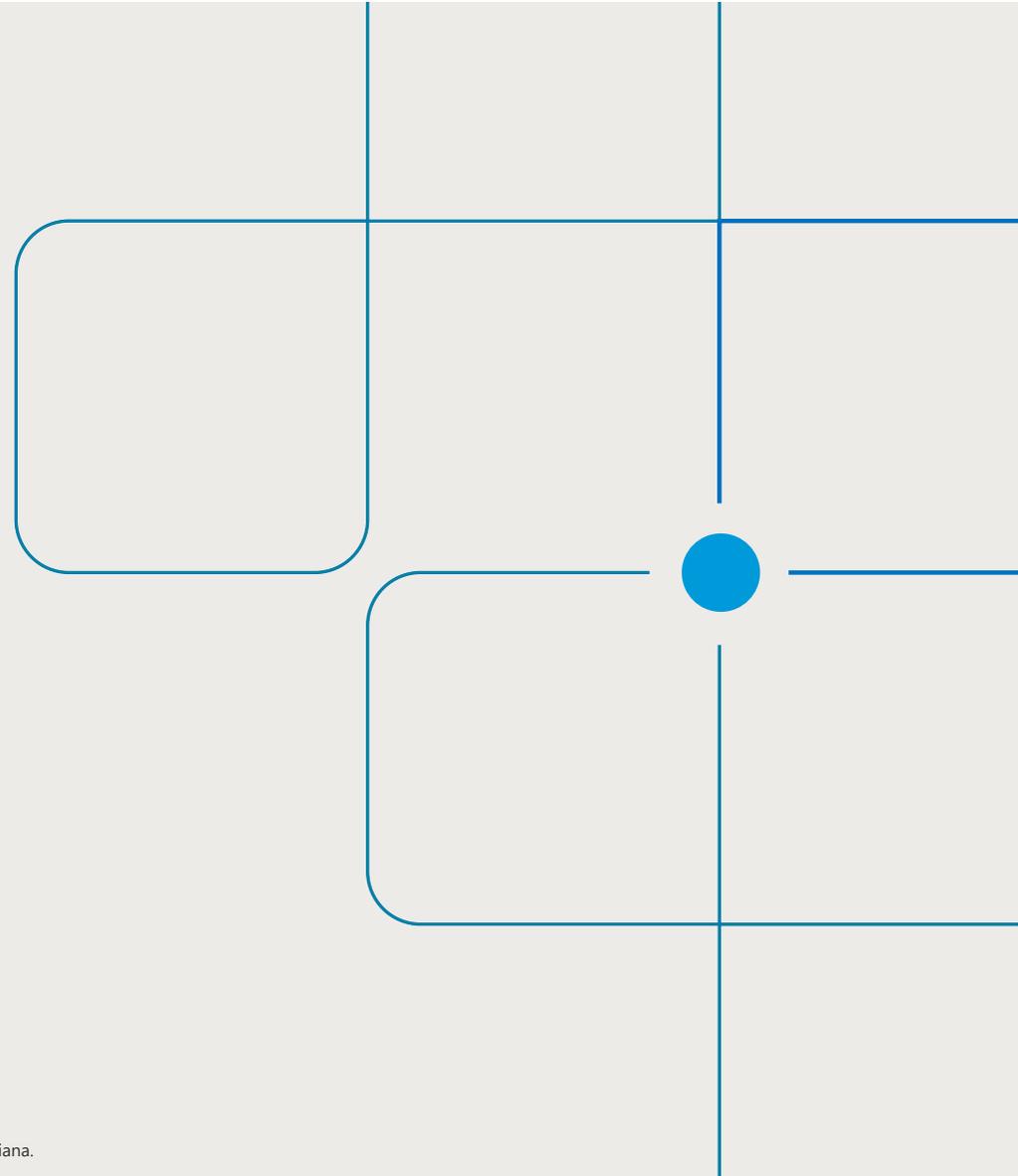
- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform.



### How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.

# Electronic Submission Portal Change for Medical Drug Authorizations



## EviCore by Evernorth

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- Has more than 30 years of excellence
- Designed to address the complexities of our healthcare system today and tomorrow
- Partners with plans and providers nationwide to improve care and affordability for more than 100 million patients
- Committed to enhancing the utilization management experience for providers
- Continually working to enhance your prior authorization experience by streamlining and enhancing our overall prior authorization process

POWERED BY

**EviCore**  
By ~~EVERNORTH~~

Presented by:



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Louisiana Blue



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# Medical Drug Authorizations Submissions

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**Today** Blue Cross and Blue Shield of Louisiana providers use ExpressPath® to submit an electronic request for medical drug prior authorizations.

Authorizations submitted through the ExpressPath portal prior to **December 2, 2024**, will be processed and do not need to be resubmitted through the EviCore provider portal.

Starting **December 2, 2024**, providers must use the EviCore provider portal for electronic submissions for medical drugs.

- The provider portal will be available through [www.EviCore.com](http://www.EviCore.com).
- This portal will act as a single sign on portal, allowing providers to submit an electronic request to Care Continuum (CCUM).

**Care Continuum (CCUM)** will continue to manage the medical drug management program and utilization review.

- Authorizations can be submitted for Louisiana Blue, including HMO Louisiana, Inc. members.
- Providers can continue to submit requests to the existing phone and fax numbers.
- Providers will continue to receive authorization decisions via fax or mailed letter.



**1-888-278-9749**



**1-888-268-9027**

# Benefits of the EviCore Provider Portal

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The EviCore provider portal offers:



## Speed

Requests submitted online require half the time, or less, than those taken telephonically.



## Efficiency

Clinical documentation can be attached to the case upon initial submission, reducing follow-up calls or faxes.

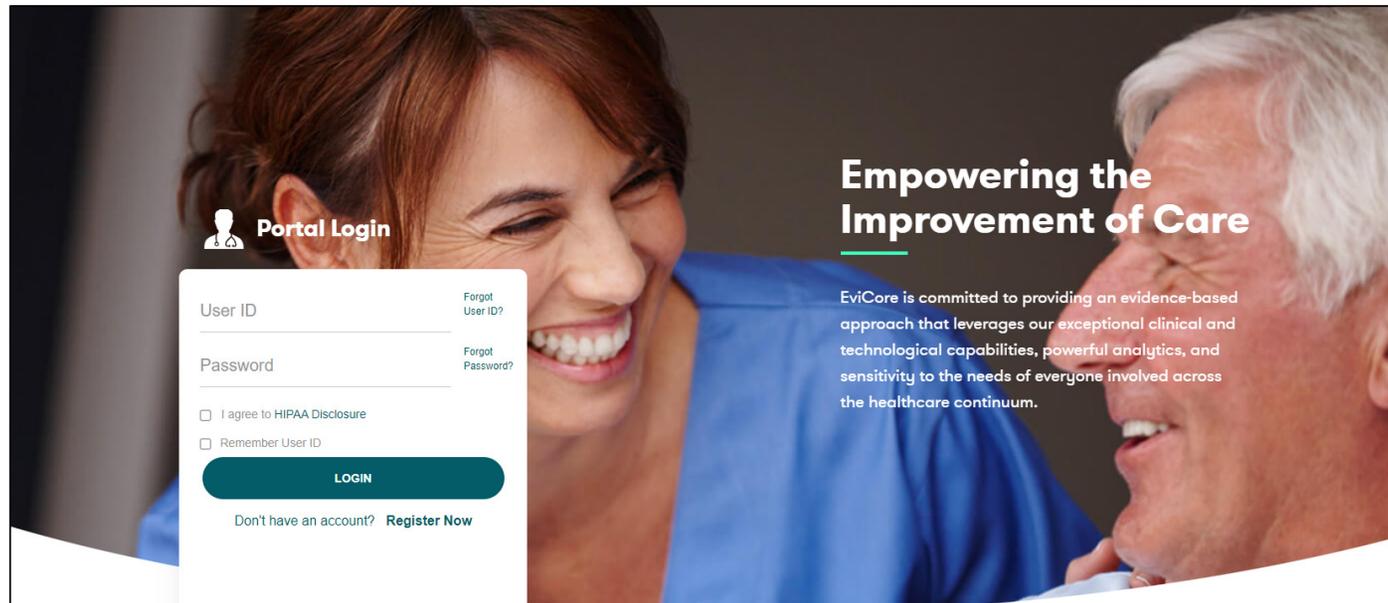


## Availability

The EviCore provider portal is available 24/7.

# EviCore by Evernorth Website [www.EviCore.com](http://www.EviCore.com)

Medical drug prior authorization requests for medical drug management will be initiated through a provider portal.



Login or Register



To create a new portal account, select "**Register Now.**"

# Creating an Account

**EviCore**  
By EVERNORTH

**Web Portal Preference**

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal\*:

**User Information**

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/>
Email*:	<input type="text"/>	<input type="text"/>	
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	Select <input type="text"/>
Last Name*:	<input type="text"/>	Zip*:	<input type="text"/>
		Office Name:	<input type="text"/>

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

# User Registration Continued

**EviCore**  
By EVERNORTH

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

**Web Portal Preference**  
Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to access the system.

Default Portal\*: CareCore National

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

**User Registration**

UserName: testname  
Email: testname@healthservices.com  
Account Type: Physician  
First Name: test  
Last Name: name

**USER REGISTRATION**

User Access Agreement \*Required

eviCore  
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health plan(s)).

Legal Disclaimers  Accept Terms and Conditions \*

Submit Cancel

Phone: 800-555-1212  
Ext:  
Fax: 800-555-2121  
Individual NPI: 1730396904

Back Submit Registration

Accept the Terms and Conditions, then click **"Submit."**

# User Registration Continued

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Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

You will receive a message on the screen confirming your registration is successful. An email will be sent to your inbox with instructions on how to create a password.

Your password must be at least eight (8) characters long and contain the following:

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? \*)

**EviCore**  
By ~~EVERNORTH~~

### Change Password

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contain at least one Uppercase letters, Lowercase letters, Numbers and Special character

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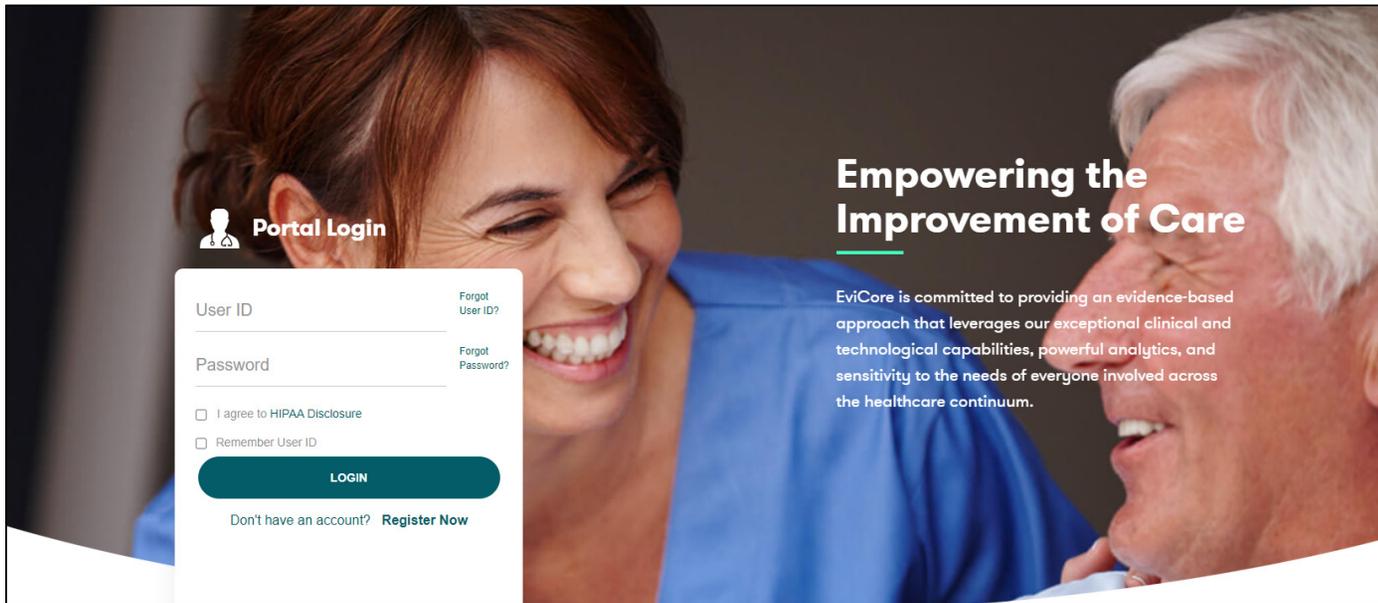
Old Password\*

New Password\*

Confirm New Password\*

# Account Log-In

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To log-in to your account, enter your User ID and Password.  
Agree to the HIPAA Disclosure and click "**LOGIN.**"

# Two Factor Authentication

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**Complete Two Factor Authentication**

Registered Email Address

Send PIN

Please enter PIN sent to your Registered Email Address

Submit

After entering your login/password, you will be prompted to **"Send PIN."** The required PIN will be received into your registered email account. Enter the received PIN and submit.

Once logged into the web registration, there will be a five (5) hour window before the authentication process would expire.

# Welcome Screen | Adding Providers to Registration

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

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

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

Providers can be added to your account prior to case submission. Click the **"Manage Your Account"** tab to add providers to the web registration.

# Adding Providers

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

**Manage Your Account**

Office Name: CHANGE PASSWORD EDIT ACCOUNT

Address:

Primary Contact:  
Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

No providers on file

**CANCEL**

Click the "Add Provider" button.

# Adding Providers

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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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## Add Practitioner

Enter Practitioner information and find matches.

\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES

CANCEL

Enter the Provider's NPI, state and ZIP code to search for the provider record. Once entered, click "**Find Matches.**"

Multiple providers can be added to your account.

# Adding Providers

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

### Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax

**ADD THIS PRACTITIONER**   **CANCEL**

Selecting the matching record based upon your search criteria.

# Adding Providers

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## Add Practitioner

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

[ADD ANOTHER PRACTITIONER](#)

[CONTINUE](#)

Once you have selected a practitioner, your registration will be completed and ready for building a case. You can click on "**Add Another Practitioner**" to add another provider to your account or click "**Continue**."

# Initiating a Case

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

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

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

The requester/user will log into the EviCore provider 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 here is essential. Choosing any other radio button on the left will lead the user down a path to an alternate prior authorization program that does not relate to Louisiana Blue.**

# Select Provider

<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">MedSolutions Portal</a>	<a href="#">Help / Contact Us</a>
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## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
<a href="#">SELECT</a>	

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.


**BACK** **CONTINUE**

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- **Select the health plan and the referring practitioner address.**
- **If Blue Cross and Blue Shield of Louisiana 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

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### Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an aut

**Message from webpage**

Please click OK to proceed.

# Case Create

OnePA EXPRESS SCRIPTS Log Off

OnePA (OPA-1009284) Actions

**Contact Information**

Medium of Interaction First Name \* Last Name \* Caller Phone No Caller Comments

ePA PSO ESI Doctors Office This case is created with request from Evicore Portal

Request Received \* Case Urgency \*

3/28/2024 3:13 PM Urgent Not Urgent

**Date Of Service**

Date of Service \*

3/28/2024

**Member Information**

Member Search By Member ID \*

Member ID Search

Member ID  
First + Last Name + DOB  
First + Last Name + ZipCode

- Complete Contact Information (case urgency), Date of Service and Member Information: Search by Member ID, Member Name & DOB or Member Name and ZIP.
- Fields with \* are required fields.

# Case Create

▼ **Member Information**

Member Search By      Member ID ★

Member ID      testtdngie      Search

Patient Information		Medical Coverage	
LastName	FirstName	Member ID	Client ID
██████	██████	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   One Drug Per GCN  Drug is Compound Ingredient

Drug Name

NDC

GCN

HCPCS

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

Drug Name

REMICADE 100 MG VIAL

HCPCS Description

Infliximab - 100 mg (Code deleted effective 6/15/09, see J1745)

- Drug information can be searched by Drug Name, NDC, GCN or HCPCS.
- Select continue to proceed.

# Case Create

OnePA EXPRESS SCRIPTS

OnePA (OPA-583382)

onepatient-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

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
Drug Name REMICADE 100 MG VIAL					
HCPCS Description Infliximab - 100 mg (Code deleted effective 6/15/09, see J1745)					

OnePA EXPRESS SCRIPTS

OnePA (OPA-583382)

1. General Information 2. Coverage Engine Decision

Contact Information

Medium of Interaction: ePA

First Name \*: Provider

Last Name \*: Demo

Caller Phone No: [Empty]

Caller: Doctors Office

Request Received \*: 2/7/2023 3:43 PM

Case Urgency \*:  Urgent  Not Urgent

Value cannot be blank

Date Of Service

Date of Service \*

- If all required fields are not populated, will see message **“Please correct flagged fields before submitting the form!”**
- Fields that need data will be highlighted in red.

# Case Create

**Medical Case Information**
●

**Order Information**

---

**Weight**

UOM      Lbs      Oz

Lbs/Oz ▾        0 ▾

**Height**

UOM      Feet      Inches

Feet/Inches ▾        0 ▾

Review Type \*

Select... ▾

**Patient BMI Information**

Patient Age  
27 years

---

Start Date      End Date

3/28/2024     3/27/2025

Duration in Days

365

**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)	

Dosage \*      Dosage UOM      Frequency \*      Frequency UOM      Administrations \*

   MG ▾          Day ▾     

NDC Quantity (in Units) \*      HCPCS Quantity (in Units) \*      Route Description \*

           Intravenous ▾

HCPCS Modifier      Direction \*

▾     

Remaining: 400 characters

+ Add Additional Doses/Durations

- Order Information: Enter weight and height (especially for weight-based drugs for dosing) and Review Type (Prospective, Retrospective or Concurrent).
- Enter Start Date, End Date, Dosage UOM, Frequency UOM, Administrations, NDC/ HCPCS QTY units, HCPCS Modifier (if applicable), Route Description, and Directions. Add additional Doses/Duration, if applicable.

# Case Create

### Medical Case Information

Order Information

<b>Weight</b> UOM Lbs Oz Lbs/Oz 135 0 Unit Conversion: 61.29 Kgs	<b>Height</b> UOM Feet Inches Feet/Inches 5 10 Unit Conversion: 177.80 cm	<b>Review Type *</b> Prospective	<b>Patient BMI Information</b> Patient Age Body Mass Index (Kg/M2) Body Surface Area (M2) 27 years 19.39 1.74
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<b>Start Date</b> 3/28/2024	<b>End Date</b> 3/27/2025	<b>Duration in Days</b> 365	<b>Drug Information</b>
<b>Dosage *</b> 100.000	<b>Dosage UOM</b> MG	<b>Frequency *</b> 3.000	<b>Frequency UOM</b> Week
<b>Administrations *</b> 18	<b>NDC Quantity (in Units) *</b> 18.0000000000	<b>HCPCS Quantity (in Units) *</b> 180.0000000000	<b>Route Description *</b> Intravenous
<b>HCPCS Modifier</b>	<b>Direction *</b> Take 100mg every 3 weeks as directed. Remaining: 363 characters		<b>Strength Measure</b> 100.0
			<b>Package Quantity</b> 1
			<b>Package Description</b> —
			<b>Volume Measure</b> 0.0
			<b>HCPCS Description</b> 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

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 provider portal during the case request.
- Search by NPI, Name and state or ZIP or phone to locate.

# Case Create

**Add New Location**

	Address	City	State	Zip code	Phone#	Fax#
<input type="radio"/>	40 [REDACTED]	A [REDACTED]	[REDACTED]	[REDACTED]	510-430-1035	51 [REDACTED]
<input type="radio"/>	[REDACTED] 200U	[REDACTED] Y	NY	[REDACTED]		

**Prescriber Information**

NPI  
10 [REDACTED]

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

Specialty Network Status

**Add / Edit Prescriber Address**

Address \*

Address 1 Address 2

City State... Zipcode Ext

Phone Number Fax Number  
Phone Fax

Skip Address Validation  [Validate Address](#)

Cancel [Submit](#)

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

# Case Create

---

Provider Information

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

Search By  NPI

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

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

# Case Create

The screenshot displays 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 an "Add New Location" section containing a table with columns for "Address", "City", "State", "Zip code", "Phone#", and "Fax#". Two rows of location data are visible, each with a radio button for selection. A "Provider Information" panel is open, showing fields for NPI, Facility Name, First Name, Last Name, Suffix, Specialty, and Network Status. An "Add / Edit Provider Address" modal window is also open, providing detailed input fields for "Address 1", "Address 2", "City", "State", "Zipcode", "Ext", "Phone Number", and "Fax Number", along with a "Skip Address Validation" toggle and "Validate Address", "Cancel", and "Submit" buttons.

- 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 Dsc	State Desc	ZipCode

Phone Number Fax Number

(612) 252-2522 (612) 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 **1-888-278-9749**.

# Case Processing

The screenshot shows the OnePA Express Scripts interface for a 'Medical - Make Determination' case. The page is titled 'Medical - Make Determination' with a Medicare Case ID of 94017 and is marked as 'Primary'. The 'Case Information' section includes fields for Member ID (TESTDNGIE), Patient Name, Date of Birth (27Y 1M), Patient address, Patient Phone, Primary Diagnosis (J81.0 ACUTE PULMONARY EDEMA), Drug Name (REMICADE 100 MG VIAL), Urgency (NOT URGENT), Prescriber/Provider Name, Network Status (IN), Review Type (PROSPECTIVE), Carrier, LOB, Regulatory Status, and Funding Type. The 'Complete Criteria' section contains two questions with radio button options and text input fields for comments. The first question asks if the medication will be used in combination with a biologic or targeted synthetic DMARD for an inflammatory condition, with options for Biologic DMARD, Targeted synthetic DMARD, and Conventional synthetic DMARD. The second question asks if the medication is being prescribed by or in consultation with a rheumatologist, with options for Yes and No. At the bottom, there are 'Save Answers' and 'Submit' buttons.

Member ID	TESTDNGIE	Drug Name	REMICADE 100 MG VIAL	Review Type	PROSPECTIVE
Patient Name	[REDACTED]	Urgency	NOT URGENT	Carrier	[REDACTED]
Date Of Birth	27Y 1M	Prescriber/Provider Name	[REDACTED]	LOB	[REDACTED]
Patient address	[REDACTED]	Network Status	IN	Regulatory Status	[REDACTED]
Patient Phone	[REDACTED]	Phone	[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

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

Yes

No

Comments

Save Answers

Submit

- Case is created and moves into the criteria collection phase. After answering the criteria questions, Select submit.
- There is a "save answers" option, if unable to answer criteria question. Choosing this option will allow you to obtain the answers and come back to the question later.

# Case Processing

The screenshot displays the OnePA EXPRESS SCRIPTS interface. At the top, there is a blue header with the OnePA logo and 'EXPRESS SCRIPTS' text. A 'Log Off' button is located in the top right corner. Below the header, the page title reads 'Medical - Make Determination Case ID (58964) | Primary | 15 days, 12:33:58'. A 'Case Information' section is expanded, showing a grid of patient and drug details. Below this, a green message bar states 'Your request has been submitted. Please reference Case ID :58964' and 'Thank you! The next step in this case has been routed to Make Determination Work Basket.' At the bottom, a progress bar shows four steps: 'Coverage Criteria' (completed with a checkmark), 'Decision' (active), 'Authorization', and 'Finalize'. An 'Add Documents' button is positioned below the progress bar.

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 image displays two sequential screenshots of the 'Add Document' dialog box. The left screenshot shows the initial state with empty dropdowns and a 'No file chosen' message. The right screenshot shows the form filled out with 'Medical Records' as the document type, 'ePA' as the medium, a file named '000693...bits.pdf' attached, and the date '2/8/2023 11:28 AM'. The comments field contains the text 'attaching additional Medical records'.

- Select Add Document, if applicable. Fill out required fields\* and browse desktop to attach file. Comments may be entered as well.
- Once finished, select submit.

# Case Processing

**Add Document** [Close]

Document Type \*  
Medical Records

Medium \*  
ePA

Source/Recipient \*  
Prescriber

Attach File \*  
Choose File 000693...bits.pdf

Documentation Date/Time \*  
2/8/2023 11:28 AM

Comments  
attaching additional Medical records

Remaining: 2464 characters

Cancel Submit

Your request has been submitted. Please reference Case ID :58964

Thank you! The next step in this case has been routed to Make Determination Work Basket.

Add Documents

Case 360 View

Case Summary [Case Documents](#)

User Documents

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

- Once document is added it is viewable under User Document Section.

# Case Processing

OnePA™ EXPRESS SCRIPTS Log Off

Medical - Clinician Review  Case ID (93805) | Primary | 02 days, 23:59:15

✓ Case Information

**EviCore**  
By EVERNORTH

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Thursday, 11/14/2024 10:00 AM

Welcome to the CareCore National Web Portal. You are logged in as [User Name]

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

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Privacy Policy | Terms of Use | Site Specific Terms | Contact Us

- Log off once done to go back to EviCore submission page.

# Additional Portal Features

## Access a Case via the Authorization Lookup Feature on the EviCore Provider 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.

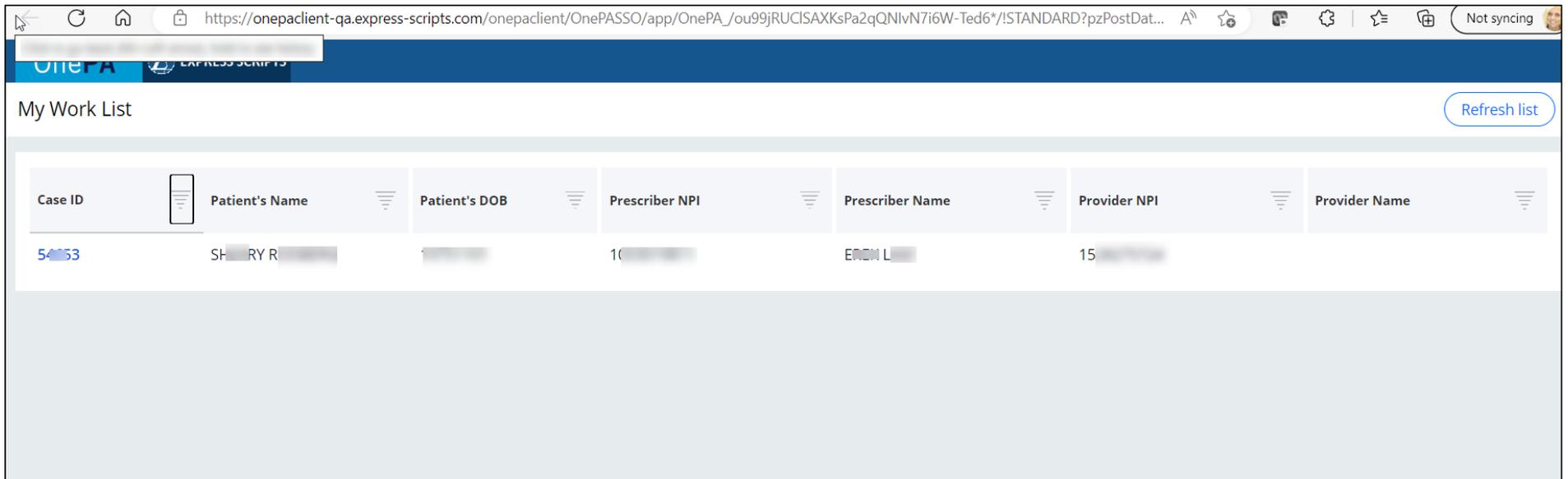
# Case Lookup

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The screenshot shows the 'Search Cases' interface. At the top, there is a blue header with the 'OnePA' logo and 'EXPRESS SCRIPTS' text. Below the header, the title 'Search Cases' is displayed. The main 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 Lookup



The screenshot shows a web browser window with the URL [https://onepatient-qa.express-scripts.com/onepatient/OnePASSO/app/OnePA\\_/ou99jRUCISAXKsPa2qQNIvN7i6W-Ted6\\*/!STANDARD?pzPostDat...](https://onepatient-qa.express-scripts.com/onepatient/OnePASSO/app/OnePA_/ou99jRUCISAXKsPa2qQNIvN7i6W-Ted6*/!STANDARD?pzPostDat...). The page title is "My Work List" and there is a "Refresh list" button in the top right corner. The table below has 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	ERON L	15	

- Work List of cases unique to Prescriber will display.
- Click applicable row for selection.

# Case Completion

OnePA™ EXPRESS SCRIPTS

Medical - Make Determination Case ID (5) | Primary | Actions

### Case Information

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

### Complete Criteria

Please answer the below criteria to finalize case.

Is the medication being requested Botox COSMETIC?

Yes

No

Comments

Save Answers Submit

- User provided page to complete criteria.

# Web Portal Services

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**We're here to help**

**Tech/Web Support**

Live chat is available M-F 7AM-7PM EST

**START LIVE CHAT**

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

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

- Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)
- Call a Web Support Specialist at **1-800-646-0418** (option 2)
  - Available Monday – Friday  
6 a.m. to 6 p.m. CT (except holidays)
- Connect with us via Live Chat on the EviCore Provider Resource Page at [Provider's Hub | EviCore by Evernorth](#)

# FAQs

For more information on the EviCore provider portal, our FAQs can be found online at [www.lablue.com/providers](http://www.lablue.com/providers) >Medical Management >Pharmacy

LOUISIANA BLUE 

Electronic Submission Portal Change  
for Medical Drug Authorizations  
Frequently Asked Questions

**Q** What change is Blue Cross and Blue Shield of Louisiana making for medical drug prior authorizations?

**A** Today our providers use ExpressPath to submit an electronic request for medical drug prior authorizations.

On December 2, 2024, and after, providers must instead use the EviCore provider portal for electronic submissions for medical drugs. The EviCore provider portal will be available through [www.evicore.com](http://www.evicore.com).

Care Continuum (CCUM) will continue to manage the medical drug management program and utilization review. Providers can continue to submit requests to the existing numbers: phone (1-888-278-9749) or fax (1-888-268-9027).

**Q** What are the benefits of using the EviCore provider portal?

**A** The EviCore provider portal offers:

- **Speed** – Requests submitted online require half the time, or less, than those taken telephonically.
- **Efficiency** – Clinical documentation can be attached to the case upon initial submission, reducing follow-up calls or faxes.
- **Availability** – The EviCore provider portal is available 24/7.

**Q** Do I need to register for the EviCore provider portal?

**A** Anyone who does not currently have an EviCore provider portal account will need to register at [www.evicore.com](http://www.evicore.com).

**Q** How do I create an account through the EviCore provider portal?

**A** Go to [www.evicore.com](http://www.evicore.com)

- Below the portal login, click on **Register Now**.
- Choose **CareCore National** as your default Web portal.
- Fill in the registration information and click **Submit**.
- Go to your email to access the link to set up your password.
- Go back to [www.evicore.com](http://www.evicore.com) and log into the portal using your new credentials.

# Provider Relations

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**Jami Zachary** Director

**Paden Mouton** Provider Relations Manager

**Mary Reising** Health System Representative

**Marie Davis** Senior Provider Relations Representative

Acadia, Allen, Avoyelles, Beauregard, Caldwell,  
Catahoula, Concordia, East Carroll, Evangeline, Franklin,  
LaSalle, Madison, Morehouse, Ouachita, Rapides,  
Richland, Tensas, Vernon, West Carroll

**Brittany Fields**

Iberville, Jefferson, Orleans, Plaquemines, St. Bernard

**Mary Guy**

East Feliciana, Lafourche, Livingston, Pointe Coupee,  
St. Helena, St. Martin, St. Tammany, Tangipahoa,  
Terrebonne, Washington, West Feliciana

**Melonie Martin**

Ascension, East Baton Rouge, St. Mary, West Baton Rouge

**Lisa Roth**

Online Portal Training

**Amber Strahan**

Assumption, Bienville, Bossier, Caddo, Claiborne, Desoto,  
Grant, Jackson, Lincoln, Natchitoches, Red River, Sabine,  
Union, Webster, Winn, Jefferson Davis, St. James, St. Landry,  
Vermilion

**Vacant**

Calcasieu, Cameron, Iberia, Lafayette, St. Charles, St. James,  
St. John the Baptist, St. Mary

[provider.relations@lablue.com](mailto:provider.relations@lablue.com) | 1-800-716-2299, option 4

**Thank You**

