

Auto-Start ePA using the CoverMyMeds Integration (Web)

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Related article: [Auto-Start ePA using the CoverMyMeds Integration Web \(Video\)](#)

Overview

DrChrono's Auto-Start ePA feature automates the prior authorization process by eliminating the need for providers to manually initiate PA requests. When a pharmacy determines that a medication requires prior authorization, CoverMyMeds (CMM) sends a notification directly to DrChrono. DrChrono then handles the entire PA initiation automatically – so providers can focus on patient care instead of administrative workflows.

This feature is especially valuable for retrospective ePAs and prescriptions filled or prescribed outside of DrChrono, where prior authorization requests previously had to be handled via fax or manual entry.

Key Benefits

- Prior authorizations are initiated automatically – no provider action required in the standard flow.
- Eliminates fax-based PA workflows for pharmacy-initiated requests.
- Handles both prospective and retrospective ePA scenarios.
- PA requests and payer responses are tracked in the Message Center and the patient's Authorizations tab.
- Providers are notified and given clear action steps only when exceptions require their input.

Workflow Overview

Pharmacy Notification: The pharmacy identifies a medication requiring PA and sends a notification to DrChrono via CoverMyMeds (RxChangeRequest).

Automatic Acknowledgment: DrChrono immediately sends a Status acknowledgment back to CoverMyMeds confirming receipt.

Validation: DrChrono validates the request against existing records – checking the medication/order, prescriber, patient, and whether a PA is already in progress.

Auto-Submission: If all validations pass, DrChrono automatically generates and submits a PAInitiationRequest to CoverMyMeds. No provider intervention is needed.

Message Center Update: The PA request appears in the Message Center under ERX > Prior Authorization, tagged with the patient's name.

Payer Response: Once the payer responds, the result (Approved, Denied, or Complete More Questions) is forwarded to the Message Center.

Validation & Exceptions

DrChrono automatically validates each incoming PA notification. If all checks pass, no provider action is needed. If a check fails, DrChrono notifies the provider in the Message Center and – where applicable – sends a denial response to CoverMyMeds.

Validation Check	Denial Reason (sent to CMM)	Provider Action
Medication / order not found	Order could not be found	Provider notified in Message Center. No action required.
Prescriber not matched	Prescriber not found	Provider notified in Message Center. No action required.
Duplicate ePA already in progress	Prior Authorization already in progress for this prescription	Provider notified of the duplicate, including details of the existing request.
Patient not recognized	Workflow paused – no denial sent until provider acts	Provider must either Deny the PA or Attach the patient to a chart. See below.

Patient Not Found — Provider Steps

Your Response

This request includes an unknown patient. You can only deny it.

Denial Reason

[Attach Patient to Message](#)

[Deny PA Request](#)

When a patient cannot be matched to an existing chart, the Auto-Start workflow pauses and the provider receives a notification in the Message Center. The provider must take one of the following actions:

Option A: Deny the PA Request

- In the Message Center, open the PA notification message.
- Click **Deny PA Request**.
- Select or enter a denial reason.
- DrChrono sends an RxChangeResponse with the denial back to CoverMyMeds.

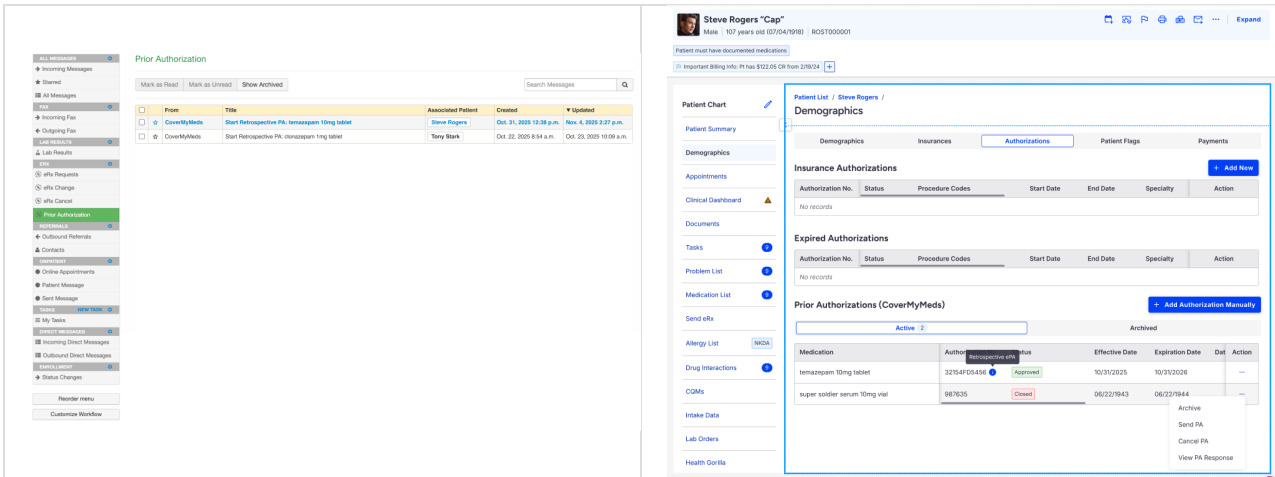
Option B: Attach Patient to Chart

- In the Message Center, click **Attach Patient to Chart**.
- A patient search modal will open – search for and select the correct patient.
- Once attached, two options appear:
 - **Start PA Request** – DrChrono submits the PAInitiationRequest to CoverMyMeds automatically.
 - **Deny PA** – DrChrono sends an RxChangeResponse with a denial reason.

Completing the Prior Authorization Request

After Auto-Start submits the PAInitiationRequest, the payer may require additional information before making a

decision. Providers can complete the PA from either the Message Center or the patient's Authorizations tab.



Via Message Center

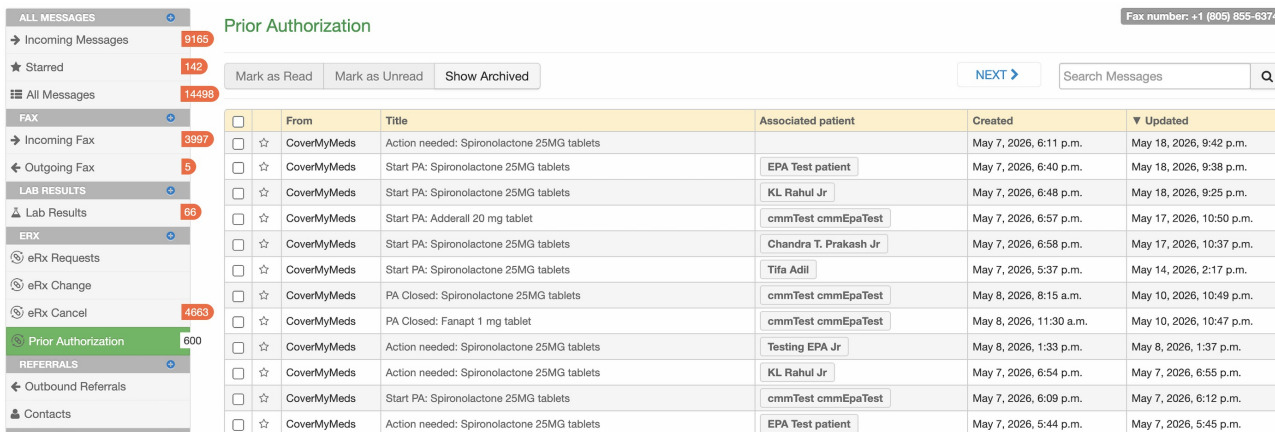
- Click the **Envelope icon** (top-right of the screen).
- Under ERX, select **Prior Authorization**.
- Open the relevant message and click **Start PA** if prompted.
- Complete all required fields and attach any supporting documents (e.g., clinical notes).
- Click **Submit Request**.

Via Authorizations Tab

- Go to **Demographics > Authorizations** in the patient chart.
- Find the medication with a status of **Open**.
- Click the **three dots (...)** under the Action column and select **Send PA**.
- Complete all required fields and attach supporting documents if needed.
- Click **Submit**.

Once the PA request has been submitted, it typically takes 1–2 minutes to reflect in the Message Center and Patient Chart. Actual timeframe depends on the payer.

Viewing PA Responses from the Payer



- Navigate to the **Message Center**.
- Under the **ERX** section, click **Prior Authorization**.
- Select the message associated with the patient's name.

- Review the response type: **Approved, Complete More Questions, or Denied.**
- **Payer Notes** and attached files (e.g., denial reasons) are viewable at the bottom of the response message.

If the Response Requires More Information

- Click **Complete More Questions.**
- Provide the additional information requested by the payer.
- Click **Submit PA** again.

Example Payer Responses

- **Approved:** PA Approved – Flonase 50mcg/inh nasal spray
- **Complete More Questions:** Click Complete More Questions, answer all follow-up questions, then click Submit.
- **Denied:** PA Denied – Flonase 50mcg/inh nasal spray

Viewing Existing PA Requests

The screenshot shows a patient chart for Steve Rogers 'Cap' (Male, 107 years old, ROST000001). The 'Authorizations' tab is selected, displaying a table of insurance authorizations. The table includes columns for Authorization No., Status, Procedure Codes, Start Date, End Date, Specialty, and Action. There are sections for 'Insurance Authorizations', 'Expired Authorizations', and 'Prior Authorizations (CoverMyMeds)'. The 'Active' section shows two entries: one for temazepam 10mg tablet (Approved) and one for super soldier serum 10mg vial (Closed). A dropdown menu is open under the 'Action' column for the 'Closed' entry, showing options: Archive, Send PA, Cancel PA, and View PA Response.

Authorization No.	Status	Procedure Codes	Start Date	End Date	Specialty	Action
No records						
Expired Authorizations						
No records						
Prior Authorizations (CoverMyMeds)						
Active 2						
Archived						
Medication	Author	Status	Effective Date	Expiration Date	Date	Action
temazepam 10mg tablet	32154FDS456	Approved	10/31/2025	10/31/2026		...
super soldier serum 10mg vial	987635	Closed	06/22/1943	06/22/1944		...

- Open the **Patient Chart** and navigate to **Demographics > Authorizations.**
- PA requests are listed with their current status: Initiated, Open, Requested, Approved, Denied, or Expired.
- Under the **Action** column, click the **three dots (...)** to:
 - Send a PA
 - Cancel a request
 - Archive a request
 - View Payer Response



If a canceled PA request has since been approved, a new PA process will be triggered automatically by the pharmacy via CoverMyMeds.