Auto-Start ePA using the CoverMyMeds Integration

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Overview | How It Works | Validation & Exceptions | Patient Not Found | Completing the PA | Viewing Responses | Viewing Existing Requests | Disabling the Feature

Related resources:

🎥Auto-Start ePA using the CoverMyMeds Integration Web (Video)

📖 Retrospective ePA with the CoverMyMeds Integration

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

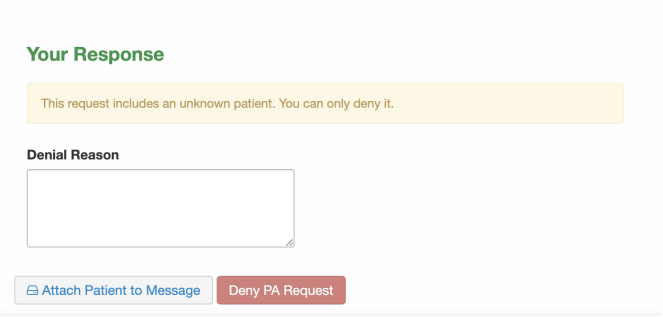
forwarded to the Message Center.

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



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

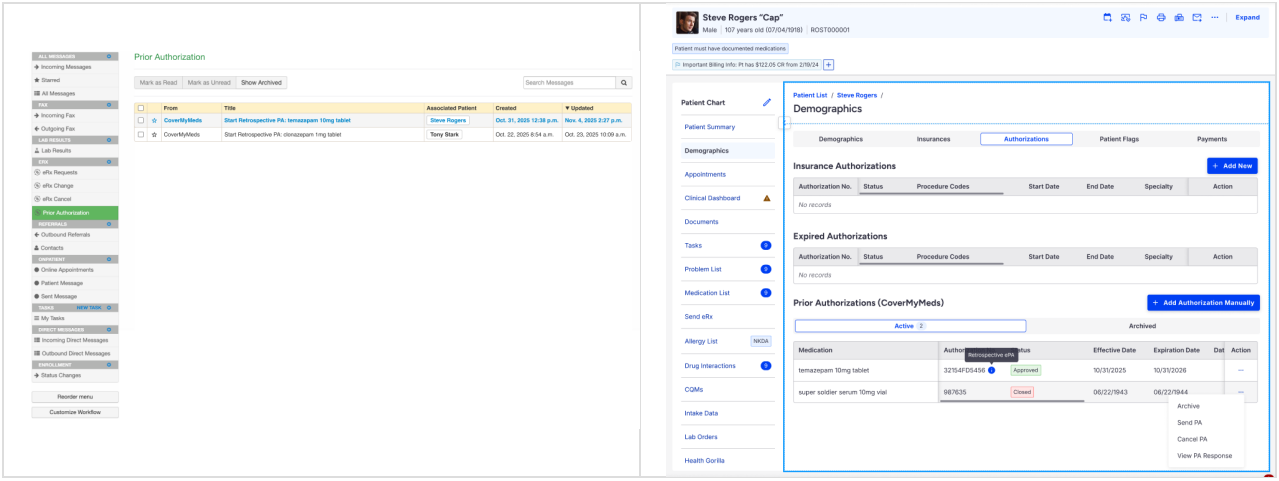
- In the Message Center, open the PA notification message.
- Click **Deny PA Request.**
- Select or enter a denial reason.
- DrChrono sends an RxChangeResponse with the denial back to CoverMyMeds.

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 (Prior Authorization tab-left menu) or the Authorizations tab from demographics section in the patient's chart.



Via Message Center

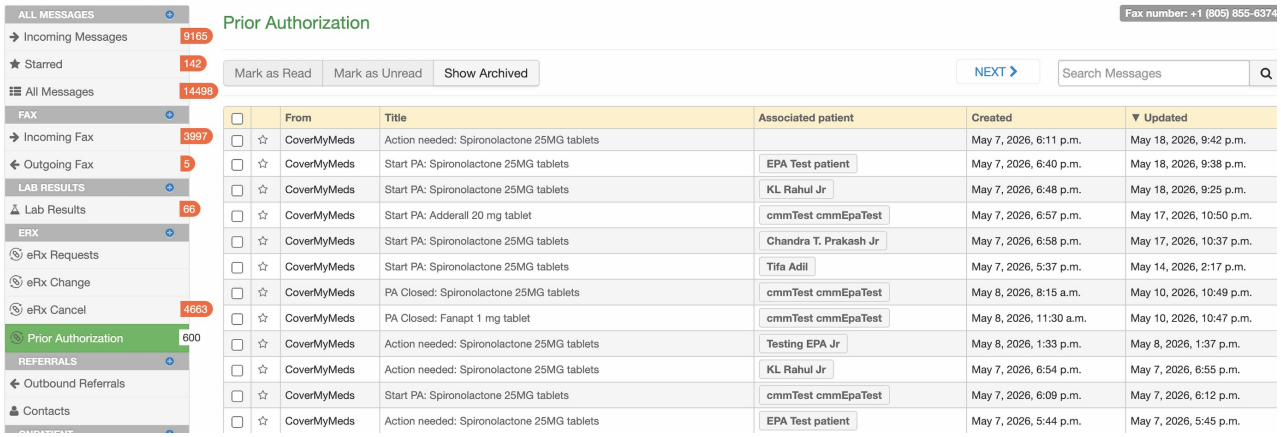
- Click the **Envelope icon** (top-right of the screen).
- Under ERX, select **Prior Authorization.**
- Open the relevant message and click **Start PA** if prompted.
- Complete all required fields and attach any supporting documents (e.g., clinical notes).
- Click **Submit Request.**

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.

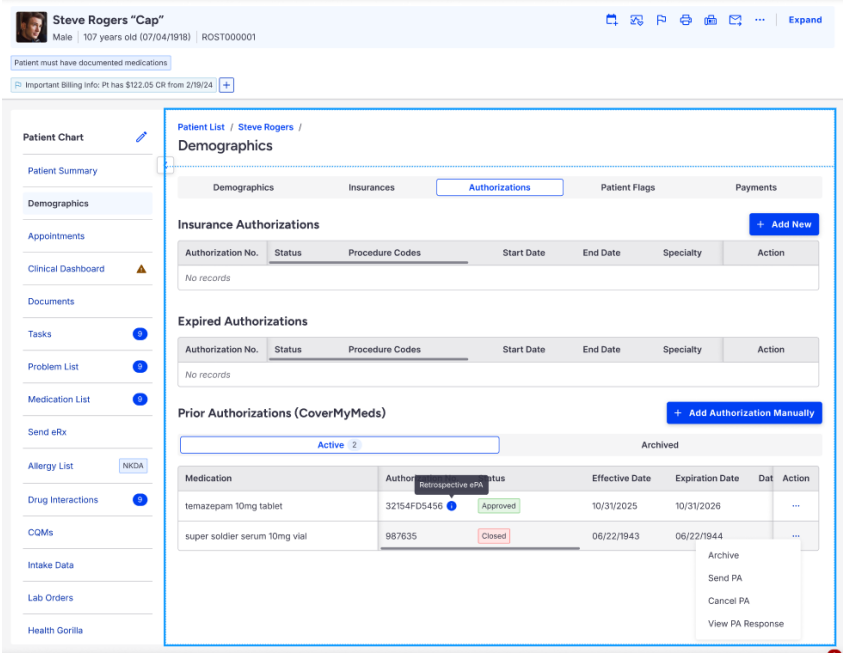
If the Response Requires More Information

- 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

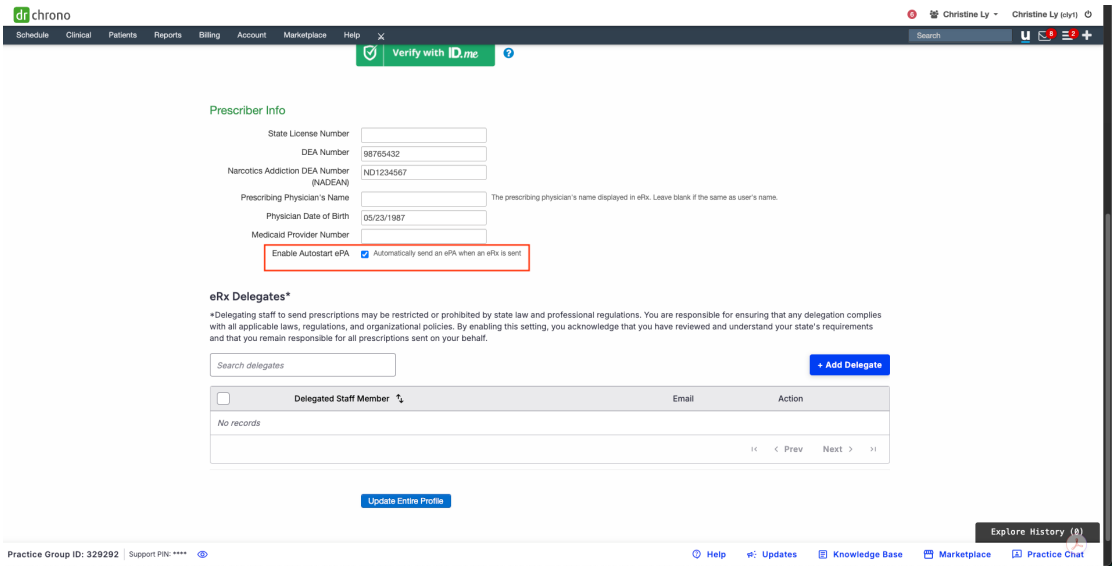
Viewing Existing PA Requests



- 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.*

Disabling the Feature



Auto-Start ePA is enabled by default on all accounts. To turn this feature off:

- Go to Account > Account Settings > eRx Info.
- Uncheck the Enable Autostart ePA checkbox.
- Click Update Entire Profile to save the change.

> Once disabled, pharmacy-initiated PA notifications from CoverMyMeds will no longer trigger automatic PA submission, and any prior authorizations will need to be handled through the standard manual workflow.