# Retrospective ePA with the CoverMyMeds Integration

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## Overview

Retrospective ePA streamlines the prior authorization process by replacing many fax-based pharmacy requests with an electronic workflow. When a pharmacy identifies that a medication requires prior authorization, the request is sent electronically through CoverMyMeds and delivered directly to DrChrono for review and completion. Providers and staff can manage the entire request from within DrChrono, keeping prior authorization activity organized in the Message Center and the patient's Authorizations tab.

**Key Benefits**

- Reduce manual work by replacing many fax-based prior authorization requests with an electronic work flow.
- Manage requests in one place by reviewing, completing, and tracking prior authorizations directly in DrChrono.
- Stay informed with electronic notifications and payer responses available in the Message Center.

## How Retrospective ePA Works

1. A pharmacy determines that a medication requires prior authorization.
2. CoverMyMeds sends the prior authorization request electronically to DrChrono.
3. DrChrono validates the request by confirming the medication, patient, prescriber, and checking for existing prior authorizations.
4. If validation is successful, the request becomes available for completion within DrChrono.
5. If additional information is required, providers complete the requested questions and submit the prior authorization electronically.
6. Payer responses (Approved, Denied, or More Information Needed) are returned directly to DrChrono.

## Validation & Exceptions

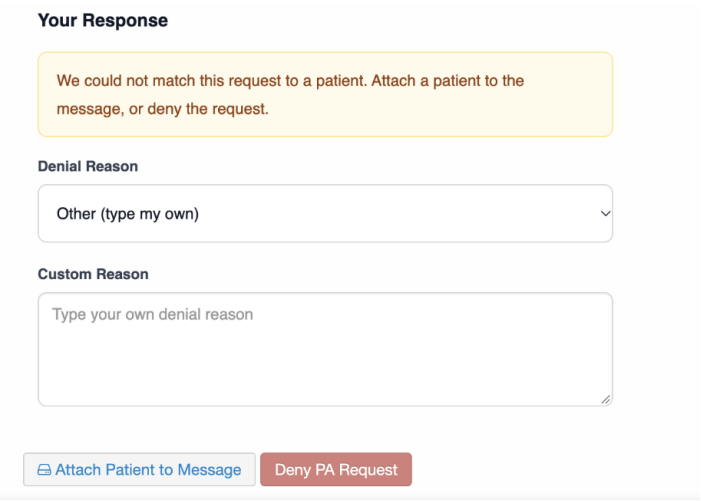
Each incoming prior authorization request is automatically validated before it becomes available.

Common validation checks include:

| Validation | What Happens |
|---|---|
| Medication not found | Provider receives a notification |
| Prescriber not matched | Provider receives a notification |
| Duplicate PA already exisits | Provide is notified that a request is already in progress |
| Patient cannot be matched | Provider must either attach the patient to a chart or deny the request |

## Patient Not Found

If DrChrono cannot match the prior authorization request to an existing patient chart, the request is placed on hold in the Message Center under ERX > Prior Authorization and displays the following error: We could not match this request to a patient. Attach a patient to the message, or deny the request.




Open the notification from the Message Center.
Select a denial reason.
Select Deny PA Request.
See Deny PA Request for what happens after a denial.

Open the notification from the Message Center.

Select **Attach Patient to Message**

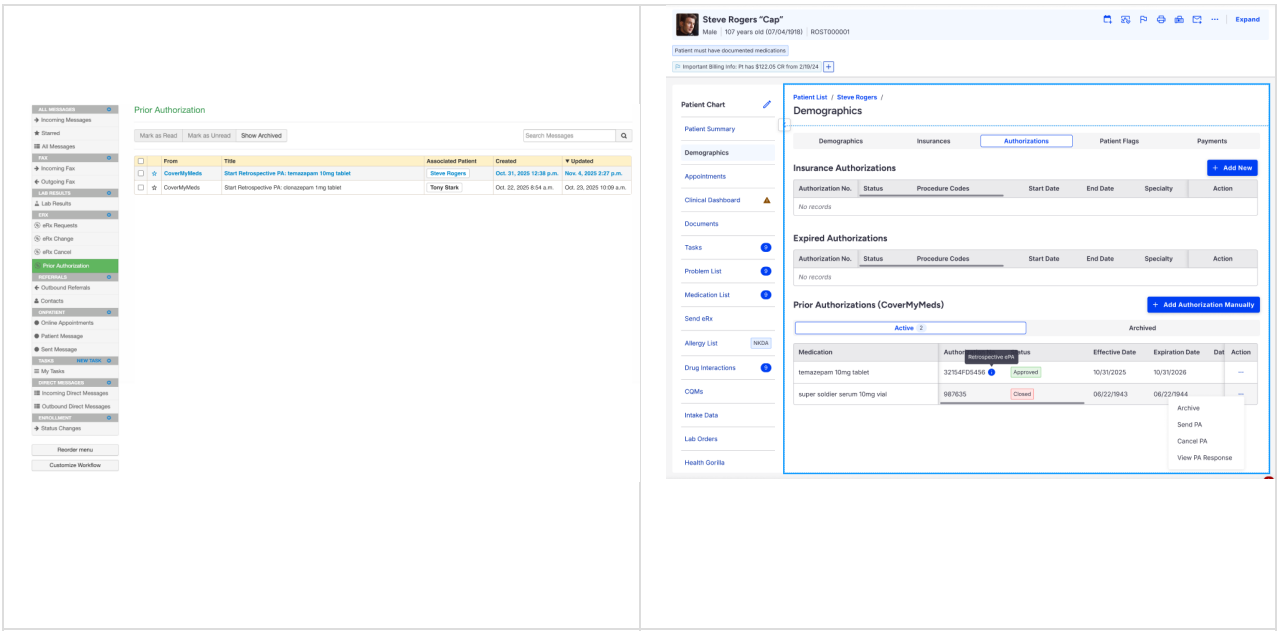
Search for and select the correct patient.

Once the patient is attached, the ePA is initiated automatically and you can continue completing the prior authorization.

The request stays on hold until action is taken. Choose one of the following:

| Option 1: Deny the Request | Option 2: Attach the Patient |
| --- | --- |
| • Open the notification from the Message Center.<br>• Select a denial reason.<br>• Select Deny PA Request.<br>• See Deny PA Request for what happens after a denial. | • Open the notification from the Message Center<br>• Select **Attach Patient to Message**.<br>• Search for and select the correct patient.<br>• Once the patient is attached, the ePA is initiated automatically and you can continue completing the prior authorization. |

## Completing a Prior Authorization




You can complete a prior authorization from either location:

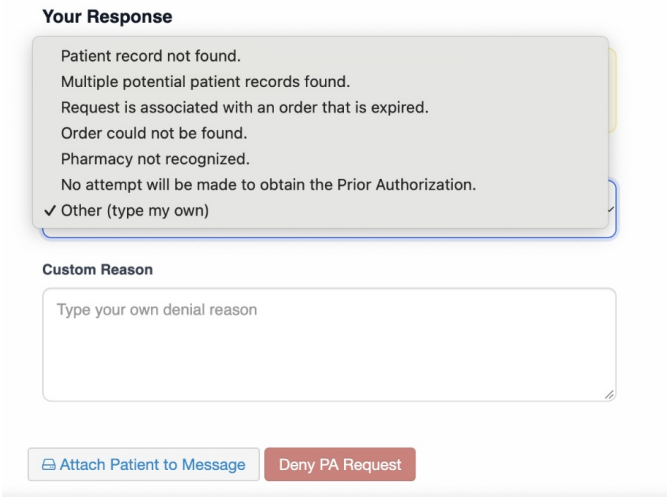
| Message Center | Patient Chart |
| --- | --- |
| 1. Open Message Center.<br>2. Select ERX > Prior Authorization.<br>3. Open the patient's request.<br>4. Complete any required questions.<br>5. Attach supporting documentation if needed.<br>6. Select Submit Request. | 1. Open the patient's chart.<br>2. Navigate to **Demographics > Authorizations**.<br>3. Locate the authorization.<br>4. Select **Send PA**.<br>5. Complete and submit the request. |

Payer updates typically appear within a few minutes after submission, although timing may vary by payer.

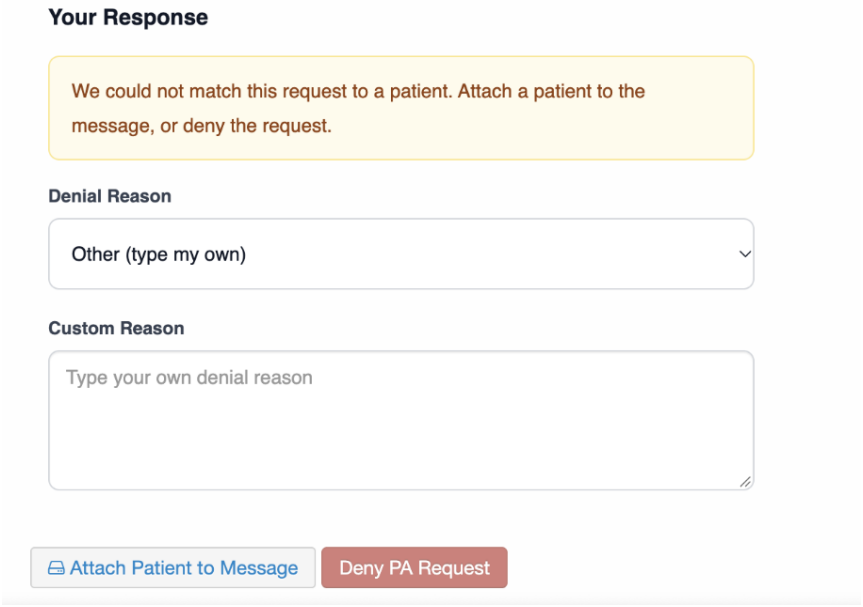
## Deny a Payer Request

Providers can deny a retrospective ePA request directly from the Message Center, for example when the patient cannot be matched or the request should not be completed in DrChrono.

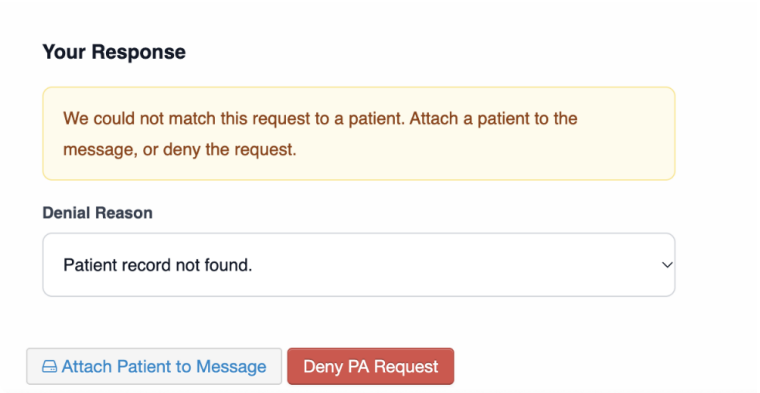
1. Select a denial reason from the list.




- If you select Other (type my own), a text field appears where you can enter a custom denial reason.




2. Select Deny PA Request.

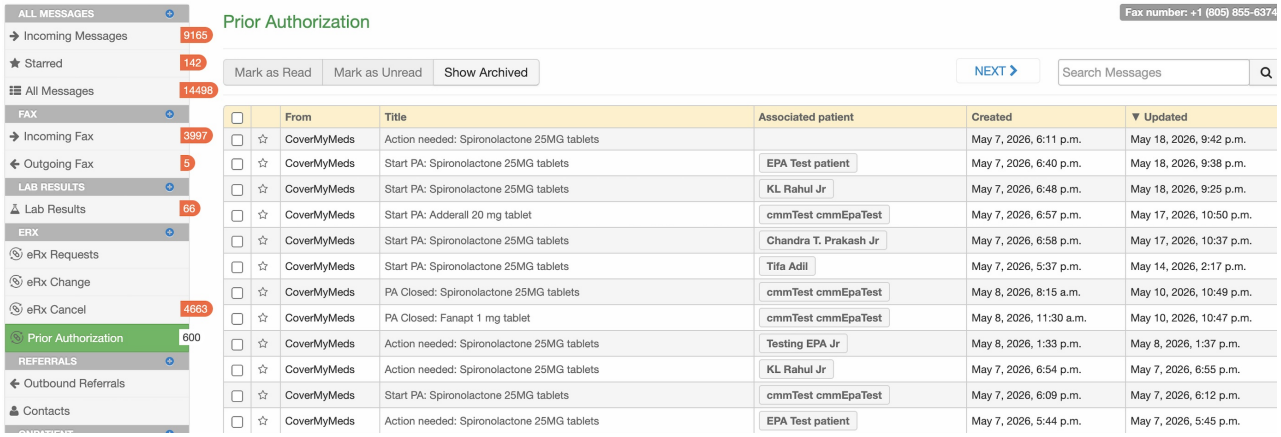



### What happens after a denial

- DrChrono sends the denial and the selected reason to CoverMyMeds (CMM).
- The original prior authorization request is closed in DrChrono.

Once a request is denied, it is no longer managed in DrChrono. If the pharmacy and CoverMyMeds continue to communicate about this ePA, use the CoverMyMeds portal to follow up.

## Viewing Payer Responses



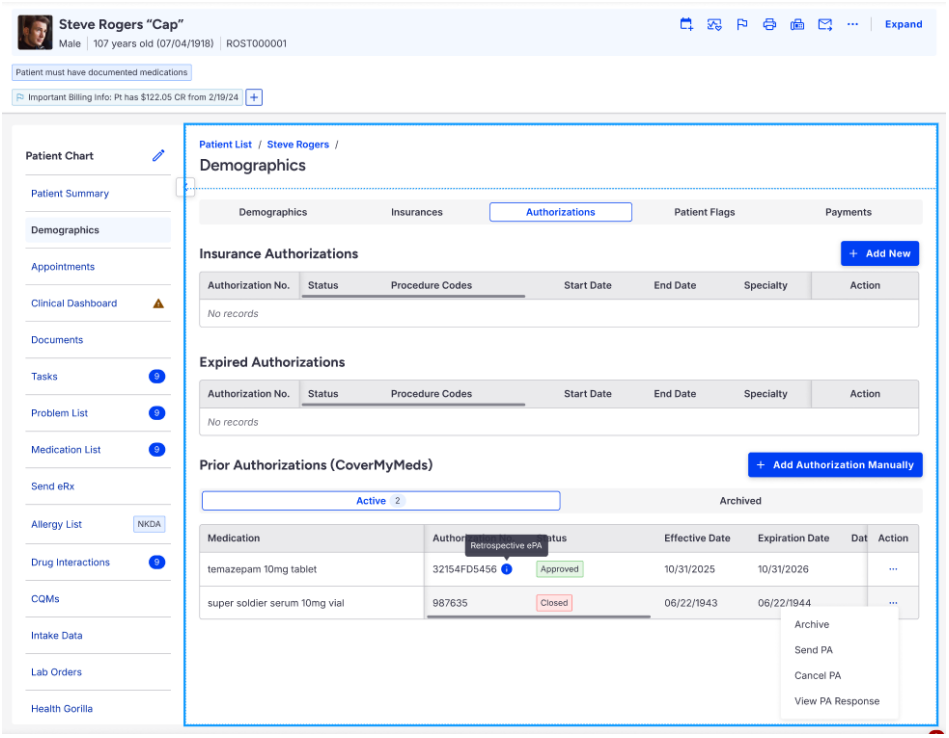

1. To review the payer's decision:
2. Open Message Center.
3. Navigate to ERX > Prior Authorization.
4. Select the patient's request.

Possible responses include:

- **Approved**
- **Denied**
- **Complete More Questions**

If additional information is requested, select **Complete More Questions**, answer the requested items, and submit the prior authorization again.

## Viewing Existing Prior Authorizations




To view all prior authorization requests:

1. Open the patient chart.

2. Navigate to Demographics > Authorizations.

Available statuses include:

- Initiated
- Open
- Requested
- Approved
- Denied
- Expired

From the **Action** menu, you can:

- Send a PA
- Cancel a request
- Archive a request
- View the payer response