# ePA Starter - Create an ePA via CoverMyMeds

[PA or Clinical Exception Starter Process](#_Toc190171773)

[Related Documents](#_Toc190171774)

**Description:** How to create an ePA (electronic Prior Authorization) using the CoverMyMeds (CMM) PA Starter process. The ePA starter can be opened at the request of the pharmacy or member and allows CCRs to assist prescribers with beginning the PA or Clinical Exception process via ePA.

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| PA or Clinical Exception Starter Process |

**Renewals** of previously approved Prior Authorizations or Exceptions **cannot** be initiated via ePA if there is a current approval on file. Instead, prescribers can call or fax renewal requests up to 90 days prior to the expiration date of the current Prior Authorization or Exception.

 ePA does not apply to Specialty medications or MED D/EGWP members. Specialty handles its own medication authorization; refer to **Specialty Prior Authorization or Clinical Exception** section of [PeopleSafe - Specialty Pharmacy (CTS - Caremark Therapeutic Pharmacy Services) Call Handling (007148)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2eb2f621-bbbb-4e0e-9189-6b47d44f42b3).

Perform the steps below for a PA request received via Phone Call:

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| **Step** | **Action** | | |
| **1** | Verify the following:   * A Test Claim has been run and a PA or Clinical Exception is required. * Check to see if there is an existing PA or Clinical Exception request for the medication.   **Note:** PA or Clinical Exception requests can only be submitted on active accounts.  There are no requirements on response time for the prescriber to complete a CoverMyMeds request. If there is an open request in CoverMyMeds for the prescriber, an additional request can be created. However, the member should follow up with their prescriber and advise that a response is needed for the initial request.  Two (2) requests will automatically be sent within six (6) business days. Once a PA is acted upon by the provider, our PA system should show the status within 24-72 business hours.   * All ePA requests are automatically submitted twice to the provider for a response within ten (10) calendar days. If no response is received after this timeframe, you will need to create a new ePA request. | | |
| **2** | Reassure the member you will assist them with a Prior Authorization (PA) or Clinical Exception request.  **Reminder:** For talk tracks on explaining a PA or Clinical Exception refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).  If member states they never received the Service Benefit Plan brochure and they want a copy, advise them to contact their Benefits Office to obtain one.  **Notes:**   * If the member is using Home Delivery/Mail Order, once the PA is approved, they will need to call back to restart their order. * If member’s Rx is denied due to quantity limits, refer to [PeopleSafe - Quantity Versus Time Limit (QVT) (021696)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=81832d97-2dbd-48dc-b545-8a413e55450d).   + - If this is a onetime need and an override is appropriate, assist the member with the override, for agents using PeopleSafe, warm transfer to SRT for QVT Override if plan allows.   + If the member needs more than normally allowed by the plan, per the test claim limits, the member be able to obtain a greater quantity via the prior authorization process.  **Note:** Whether you are using Compass or PeopleSafe, the linked document above will assist you in determining if a QVT PA or Override is appropriate. If you are using PeopleSafe, warm transfer to Senior Team for the override to be entered if appropriate. Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0).   If the member received a Home Delivery/Mail Service order for a reduced quantity due to the plan limitation, they may be able to receive the remainder of the originally prescribed quantity if the PA is approved. The remainder shipment is called a [Variable Fill (058594)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=daa2f803-cb92-44fd-9db9-5271bd78e68d). | | |
| **3** | Assist by submitting a PA or Clinical Exception request.  If CCR’s CoverMyMeds/ePA system is not working, contact PA team at the phone number form the reject and provide the reject phone number for future reference. If there is no phone number in the reject, warm transfer to **1-800-294-5979** for initiation of PA or Clinical Exception. Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0). If after hours, inform member of PA number / number from the rejected claim to provide to Prescriber. | | |
| **If…** | **Then…** | |
| Call is from a prescriber’s office. | Review the test claim for the phone number listed in the rejection, provide the listed number to the prescriber’s office in case of disconnect, then warm transfer. Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0).  If there is no phone number in the reject, warm transfer to **1-800-294-5979**. Refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0).  If the Prior Authorization department is closed, offer to start the ePA process, if they accept, proceed to next step. | |
| Call is from **other** than the prescriber’s office. | Proceed to the next step.  **Note:** If the caller states the request is urgent, refer to [Prior Authorization or Clinical Exception Urgent, Duplicate, and Back Dating Requests (059538)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3ab218b-4ed8-445b-955e-eaae57a8a8ed). | |
| **4** | Access **CoverMyMeds: PA or Clinical Exception Starter** at <https://pa-starter.covermymeds.com/TJVD9JC55iA9ZRomQ1TQ>.  Users should only access site with **Google Chrome** (**Example:** Firefox, etc. are **not** compatible). | | |
| **5** | Click on **the Start New Request** button on the top right-hand corner.  A blue and white sign  AI-generated content may be incorrect.  **Result:** A blank ePA request form will appear:  **Note:** Tech First and Last Name fields are not required.    A screenshot of a computer  AI-generated content may be incorrect. | | |
| **6** | Fill in the first two fields in the ePA request form with your information as follows:   * **Agent ID =** (**Computer Login / Example:** Your CVS Health U-ID, C-ID, or Z-ID) * **Location:** Select Customer Care     **Note:** When sending an ePA for medications handled by Novologix, use Richardson as the location. Do not use Customer Care.  This process is only used for Prior Authorization requests that are handled by Novologix. | | |
| **7** | Fill in the members’ information fields on the ePA request form. These must match 100% to what is in PeopleSafe:   * **Member Last Name** * **Member’s External ID: Full Member ID number including Person Code** * **Member Date of Birth** * **Member State of Residence** | | |
| **8** | Fill in the **Prescriber Fax** field on the ePA request form. This must be a secure fax number and a location where the member’s doctor can access the fax.  **To obtain the Prescriber Fax number, use the available resources in the following order:**   1. Review the member’s previous claims on file for the medication that needs a PA or Exception and click the **Prescriber Name** link to view the Provider Details screen. 2. From the **Tools** drop-down menu in PeopleSafe, select **Find a Prescriber** and then perform a search for the prescriber. 3. Place the member on hold and contact the prescriber’s office for their fax number. 4. Only if you are speaking to the member, an authorized party (POA, TPA, etc.), or an authenticated third party, ask the caller if they can provide their doctor’s fax number. | | |
| **If you…** | | **Then…** |
| Obtain a secure fax number. | | Complete the **Prescriber Fax** field in the ePA request and proceed to next step. |
| Do **NOT** obtain a secure fax number. | | 1. Advise the caller that we were unable to locate a secure fax number. 2. Explain that we cannot complete the prior authorization request at this time because a secure fax number is required to protect the member’s personal health information. 3. Ask the member to contact their doctor and request that they:    1. Submit a PA request directly to our Prior Authorization Department. 4. Update their contact information with their licensing boards (NPPES, DEA and State Medical Boards) so that their fax number will be added to our system. Refer to [Address, Phone and Fax Number Changes for Prescribers and Pharmacies (028806)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=00ea6a48-8a47-415a-b8cf-b816a8c20850) for additional information as needed.   **Note:** Provide them with the following information:   * **Prescriber Number for the** **Prior Authorization Department.** Advise that only the doctor’s office can use the phone number to request a PA. Provide the phone number listed in the test claim for the provider to call in the request. If there is no phone number in the reject, contact **1-800-294-5979**. * **NPPES Registry and DEA Phone Numbers.** Advise that only the doctor’s office can call to update their information with their licensing boards. Refer to [Address, Phone and Fax Number Changes for Prescribers and Pharmacies (028806)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=00ea6a48-8a47-415a-b8cf-b816a8c20850). |
| **9** | Fill in the **Drug Search** field on the ePA request form. After typing four (4) characters, a drop-down menu with drug names and strengths will auto-populate. You may also use a medication’s NDC number or Dispensed ID to search.  You MUST verify the drug’s name and strength with the caller. To verify the drug information in PeopleSafe, click the **NDC Number** link from the existing claim and review the **Label Name** field on the Drug Details screen.    **Note:** If the drug name/strength/formulation that the member needs is not available for selection, you must contact Clinical to verify if the item is available. If not available (discontinued, etc.), verify with the caller if another item is suitable (Member may need to check with their provider). | | |
| **10** | Recap the following ePA information with the caller:   * Drug name * Drug strength * Prescriber fax number   Once the ePA has been submitted, CCRs cannot go back and edit information if incorrect. | | |
| **11** | Click the **Create ePA** button:  A blue rectangle with white text  AI-generated content may be incorrect.  **Result:** A confirmation screen will appear that includes instructions for the prescriber to complete the Prior Authorization via CoverMyMeds, including a “key” (or code) to access the PA request.  Make a note of the key (or code) in the call documentation. **Do not** share this information with the member, it can only be shared with the prescriber’s office: | | |
| **12** | Repeat Steps 1-11 for any additional medications that require prior authorization. If none, proceed to the next step.  **Reminder:** Youshould verify in PeopleSafe that the medication requires a PA and that a PA request has not already been submitted. | | |
| **13** | Inform the member of the next steps in the process.   1. Their doctor’s office will be receiving a fax with the instructions for completing the electronic PA (ePA) request using CoverMyMeds within one (1) business day of being sent. 2. The member should follow up with their prescriber to notify them to respond to our request, as the prescriber may not be aware that the medication requires Prior Authorization or Clinical Exception. | | |
| **14** | Inform the member that once the provider responds to the PA request, our PA system should show the status within 1-3 business days.  If the member indicates that they cannot wait or that they are low or out of medication, say:  I understand that obtaining the medication is important. You may choose to pay out of pocket for the medication or discuss alternative medications with your prescriber. If you’d like, I’ll be happy to search for potentially cost-saving alternatives that may not require a Prior Authorization or Formulary Exception.  **Examples:**   * Search for alternatives. Refer to [PeopleSafe - Test Claim Formulary and Additional Alternatives (031769)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=48ee161e-9b5e-4cfb-904f-f80995018f28). * Ask the member to consult with the provider for samples. * Paying out of pocket, refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c) to assist the member as needed. * The manufacturer might have copay assistance that may be used without first processing through their plan. The member will need to reach out to the manufacturer via their website or phone. Contact Clinical if you are unable to find the manufacturer contact information.   **Reminder:** Even if there is a manufacturer copay card/coupon that can be used out of pocket, we cannot ship medication via Mail Order if the plan has a denied claim.  If no alternative options are suitable for the member or the member states it is an **emergency**, they cannot go without their medication, or the call becomes escalated, warm transfer the caller to the Senior Team. Refer to [PeopleSafe - When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). | | |
| **15** | Inform the member what happens when the request is approved.   * If approved, they will receive an Approval letter and an override will be placed in the system to allow for the medication to be covered.   **Note:** The verbiage included in the Approval letter can change depending on the approval type. | | |
| **16** | Document the call.  **Note:** The CCR notes will begin with “CMM” for “CoverMyMeds.”  Include: Prescriber Fax <fax number>. Prescriber Key: <code>. | | |

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| Related Documents |

**Parent Document:** [Customer Care Internal and External Call Handling (CALL-0049)](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

**Abbreviations/Definitions:** [Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c)

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