# Compass - Initiating an ePA Request

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**Description:** Outlines on how to initiate an ePA (electronic Prior Authorization) request in Compass.

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| General Information |

 ePA does not apply to Specialty medications. This may also include Limited Distribution drugs (LDD) or medications for MED D/EGWP members. Specialty handles its own medication prior authorization. Refer to [Compass - Specialty Pharmacy (CTS - Caremark Therapeutic Pharmacy Services) Call Handling (058175)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=845064bd-8ae0-4d30-af0a-e21d6d81933c).

**Note:** If an ePA is submitted through Compass, required documentation will be captured automatically.

 If the Compass automation process is down or non-functional (should be rare), then submit a Support Task when a Prior Authorization (PA) or Exception is required. (In the Support Task Notes, be sure to include Provider’s Name, Phone and Fax Numbers; Prescription (Rx) Number and Rejection Code (if applicable); Name of Medication, Strength, and Days' Supply/Quantity.) Refer to the following work instructions as needed:

* [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6)
* [Compass - Support Task Types and Uses List (058147)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6753488f-3996-45d9-88ba-257575369a98)
* [Compass – Adding a Provider to Submitted Support Task (074226)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=02c153cf-704c-4e27-9e1f-a4633adf546c)

 For rejection code 70 (NDC Not Covered), check the CIF for specific instructions on whether the plan allows for an Exception or not.

 **Notes: PA Renewals of previously approved Prior Authorizations or Exceptions on file that are set to expire within 90 days.**

* Perform a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) and postdate the test claim one day past the PA expiration date to determine if the medication still requires a PA or Exception. If the medication does still require a PA or Exception, [initiate an ePA request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4) from the View Test Claim Results screen’s row level action for the medication.
* If the member does not wish to start **the PA process** today, advise the member to have their prescriber call or fax **renewal requests** up to **90 days** prior to the **expiration date** of the current **Prior Authorization or Exception**. Provide the Expiration date of the PA or Exception if they do not already have it.

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| PA Starter Process |

This process is used to send an ePA request for Prior Authorization or Clinical Exceptions.  
  
**Reminder:** Do not follow this process for Non-Clinical Exception Requests. Instead, refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).

Perform the steps below:

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| **Step** | **Action** | |
| **1** | **Verify the following:**   * A Test Claim has been run, and a PA or Exception is required. * Check to see if there is an existing PA or Exception request for the medication.   There are no requirements regarding response time for the provider to complete an ePA request. If there is an open request in ePA for the provider, an additional request can be resubmitted. However, the member should follow up with their provider to notify them to respond to our initial request.   * Once a PA is acted upon by the provider, our PA system should show the status within 1-3 business days (or within the time frame provided in the CIF). * Three (3) requests will automatically be sent to the provider within ten (10) calendar days. If no response is received after this timeframe, you will need to create a new ePA request. * If multiple requests have been sent to the Provider and no response has been received, offer to call the Provider’s office (if within business hours) and provide the Provider’s office representative the PA Department phone number listed in the CIF or rejected claim/test claim so that the Provider may call. If outside business hours, provide the PA Department phone number listed in the CIF or rejected claim/test claim to the caller to provide to the doctor’s office. * If the member has concerns or questions about the turnaround time of the ePA request, refer to [Prior Authorization Questions and Answer (074022)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e1f9ddb2-60d2-4249-96b5-6d0b2b1849bf) for more information. | |
| **2** | Reassure the member you will assist them with a PA or Clinical Exception request.  **Reminder:** For talk tracks on explaining a PA, Clinical Exception, or Non-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 prescription (Rx) is denied due to quantity limits, refer to [Compass – Quantity vs. Time (QVT) Override (061704)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ebb38ac4-9984-4685-b0f5-8740059efc94). * If this is a onetime need and an override is appropriate, assist the member with the override, for agents using PeopleSafe, warm transfer to Senior Team (SRT) for Quantity vs Time (QVT) Override if plan allows. * If the member needs more than normally allowed by the plan, per the test claim limits, the member may be able to obtain a greater quantity via the prior authorization process. * 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 (058179)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a11f9225-37ee-4af0-83bf-7d492b2006cf). | |
| **3** | Assist with submitting a PA or Clinical Exception Request. | |
| **If the call is from…** | **Then…** |
| 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 (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 (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to **1-800-294-5979**.   + If the Prior Authorization department is closed, offer to start the ePA process. If they accept, proceed to the next step. |
| **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** | From the member’s profile you are submitting the ePA request for, open the ePA request form using one of the following three (3) options.  **Note:** You **MUST** have the correct member profile selected in the **Member Details** panel, otherwise the **Initiate ePA Request** button will not illuminate.   * If the ePA request fails, a message will display “ePA service unavailable.” A Support Task will need to be created for the PA or Clinical Exception. (Create a Contact Provider task andin the Support Task Notes, be sure to include Provider’s Name, Phone and Fax Numbers; Prescription (Rx) Number and Rejection Code (if applicable); Name of Medication, Strength, and Days' Supply/Quantity.) Refer to the following work instructions as needed:   + [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6)   + [Compass - Support Task Types and Uses List (058147)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6753488f-3996-45d9-88ba-257575369a98)   + [Compass – Adding a Provider to Submitted Support Task (074226)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=02c153cf-704c-4e27-9e1f-a4633adf546c)   **Note:** Review the following to determine where the ePA can be initiated. If the **Initiate ePA button** is disabled and there is a valid PA rejection, refer to the [Scenario Guide](#_Scenario_Guide). | |
| **If starting from…** | **Then…** |
| The Claim Details or Transmission Details screen | Click the **Initiate ePA Request** button.  A blue and black rectangle with text  AI-generated content may be incorrect.  **Result:** The PA Request popup displays. |
| The Claims table (only if a valid PA rejection is on the claim) | Click the **Row Level Action** drop-down arrow and select **Initiate ePA Request**.  A screenshot of a computer  AI-generated content may be incorrect.  **Result:** The PA Request popup displays. |
| A test claim (only if a valid PA rejection on a test claim) | Click the **Row Level Action** drop-down arrow and select **Initiate ePA Request**.  A screenshot of a computer  AI-generated content may be incorrect.    **Result:** The ePA Request popup displays. |
| **5** | Review the information available on the PA Request popup. It will display any ePA submitted or PA received from the provider within the last 14 days.  A screenshot of a computer  AI-generated content may be incorrect.  A screenshot of a computer  AI-generated content may be incorrect.  The following information can be identified in the **Initiated ePA** section:   * **Rx #** will populate from the claim the ePA was initiated from in Compass (hovering over the **Rx #** hyperlink displays the vendor’s name “CMM-CoverMyMeds”) * **Drug Name** * **Provider Name** (hovering over the link displays the fax number where the ePA was sent) * **Request Date** * **Request ID** (keycode used to identify requests in CoverMyMeds) Do not share this information with the member; it can only be shared with the prescriber’s office. * **Status:** * **Submitted** – The request was successfully submitted * **Pending** – The request is currently under review, awaiting action, or in progress. Refer to the status description within the prior authorization. After reviewing the status and viewing the documents, if not enough information is provided to make a determination, call PA dept, and relay information to member. DO **NOT** transfer member to PA unless requested to do so by the PA representative. * **Approved** – The request has been approved for coverage * **Denied** – The request has been denied for coverage * **Provider Notification Failure** – CMM was unable to establish contact with the provider’s office   The following information can be identified in the **PA Status** section:   * **ID** - Provides the number assigned to the PA * **Drug Name** - Provides the name of the drug needing the PA * **Status** - Advises if request is Open or Closed * **Date Posted** - Advises the date the request was created * **Last Activity** - Describes the last activity (approved, denied, closed, no response, pending) * **Activity Date** - Provides the date of the last activity * **Effective** - Provides the date the approval began * **Expiration** - Provides the date the approval expires   **Notes:**   * If an ePA request has been initiated within the last ten (10) calendar days, the **Continue** button will be disabled. * If one or both sections have no information regarding Initiated ePA or PA Status, “No Records Found” will display under the appropriate heading. * If a **system error** occurs in both the “Initiated ePA” and “PA Status” sections, the following message will appear: “Unable to retrieve PA Status.” * If a **system error** occurs in one of the sections, the following message will appear: “Try again or contact your System Administrator.” * If you cannot submit a Prior Authorization or Clinical Exception request through Compass automation due to a **system error**, then submit a Support Task for the Prior Authorization or Clinical Exception. (In the Support Task Notes be sure to include Provider’s Name, Phone and Fax Numbers; Prescription (Rx) Number and Rejection Code (if applicable); Name of Medication, Strength, and Days' Supply/Quantity.) Refer to the following work instructions as needed:   + [Compass – Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6)   + [Compass – Adding a Provider to Submitted Support Task (074226)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=02c153cf-704c-4e27-9e1f-a4633adf546c)   + [Compass - Support Task Types and Uses List (058147)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6753488f-3996-45d9-88ba-257575369a98)   A screenshot of a computer  AI-generated content may be incorrect. | |
| **6** | After reviewing the information on the PA Request popup, determine whether a new ePA is needed.   * To exit the PA Request popup, click **Cancel**. * To proceed with the ePA request, click **Continue**.   **Result:** New Provider Search pop up appears:  Graphical user interface, text, application  Description automatically generated | |
| **7** | Enter valid search criteria to locate provider, then click **Find**. You can search by:   * NPI # (National Provider Identifier number) * First Name, Last Name, City, and State * First Name, Last Name, and Zip Code   **Notes:**   * If the ePA was initiated from a rejected claim, provider information associated with the claim will auto-populate. * Search will allow hyphens to be used while searching for First Name, Last Name, and City.   **Result:** Provider Search Results display:  A screenshot of a search box  AI-generated content may be incorrect. | |
| **8** | Verify the provider’s address and confirm the provider **Fax Number** before selecting the appropriate **Fax Number** hyperlink to send the ePA request to.  **Notes:**   * Confirm the fax number with the member prior to submitting the ePA request. * If an arrow appears on the row with the confirmed provider address, click the arrow to expand the Search Results and review all fax numbers associated with the provider address. Then select the appropriate **Fax Number** hyperlink. * If there is no fax number listed, if the caller states the fax number we have is incorrect and they can provide the correct fax number, or if you are unable to find the provider in ePA in Compass, submit a Support Task when a PA or Exception is required. (In the Support Task Notes be sure to include Provider’s Name, Phone and Fax Numbers; Prescription (Rx) Number and Rejection Code (if applicable); Name of Medication, Strength, and Days' Supply/Quantity.) Fax number as provided by the member must be included in the Support Task. If a fax number cannot be provided by the member, provide member with the PA phone number in the CIF. If there is not a PA number in the CIF, provide the phone number in the rejected claim/test claim rejection. * Refer to the following work instructions as needed:   + [Compass – Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6)   + [Compass - Support Task Types and Uses List (058147)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6753488f-3996-45d9-88ba-257575369a98)   + [Compass – Adding a Provider to Submitted Support Task (074226)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=02c153cf-704c-4e27-9e1f-a4633adf546c) * A new support task will be required for additional medication.   **Result:** The **Submit ePA Request** screen displays.  Who the ePA is being submitted for and the previous selections will be viewable at the top of the screen:  “You are about to submit an ePA request for <Member’s Name>…”   * **Drug Name** * **Provider Name** * **Provider Fax**   A screenshot of a computer  AI-generated content may be incorrect. | |
| **9** | Select the appropriate member address for the ePA request and verify with the caller:   * **Mailing address on file:** Displays the default address the member has on file. * **One time mailing address for ePA:** Complete the address fields if there is an alternate address caller would like to use.   **Note:** The one-time address added on this screen is specific to the ePA submission and will NOT be saved to the member’s profile. | |
| **10** | Recap the ePA request information back to the caller to ensure everything is correct before submitting.  Once the ePA has been submitted, Customer Care Representatives cannot go back and edit information.   * Click **Yes** to submit the ePA Request, then proceed to the next step. * **Result:** The following message displays: “ePA Request successfully submitted.” * Click **Cancel** to leave the ePA request flow and return to the screen it originated from. * Click **Previous** to return to the prior provider selection screen. | |
| **11** | Repeat Steps 1-10 for any additional medications that require prior authorization. If none, proceed to the next step.  **Reminder:** Firstverify in Compass that the medication requires a PA and that a PA request has not already been submitted. | |
| **12** | Inform the caller of the next steps in the process.   1. The 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. If speaking with the member, advise them that they 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 Formulary Exception. | |
| **13** | Inform the caller that once the provider responds to the PA request, our PA system should show the status within 1-3 business days.  **Note:** The member can check on the status of a PA request at Caremark.com and will also receive notifications if they are enrolled in MP Notifications. Ensure member’s Messaging Platform Alert preferences are updated on Member Snapshot Landing Page, in the Contact Information tab, to include PA status updates. Refer to [Compass - Obtaining an Email Address and Managing Messaging Platform (MP) Notifications (054195)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=16d97031-aab3-4e30-b5d8-69ba322678d6) as needed.    If the member indicates that they cannot wait or that they are low or out of medication:  I understand that obtaining your medication is important. You may choose to pay out of pocket for the medication or discuss alternative medications with your prescriber. If you would like, I will be happy to search for potentially cost-saving alternatives that may not require a Prior Authorization or Formulary Exception.  **Examples:**   * Search for [alternatives (056849)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3dbfb44-1c9e-47a6-b8f4-6010f553731b). * 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) for possible options to assist the member with out-of-pocket costs. * 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 (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9). | |
| **14** | Inform the caller what happens when the request is approved.   * The provider will receive a fax from the Prior Authorization Department once a decision has been made. 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. * Members may check the status of PA on Caremark.com or call Customer Care for status while waiting for a letter in the mail.   **Note:** The verbiage included in the Approval letter can change depending on the approval type. | |

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| Scenario Guide |

**Always review the CIF for plan specifics and requirements.**

Refer to the following scenarios as needed:

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| **Scenario** | **Action** |
| Initiate ePA button is disabled with a valid rejection.  Rejections codes that enable the Initiate ePA button:  70, 75, 76, MR, AG, A5, A6, 7X, 7Y, 9G, 608, 60, 80, 66, 64, AJ, 61, 828. Refer to Compass - Rejection Codes and Resolutions Reject 01 – Reject ZN (067649) as needed | If the Initiate ePA button is disabled when it should be enabled, Care should follow the process to submit a Support Task for Contact Provider for PA or Contact Provider for Exception depending on the plan requirements. Refer to the following as needed:   * [Compass – Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6) * [Compass - Support Task Types and Uses List (058147)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6753488f-3996-45d9-88ba-257575369a98) * [Compass – Adding a Provider to Submitted Support Task (074226)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=02c153cf-704c-4e27-9e1f-a4633adf546c)   After the call, Care should apply Five9 Reason Code TEC - System Technology Issues and clear the cache. Refer to [Clearing Your Cache (008655)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cd7acfcb-ad36-4da3-b973-faf08afb7dea) as needed.  Do not clear cache while on a live call as this will disconnect the call from Five9. |

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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" \t "_blank)

**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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