



CareOregon Pharmacy ePA

CareOregon has accepted ePAs since 2022. We hope this FAQ helps orient you to what this means and how it might impact you.

Background

Q: What is ePA?

A: ePA is electronic prior authorization. It's a way for your office to send a PA request to us electronically rather than via the standard fax.

Q: How do I submit an ePA?

A: We are partnering with Surescripts. Surescripts works directly with many electronic health records (EHRs) to seamlessly allow submission of prior authorization. Surescripts also offers a website-based portal for providers who don't have an activated/enabled Surescripts ePA solution in their EHR.

Q: Do I have to use ePA?

A: No! We continue to accept all previous standards of submitting PAs.

Q: May I send *all* my authorization requests in this manner?

A: No. This is specifically for pharmacy benefits for both Medicaid and Medicare lines of business under CareOregon. Medical benefits offers a separate tool through our provider portal, CareOregon Connect, for submission.

Q: Beyond the submission method, what is different with ePA?

A: All submitted ePAs can be tracked, along with their status or response. This allows your clinic to quickly identify which PAs were submitted, which PAs have been approved or denied, and the final decision.

Some ePAs will also provide drug-specific PA criteria/questions. The goal of the drug-specific criteria/questions is to help identify for clinics the information we need to make a decision, taking the guesswork out of PA. To begin with, we will offer the detailed questions for the highest-volume PAs. Over time, we hope to expand the drugs for which we offer this feature.

Q: Will I get an automatic decision as soon as I submit?

A: Not currently. Our internal team will still review all requests prior to making a decision. We will continue to provide a response within 24 hours of submission.

Q: Do I need to submit attachments such as chart notes for documentation?

A: Our goal is to identify within each ePA question set when documentation is required. But when in doubt, we recommend you submit documentation.

Q: My clinic uses Cover My Meds (CMM). Does that work with your ePA?

A: At this time, we are not contracted to use CMM for ePA. For full ePA functionality with CareOregon, you may want to check out Surescripts EHR or the web portal solution described below.

You can continue to use CMM as you do today. CMM acts as an intermediary that produces a faxed request into our system. We have worked with them to try to ensure appropriate/preferred PA forms are loaded and available via their platform.

Q: What response information is sent after an ePA is completed?

A: You will see a response in the system with the decision status of approved or denied. For approvals, the system will identify the authorization duration. For denials, we will provide the specific denial reasons, in the same way that we do today: a mailed letter to the member, and a fax to the provider. Future upgrades are expected that may relay additional details electronically to the provider (to be less reliant on faxes).

Set-up

Q: How do I find out if my EHR is enabled for ePA with Surescripts?

A: Check if:

- You get alerts in your EHR that a PA is needed.
and/or
- You see a PA form/questions in your EHR.

If you do, you may already have ePA active.

If you do not, please ask your IT support team to contact Surescripts through our Solutions submission form: careoregon.org/external-document-links/external-internal-provider-faq-for-pharmacy-epa/surescripts-contact-us

Q: What if my EHR isn't ready for ePA?

A: Surescripts provides a free, secure, stand-alone Prior Auth Portal: [Surescripts Prior Auth Portal](#)

Active users

Q: I answered a question wrong but haven't submitted it yet. Can I go back and change it?

A: Yes, you can back up to previous answers. However, be aware that changing answers may change future questions. This is because the system is dynamic, and future questions are impacted by upstream answers.

Q: I feel like I answered the questions correctly and should have gotten an approval, but my request was denied.

A: The system does not provide an immediate response to tell you if criteria were met or not. A CareOregon pharmacist reviews all submissions before we respond with a decision.

It's possible the reviewer determined they did not agree with the answer submitted. For example, if Drug A was stated as failed in your answer, but our team identified the member never picked up the drug from the pharmacy, its failure may not have been accepted.

Please review the denial language to see if that helps clear up the reason for our denial. If it does not, contact the Pharmacy Department at 503-416-4100 (option 3, option 3, option 2), 8 a.m. to 5 p.m. Monday through Friday, except holidays. We're happy to help with additional questions.