

NEWCROP | covermymeds®



# **NEWCROP USER GUIDE**

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# **OVERVIEW**

CoverMyMeds helps phyisicians and pharmacists quickly find, fill out and submit prior authorization (PA) requests for all plans, including Medicaid and Medicare Part D, and all medications with a free and easy-to-use electronic solution through NewCrop.





# COMPLETE A PHARMACY INITIATED REQUEST

A fax coversheet will be sent by the pharmacy confirming that a PA request has been started for you. You can access and complete these pharmacyinitiated PA requests by using either of these two methods:

A.) Click the **"Prior Auth"** link at the top of the NewCrop homepage. This link will be updated with a **"New"** task.



B.) Click the **"Pharm"** link at the top of the page.

The patient, prescriber and medical details will be auto-filled. Complete any missing information. If there is additional information that needs to be included in the request (e.g. lab results) use the "Rationale" section. Click **"Save Changes"** on the top left side of the request when you complete a section of the form.



# INITIATE A REQUEST AT THE POINT OF PRESCRIBING

You will be informed of the need for a PA request and will be able to initiate one while E-Prescribing. This will be indicated in the Benefit Information section.

- 1. Select patient
- 2. Search for drug
- 3. Select drug strength

nexium	Drug Search	Drug Sets/Compounds	Doctor's List
3 letter min. 5 ecommended	Include 'obsolete' drugs	Insulin + Supplies	
		Drug Search Results	Clos
Nexium (esomeprazole (Show Brands)	<u>magnesium)</u>	Gastric Acid Secretion Reducing Agents <u>TML Monograph Leaflet Patient Ed</u> <u>Updated 10/2012</u>	
On Formulary.	Nexium 20 mg capsule.dela	<u>yed release</u>	Coupe
On Formulary.	Nexium 40 mg capsule.dela	<u>yed release</u>	Coupe
Nexium IV (esomeprazole (Show Brands)	<u>sodium)</u>	Gastric Acid Secretion Reducing Agents <u>TML Monograph Leaflet Patient Ed</u> <u>Updated 10/2012</u>	
On Formulary.	Nexium IV 20 mg solution		
On Formulary	Nexium IV 20 mg solution with full glass of milk	1 unit intravenous DAILY #1 Milliliter F	Refills=3: take
On Formulary.	Nexium IV 40 mg solution		
Nexium Packet (esomeprazole		Gastric Acid Secretion Reducing Agents <u>TML Monograph Leaflet Patient Ed</u> Updated 10/2012	s - Proton Pump Inhibitors (PPIs) -Espanol+ SPDR BRIEF

- 4. Check Benefit Information to see if a PA request is required for that medication and plan.
- 5. Click the **"Start Now"** link to start the request.

lansoprazole 30 mg capsule,delayed release: Preferred Level 1			
	Benefit Information		
Nexium Packet 10 mg granules delayed release for		· · · · · · · · · · · · · · · · · · ·	
exiant acket to mg grandles delayed release for	susp. r nor Autionzation required.	1	
Drug Search	Drug Sets/Compounds	Doctor's List	



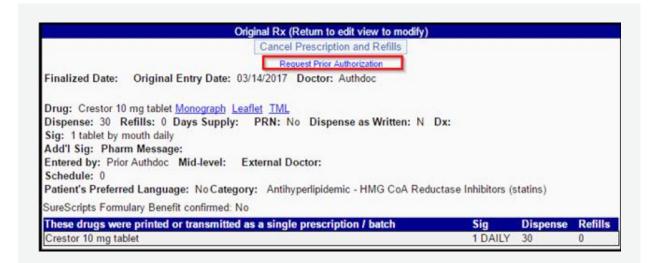
## ALTERNATIVE WAYS TO START A PA REQUEST

You can also initiate a PA request outside the E-Prescribing workflow if you are informed that one is required ex post facto.

1. Select the magnifying glass link on the medication within Current Medications under the **"Compose Rx"** or **"MedEntry"** tabs:

Select		Current Medications for Pa NotRequired				Drug Review D/0		
	Rx Date	Drug	Sig	#	Refill	Doc/Loc/Source	and the second	
	03/14/17	Crestor 10 mg tablet replace	1 daily	30	0	Prior Authdoc	EDIT	

2. Select the "Request Prior Authorization" link.





## **SELECT A FORM**

### Αυτο ΡΙCΚ

Based on the information entered, the correct form may automatically be selected. You will be directed to a page to complete the request.

### **FIND A FORM**

If a form isn't automatically selected, you will review and select the most appropriate form to use from a list. Form options are provided based on search terms such as your patient's health plan and Bin, PCN and group number. The top form is typically the best form to select. If you need help, click the Contact CoverMyMeds link on your dashboard.

the Court also a Courts	you need? Chat with us or call us at	se the search fields b	elow to find the form.
		(000) 452-5017.	
Patient Name	David Cross		
	09/10/1972		
State	- New Jersey		
Medic ation	NexIUM 20MG dr capsules		
Plan, PBM, Form Name or BIN	ExpressScripts		
	United Healthcare Community Plan Medicaid Proton Pump Inhibitors Form	Matches: • Drug • Organization • Plan name	Click to Select
Property and and and and	Prior Authorization Request Form for Proton Pump Inhibitors Drugs	More info	

#### TIP

The more information entered about the patient's health plan and drug needed, the higher chance of selecting the correct form.

# **COMPLETE A REQUEST**

The patient, prescriber and medical details will be auto-filled. Complete any missing information. If there is additional information that needs to be included in the request (e.g. labs) us the **"Rationale"** section. Click **"Save Changes"** on the top left side of the request when you complete a section of the form.

### PHARMACY INITIATED REQUESTS

You will be notified that a pharmacy request has been initiated in two different ways:

- A confirmation fax coversheet will be sent confirming a pharmacy request has been initiated. Follow the directions on the fax coversheet to access the request.
- 2. Your **"Prior Auth"** link at the top of your NewCrop homepage will be updated with a **"New"** task.



## SEND REQUEST TO PLAN

- Once a PA request is completed, click "Send to Plan." Plans enabled with electronic prior authorization (ePA) will either return an immediate determination or request more information.
- If "Send to Plan" is not available, click "Fax Request" and choose "Plan." The fax number will autofill.
- 3. Sign the request electronically by using the left mouse button.
- 4. When ready to submit, click the **"Fax"** button.

	plans typically prefer to receive forms without cover sheets, so a cover sheet will not be included with this fax. Please ensure that the prior authorization form is filled out completely and an authorized signature is provided before sending this form. You can preview the document that will be faxed with the button at the bottom of the form.
Fax number	(800) 601-4829
From	C.M. Meds MD
From Phone	866-452-5017
From Fax	(615) 379-2541
Authorized Signature	Stored Signatures New Signature  Printed Name C.M. Meds  X. The document of the second

#### IMPORTANT

Do not use the **"Send to Prescriber"** button in NewCrop. If you need to share a PA request, use the **"Assign"** feature on the dashboard.



## MANAGING YOUR DASHBOARD

All PA requests are stored on your Dashboard. You can navigate to your Dashboard by clicking the **"Prior Auth"** link at the top of the NewCrop homepage.

CoverMyMe	ds Demo		Pharm: 0 Failed Rx: 0 Pend: 5	Prior Auth: Inc-16 Pend-3 New
	Select Patient	Compose Rx	Med Entry	Pt. Details
States of the states of the states of the	/Resources Alexander Bell (logou or Auth: Inc-7 Pend-0 New-0 Progre		Compose Rx	1
	Messaging Doguments	SS NOLE TALE		

We suggest archiving or deleting any PA requests once they have been resolved to keep your Dashboard clean.

#### **DELETING A REQUEST**

Use the **"Delete"** button to remove requests from your account. CoverMyMeds recommends only deleting incomplete PA requests older than 10 days or duplicate entries.

ант саната мат саната	David Cros	ss (Key: HLDUD4)	Delete
	Status	Incomplete	
1 1111	Drug	NexIUM 20MG dr capsules	
	Assigned	NS - Staff (This is a sample note :))	
	Created	01/29/2015	
		Complete this request →	
	David Cro	ss (Key: PVE8CW)	Delete
tern der	David Cros	ss (Key: PVE8CW)	Delete
tern der			Delete
	Status	Incomplete	Delete
inen de la commencia	Status Drug	Incomplete AndroGel Pump 20.25 MG/ACT(1.62%) gels	Delete



### **ARCHIVE REQUESTS**

You should archive requests when you receive a determination from the plan.

- 1. Find the request you want to archive on your dashboard.
- 2. Click Archive.
- 3. Choose an outcome of "Approved," "Denied," "Not sent to plan," or "Don't know outcome." If "Denied" is chosen, a dropdown menu will appear to select the reason for denial. You can also type the reason in the "Other" field. A dropdown menu will also appear when "Not sent to plan" is selected.

Oenied		
Reason from plan:		
Choose a reason		OR Other:
Choose a reason. Medical criteria not Invalid diagnosis coo Did not try and fail fo	de	
Not sent to plan Reason not sent Th		7
Reason not sent	erapy Changed	
	erapy Discontinued	

Archived requests will move into the "Archived" folder.

### **ASSIGN A REQUEST**

The prescriber can assign a request to themself, or to a staff member. There is a **"Note"** field where text can be entered to assist in the completion of the PA request, or to enter a reminder.

Assign To: NS - Staff	•
Note:	
This is a sample note :)	



### SUPPORT RESOURCES

At CoverMyMeds we know the PA process can be tricky and time consuming. That's why we have a team of experts and a variety of help resources to make PA requests faster and easier.

### CALL OR CHAT FOR HELP

Phone: 866.452.5017 | Live Chat: covermymeds.com Email: newcropsupport@covermymeds.com Monday - Friday: 8 a.m. EST - 11 p.m. EST, Saturday: 8 a.m. EST - 3 p.m. EST