

## Limited Drug Coverage for Citizenship Waived Medical (CWM) Benefit

Effective immediately, the Oregon Health Authority (OHA) has added limited fee-for-service drug coverage to the CWM benefit plan. In most cases, OHA will require prior authorization (PA) to verify the drug qualifies for coverage. CWM drug coverage is limited to:

- Drugs to treat cancer or related conditions to help the patient tolerate or complete cancer therapy
- Short-term behavioral health drugs following a crisis episode
- Immunosuppressants for kidney transplant

For CWM members, denied claims will have messaging which indicates prior authorization is required.

### How to verify CWM eligibility

- Visit the **MMIS Provider Portal** at <https://www.or-medicaid.gov> After login, click "Eligibility" to get started. Refer to the Eligibility Quick Reference at <https://apps.state.or.us/Forms/Served/he3161.pdf>; or
- Call the **Automated Voice Response** line at **866-692-3864**. After login, press 1 for Recipient Eligibility.

### Why is this happening?

As of January 1, 2022, the Oregon Legislature authorized additional funds to expand emergency services to CWM members. This expansion included limited drug coverage for cancer, immunosuppressants for kidney transplant, and short-term behavioral health drugs following a crisis episode.

### What should you do?

Determine if the member has CWM and whether CWM covers the prescription. If the prescription is for:

- A non-covered condition, please tell the patient that Medicaid does not cover the drug and complete the OHP 3166 form: <https://apps.state.or.us/Forms/Served/he3166.pdf>
- A covered condition (or diagnosis is unknown), please notify the patient and provider that PA is required.
- A behavioral health drug prescribed as part of an emergency visit or in conjunction with a crisis episode, please call the Oregon Pharmacy Call Center for PA review (888-202-2126).

Providers can submit PA requests three ways:

1. Call the Oregon Pharmacy Call Center at 888-202-2126;
2. Submit via the secure MMIS Provider Portal at <https://www.or-medicaid.gov>; or
3. Fax to 888-346-0178. Use the form at <https://apps.state.or.us/Forms/Served/he3978.pdf>.

All PA requests should document the diagnosis. For behavioral health conditions, the request should document a recent crisis/emergency visit for the diagnosis. For some drugs with clinical PA criteria, also submit chart notes. Visit <https://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Pharmacy.aspx> to view specific criteria (you will need to scroll down to the PA section).

### Questions?

- **About pharmacy point of sale and prior authorizations for fee-for-service prescriptions:** Call the Oregon Pharmacy Call Center at 888-202-2126.
- **Patient questions or concerns:** Please share our Client Services toll-free number with patients: 800-273-0557. Representatives are available Monday through Friday, 8:00 a.m. to 4:45 p.m.