

2019 Value Added Services

Adult Routine Physicals
Baby Moby Wrap for Pregnant Members
Boys and Girls Club Membership
Care Grants
Caregiver "Thanks to You" Package
Dental Varnish
Electroconvulsive Therapy
Enhanced Care Coordination - Specialized Services
Expansion of Category 301/035 Benefits - Pregnancy Related Services
Extended Lodging for Homeless Members
Eyeglasses for Members in the Medicaid Expansion Population
Full Medicaid Benefits for Pregnant Members
GED Preparation and Testing
Home Meal Delivery for Members Transitioning from a Nursing Facility into the Community
Infant Car Seats
Medisafe Medication Reminder
Native American Healers
Native American Traditional Healing Benefit
Native American Traditional Healing and Wellness
New Mother's Benefit (Baby Benefits)
Portable Infant Cribs
Post Discharge Meals
Practice Dental Visits
Practice Gynecology Visits
Prenatal Education (In-Person and On-Line)
Remote Monitoring Program
School-Based Health Clinic Services
School Sports Physicals
Tabtime Vibe Vibrating Pill Timer Reminder
Transitional Living for Chemically Dependent/Psychiatrically Impaired Adults
Wellness Benefit
Wellness Centers
Wellness Classes
Wellness and Emotional Support

**Blue Cross Community Centennial
2019 Value Added Services (VAS)**

BABY MOBY WRAP FOR PREGNANT MEMBERS
Description: Pregnant members enrolled in the Special Beginnings Program who complete their post-partum follow up appointment will receive a Moby wrap at no charge. The VAS is limited to one Moby wrap per delivery. There is no annual spending limit for the VAS.
Eligible Population: This VAS is available to both Medicaid and Medicaid Expansion Population pregnant members.
Prior Authorization: To qualify for the Moby Wrap, pregnant members must enroll and participate in the BCBSNM Special Beginnings Program and must have attended their post-partum appointment with an Obstetrics (OB) provider 21-56 days after delivery. Once this is complete, an authorization is issued for the Moby wrap.
DENTAL VARNISH (PCP Office)
Description: Dental fluoride varnish is a simple, safe, painless and affordable compound that can be applied to children's teeth by trained non-dental professionals. There is a limit of six applications of the varnish per child. The varnish has been approved by the Federal Drug Administration since 1997. There is no annual spending limit for the VAS.
Eligible Population: This VAS is available to children from newborn to three years of age on Medicaid. Members in the Medicaid Expansion Population are not eligible.
Prior Authorization: A Prior Authorization is not required to access this service.
ELECTROCONVULSIVE THERAPY (ECT)
Description: ECT is offered as a VAS when it is the preferred treatment for certain psychiatric conditions. These conditions may include treatment of resistant major depressive disorder, depressed patients with certain comorbid medical conditions, and patients with treatment resistant mania secondary to bipolar disorder or schizoaffective disorder. In these situations, ECT may be the safest and most effective treatment. There is no annual spending limit for the VAS.
Eligible Population: This VAS is available to Medicaid members. Members in the Medicaid Expansion Population are not eligible.
Prior Authorization: A Prior Authorization is required to access this service.
EXTENDED LODGING FOR HOMELESS MEMBERS
Description: BCBSNM will provide extended lodging to members who are homeless but require extensive medical treatment post-hospital discharge. The VAS is limited to a two week stay during the transition. There is no annual spending limit for the VAS.
Eligible Population: This VAS is available to both Medicaid and Medicaid Expansion Population members.
Prior Authorization: This VAS will be provided through BCBSNM's Major Subcontractor Logisticare for transportation services. Access to this VAS requires an assessment of need by the BCBSNM Care Coordinator working with the Medical Director to determine whether the service is appropriate.
EYEGASSES FOR MEMBERS IN THE MEDICAID EXPANSION POPULATION
Description: BCBSNM will reimburse members up to \$150 a year for a vision test and one pair of corrective eyeglasses (frames and lenses). The VAS does not apply to contact lenses. Members are responsible for any additional costs over the \$150 maximum amount. The VAS is limited to an annual spending amount of \$100,000.
Eligible Population: This VAS is limited to Medicaid Expansion Population members 21 years and older who have diabetes or high blood pressure and have been examined by an ophthalmologist or optometrist for the detection of eye disease or eye injury.
Prior Authorization: Access to this VAS requires Prior Authorization and will be provided through BCBSNM's Major Subcontractor Davis Vision for vision services. If a member has diabetes the member must complete a hemoglobin A1C test and nephropathy screening test from a qualified provider. If a member has high blood pressure the member must complete a visit for high blood pressure from a qualified provider. Vision tests must be performed by an ophthalmologist or optometrist and copies of the vision test, prescription, and receipt of payment for eyeglasses must be provided by the member to BCBSNM to receive reimbursement.

**Blue Cross Community Centennial
2019 Value Added Services (VAS)**

FULL MEDICAID BENEFITS FOR PREGNANT MEMBERS
Description: This VAS extends full benefits to pregnant members eligible for Medicaid. Along with non-pregnancy related medical and prescription drug services, members with the Category of Eligibility (COE) 301 or 035 also have coverage for routine dental, vision (including eyeglasses and check-ups), and transportation services. Dental, vision and transportation services are provided by BCBSNM's Major Subcontractors: LogistiCare (transportation), Davis Vision (vision), and DentaQuest (dental). There is no annual spending limit for the VAS.
Eligible Population: This VAS is available to Medicaid members covered under COE 301 or 035.
Prior Authorization: Access to this VAS is governed by the member being assigned a COE of 301 or 035, which only provides limited benefits for pregnancy related services. All members assigned to COE 301 or 035 will automatically be covered to receive non-pregnancy related services. Prior authorization is only required if the particular service should require one.
HOME MEAL DELIVERY FOR MEMBERS TRANSITIONING FROM A NURSING FACILITY INTO THE COMMUNITY
Description: BCBSNM will provide prepared meals to members transitioning from a nursing facility into the community. Meals will be provided upon discharge for up to seven days following the Member's transition to ensure the member has enough food to sustain them until food can be obtained. The VAS is limited to an annual spending amount of \$30,000.
Eligible Population: This VAS is available to both Medicaid and Medicaid Expansion Population members who are transitioning from a nursing facility into the community.
Prior Authorization: This VAS will be provided on a case-by-case basis and will be considered when the Transition of Care Plan is completed. A prior authorization is not required to access this service.
INFANT CAR SEATS
Description: The infant car seat VAS provides pregnant members with an opportunity to receive a safe infant car seat at no charge. This VAS is limited to one seat per delivery. There is no annual spending limit for the VAS.
Eligible Population: This VAS is available to both Medicaid and Medicaid Expansion Population pregnant members.
Prior Authorization: To qualify for the infant car seat, the member must complete the prenatal visit requirements and enroll in the BCBSNM Special Beginnings Program. Once this is complete, an authorization is issued for the infant car seat.
NATIVE AMERICAN TRADITIONAL HEALING AND WELLNESS
Description: The traditional medicine VAS is available to Medicaid and Medicaid Expansion Population Native American members for traditional or healing practices in the treatment of diagnosed medical conditions. A member is allowed one \$250 grant per calendar year. This VAS does not cover ceremonies performed prior to member eligibility and does not cover large group ceremonies, such as a squaw dance. The Medicaid Expansion Population portion of the VAS program is limited to an annual spending amount of \$25,000.
Eligible Population: This VAS is available to both Medicaid and Medicaid Expansion Population Native American members.
Prior Authorization: Member is required to return a signed verification form to their Care Coordinator or in a postage paid envelope to the attention of the Community Social Services.
PORTABLE INFANT CRIBS
Description: The portable infant crib VAS provides pregnant members with an opportunity to receive a portable crib at no charge. Along with the crib, BCBSNM provides educational materials for parents, caregivers, and health care providers about ways to reduce the risk for Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. This VAS is limited to one crib per delivery. The Medicaid Expansion Population portion of the VAS program is limited to an annual spending amount of \$25,000.
Eligible Population: This VAS is available to both Medicaid and Medicaid Expansion Population pregnant members.
Prior Authorization: To qualify for the portable infant crib, the member must complete prenatal requirements and enroll in the BCBSNM Special Beginnings Program and Back to Sleep Program. Once this is complete, an authorization is issued for the portable infant crib.

**Blue Cross Community Centennial
2019 Value Added Services (VAS)**

PRENATAL EDUCATION (In-Person and On-Line)
Description: Pregnant Members can attend prenatal community classes in-person and participate in a state-wide on-line program through Yomingo, which is an application that can be accessed by members through their home computer, tablet, or mobile device. The on-line program allows the member to track and share important milestones with their provider including prenatal care, labor and delivery, postpartum care, and newborn information such as a contraction timer/record, kick counter, vaccination schedule, and feeding schedule. Pregnancy related community classes are offered at partner hospitals within Albuquerque and Roswell. Classes include childbirth, labor and prep, baby education classes and breastfeeding classes. There is no annual spending limit for the VAS.
Eligible Population: This VAS is available to both Medicaid and Medicaid Expansion Population pregnant members.
Prior Authorization: To access in-person prenatal classes, Members must enroll and participate in the BCBSNM Special Beginnings Program. To access the on-line program, Members must enroll and participate in the BCBSNM Special Beginnings Program and Back to Sleep Program. Once enrollment is complete, an access code is issued for the on-line program and sign up information is provided for the in-person classes to the member.
REMOTE MONITORING PROGRAM
Description: Through BCBSNM's Paramedicine Program, Members will be provided a tablet and related medical devices such as blood pressure cuff, pulse oximeter, and scale to connect with a paramedicine professional and other provider to receive care from their home. Paramedicine professionals will monitor the Member's medical condition and vital signs such as blood pressure and oxygen levels in real time and may coordinate with the member's provider(s) as necessary. This VAS is limited to serving 100 members. There is no annual spending limit for the VAS.
Eligible Population: This VAS is available to both Medicaid and ABP Medicaid Expansion Population members with chronic conditions such as congestive heart failure, diabetes, or chronic obstructive pulmonary disease (COPD).
Prior Authorization: To qualify for this VAS, members must participate in the Paramedicine Program. Access to this VAS requires an assessment of need by a BCBSNM Medical Director and community paramedicine coordinator to determine whether the VAS is appropriate. The member's provider(s) must work directly with BCBSNM to arrange for the delivery of this VAS.
TRANSITIONAL LIVING FOR CHEMICALLY DEPENDENT/PSYCHIATRICALY IMPAIRED ADULTS
Description: The VAS provides a time-limited transitional living arrangement resulting from a step down from a higher level of care (i.e., 24 hours unsupervised care) to an identified community placement to stabilize members with an identified plan to return to independent living. This is considered a short-term emergency placement and is limited to 180 days. The VAS is limited to an annual spending amount of \$125,000.
Eligible Population: Members 18 years or older enrolled in an outpatient substance abuse center or in active treatment for psychiatric issues. Medicaid Expansion Population members are not eligible.
Prior Authorization: Prior Authorization is required. Eligible members are expected to participate in the recommended psychiatric or chemical dependency treatment.
WELLNESS CENTERS
Description: BCBSNM contracts with Wellness/Drop-in centers and Family support centers to provide access to peer driven/family driven behavioral health recovery services to help our members improve their health outcomes and provide education on resources and provide support in accessing those resources. Resources may include: housing services, food services, substance use disorder treatment services, and other needed assistance as determined. The VAS is limited to an annual spending amount of \$270,000.
Eligible Population: Adults, children, adolescents and families with behavioral health needs. Both Medicaid and Medicaid Expansion Population members can access this VAS.
Prior Authorization: A Prior Authorization is not required to access this VAS.

**Presbyterian Health Plan, Inc.
2019 Value Added Services**

ADULT ROUTINE PHYSICALS
Description: Adult routine physicals and related testing for Medicaid members 21 years and older.
Eligible Population: Medicaid Members age 21 years and older. Members in the ABP are not eligible.
Prior Authorization: No Prior Authorization is required. Eligible members may access this service through an appointment with their PCP.
DENTAL VARNISH
Description: Application of dental varnish by trained primary care staff, to inhibit the development of dental cavities; applied during regularly scheduled Early Periodic Screening, Diagnosis, and Treatment (EPSDT) well-child visits. Six applications during age range 6 months to 3 years.
Eligible Population: Pediatric population 6 months to 3 years. Members in the ABP are not eligible.
Prior Authorization: No prior authorization is required to access this service.
ENHANCED CARE COORDINATION - SPECIALIZED SERVICES
Description: Additional services designed to enhance the effectiveness of PHP's care coordination activities for members in care coordination only (must be approved by a care coordinator, as part of a care coordination level 2 or 3 Care Plan). These services may included (but are not limited to) caregiver support programs, home monitoring or individualized services for high-risk members.
Eligible Population: Members engaged with PHP Care Coordination (Care Coordination Level 2 or 3) as part of a member's care plan.
Prior Authorization: Prior Authorization is required to access these services.
EXPANSION OF CATEGORY 301/035 BENEFITS - PREGNANCY RELATED SERVICES
Description: Provision of full medical benefits and partial dental benefits to members enrolled in Category 301 or 035.
Eligible Population: Eligible Category 035/301 pregnant members (established by HSD) receive services through network providers. Members in the APB are not eligible.
Prior Authorization: No Prior Authorization is required.
MEDISAFE MEDICATION REMINDER
Description: This medicine reminder is a simple smartphone app, and one that can help manage numerous people's medications thanks to multiple profiles. It also tracks your prescriptions and reminds you when it's time for a refill. Medisafe is a free app for iOS and Android and has received four and a half stars on their respective app stores. It's the highest rated and most downloaded medicine reminder on the Apple store.
Eligible Population: All PHP Centennial Care members are eligible.
Prior Authorization: No Prior Authorization is required to access this service.
NATIVE AMERICAN HEALERS
Description: Native American healing utilizes multiple techniques to address both physical and behavioral health problems. Maximum benefit is \$300.00 per calendar year.
Eligible Population: Those members identified by HSD as Native American. Native American members in Medicaid and ABP are eligible.
Prior Authorization: No Prior Authorization is required.
NEW MOTHER'S BENEFIT (PROGRAM NAME: BABY BENEFITS)
Description: Reward Gift cards, Baby Diapers; Choice of Infant Seat, Car Seat, OR Travel Crib. Prenatal members participating in PHP Baby Benefits program and qualify for the prenatal visit requirements and Postpartum appointment can choose one of the following: SKU-limited gift cards to be used for baby diapers, an infant car seat, a standard car seat, stroller or a travel crib.
Eligible Population: Pregnant Mothers. Access to the benefits occurs once the member is enrolled in PHP's Baby Benefits Program.
Prior Authorization: No Prior Authorization is required to access this service.
(CERTAIN) SCHOOL BASED HEALTH CLINIC (SBHC) SERVICES
Description: This benefit is to reimburse SBHC for interdisciplinary conferences conducted by the health care staff of the SBHC, with or without the Medicaid member and/or the family and with or without the physician, but always led by a health care profession.
Eligible Population: Medicaid and ABP members who are non-dual members.
Prior Authorization: No Prior Authorization is required.

Presbyterian Health Plan, Inc.
2019 Value Added Services

SCHOOL SPORTS PHYSICALS
Description: Physical examinations and completion of paperwork so that members can participate in sporting activities. This is a medical examination for administrative purposes rather than medical diagnosis or treatment.
Eligible Population: Available to children 12 -18 years old. One physical per calendar year. Members in the ABP are not eligible.
Prior Authorization: No Prior Authorization is required to access this service.
TABTIME VIBE VIBRATING PILL TIMER REMINDER
Description: If adherence to your med timetable is a problem because of general forgetfulness, you may want to try a more modern version of the classic plastic pill case. - For less than \$20, the Tabtime Vibe Vibrating Pill Timer Reminder has five compartments with different alarms that beep and vibrate when it's time to take your medicine. - Just 1 inch high and just over 3 inches in diameter, it fits easily into a jacket pocket, purse, or backpack
Eligible Population: All PHP Centennial Care members are eligible.
Prior Authorization: No Prior Authorization is required to access this service.
WELLNESS BENEFIT
Description: Reimbursement of up to up to three (3) counseling visits to an approved provider. These sessions may include nutrition guidance, assistance with stress or life-changes, EAP-type services/counseling.
Eligible Population: Available to WDI and CHIP members who are subject to office visit copayments.
Prior Authorization: No Prior Authorization is required to access this service.
WELLNESS CLASSES
Description: Statewide community and online wellness classes for members with diabetes and/or asthma to promote healthy behaviors and improve quality of life. Offering a gift card incentive to the members who participate in and complete a program.
Eligible Population: All Centennial Care members with diabetes and/or asthma.
Prior Authorization: No Prior Authorization is required.

**Western Sky Community Care
2019 Value Added Services**

BOYS AND GIRLS CLUB MEMBERSHIP
Description: A \$30 credit towards the membership fee to the local Boys and Girls Club.
Eligible Population: For children age 6-18 years old.
Prior Authorization: No Prior Authorization is required to access this service.
CARE GRANTS
Description: Care Grants are for requests to help members receive special items. The requests can be made by Western Sky Community Care staff, providers, or caregivers. The items may include: bike helmets, athletic shoes, music instruments, or classroom art supplies.
Eligible Population: Medicaid members, including ABP exempt members.
Prior Authorization: No prior authorization is required to access this service. This Value Added Service (VAS) is limited to \$50 per household. Apply for Care Grants on the WSCC website or call Member Services.
CAREGIVER "THANKS TO YOU" PACKAGE
Description: One "Thanks to You" package for caregivers. Items may include: A waterproof keepsake bag, a caregiver journal, an important phone numbers magnet and caregiver educational material.
Eligible Population: Caregivers for Members who receive LTSS and HCBS, and are living in or moving into a caregiver's home. (All ages).
Prior Authorization: No Prior Authorization is required to access this service. Request a "Thanks to you" package from the Care Coordinator.
DENTAL VARNISH
Description: Application of dental varnish by trained PCP staff during a regular EPSDT visit for children age 6 months to 3 years.
Eligible Population: Members 6 months to 3 years of age.
Prior Authorization: No prior authorization is required to access this service.
GED PREPARATION & TESTING
Description: Provide official GED testing practice materials upon request and/or provide financial assistance for completion of the GED test.
Eligible Population: Medicaid members.
Prior Authorization: No prior authorization is required to access this service. Apply for voucher on the WSCC website or call Member Services.
NATIVE AMERICAN TRADITIONAL HEALING BENEFIT
Description: Reimbursement for ceremonial or spiritual healing that may improve behavioral health and/or physical health. Members are allowed up to \$250 per member per calendar year. This VAS is limited to an annual spending amount of \$150,000.
Eligible Population: Applicable to only Native Americans. Benefit excludes Self-Directed Community Benefit (SDCB) members.
Prior Authorization: A Prior Authorization is required to access this service. Apply for reimbursement on our website or call member services.
POST DISCHARGE MEALS
Description: Eligible members will have access to 10 healthy, home-delivered meals. Initiated at the time of discharge planning, following an acute inpatient hospital stay or a transition out of a nursing facility to a community based setting. Limitations and restrictions may apply.
Eligible Population: Medicaid members, including ABP members.
Prior Authorization: Prior authorization is required to access this service.
PRACTICE DENTAL VISITS
Description: The practice visit provides an opportunity for individuals with Intellectual and/or Developmental Disabilities (I/DD) who have been fearful of dental visits to go to a simulated dental exam in an accepting provider's office. The dental provider will give the Member an overview of what will happen during the dental visit, including but not limited to: sitting in the dental chair, meeting the office staff, practicing brushing with a tooth brush, etc.
Eligible Population: Individuals with I/DD (All ages).
Prior Authorization: No prior authorization is required to access this service.

**Western Sky Community Care
2019 Value Added Services**

PRACTICE GYNECOLOGY VISITS
Description: The practice visit provides an opportunity for individuals with Intellectual and/or Developmental Disabilities (I/DD) who have been fearful of gynecology visits to go to a simulated gynecological exam in an accepting provider's office.
Eligible Population: Individuals with I/DD (All ages).
Prior Authorization: No prior authorization is required to access this service.
WELLNESS AND EMOTIONAL SUPPORT
Description: The MyStrength.com online program gives members information to overcome depression and anxiety. This online program includes simple tools, weekly exercises, mood trackers and daily inspirational quotes and videos. The program may be used independently or with other services.
Eligible Population: Medicaid Members.
Prior Authorization: No prior authorization is required to access this service.