

**2020 CENTENNIAL CARE: Value Added Services Comparison Grid**

For a full description of services, limitations, and MCO rules that apply, please see the detail by MCO following this comparison chart.				
VALUE ADDED SERVICES	BCBS	PRESBYTERIAN	WESTERN SKY	FFS / MANAGED CARE EXEMPT (No Value Added Services)
<b>Adult Routine Physicals</b>	N	Y - Adult routine physicals and related testing for Medicaid members 21 years and older.	N	No Value Added Services in Fee for Service/ Managed Care Exempt
<b>Baby Moby Wrap for Pregnant Members</b>	Y - Pregnant members enrolled in the Special Beginnings Program who complete their post-partum follow up will receive a Moby wrap at no charge.	N	N	
<b>Benefits for Pregnant Members</b>	Y - This service extends full benefits to pregnant members eligible for Medicaid.	Y - Provision of full medical benefits and partial dental benefits to members enrolled in Category 301 or 035.	Y - Medical and behavioral health benefits, including prescription drug coverage, routine dental, and vision services, and transportation.	
<b>Boys and Girls Club Membership</b>	N	N	Y - A \$30 credit towards the membership fee to the local Boys and Girls Club.	
<b>Caregiver "Thanks to You" Package</b>	N	N	Y - One "Thanks to You" package for member's caregiver.	
<b>Electroconvulsive Therapy (ECT)</b>	Y - ECT is offered when it is the preferred treatment for certain psychiatric conditions.	N	Y - ECT for members who meet ECT medical necessity criteria.	
<b>Enhanced Care Coordination - Meals on Wheels after Returning Home from Inpatient Hospital Admission</b>	N	Y - Meals on Wheels for Member and natural support/caregiver after inpatient hospital admission for a two-week period.	N	
<b>Enhanced Care Coordination - Specialized Services</b>	N	Y - Additional services designed to enhance the effectiveness of PHP's care coordination activities for members in care coordination only.	N	
<b>Extended Lodging for Homeless Members</b>	Y - Extended lodging to members who are homeless but require extensive medical treatment post-hospital discharge.	N	N	
<b>Eyeglasses for Members in the Medicaid Expansion Population</b>	Y - Reimburse to members up to \$150 a year for a vision test and one pair of corrective eyeglasses (frames and lenses).	N	N	
<b>Eyeglasses Repair &amp; Replacement</b>	N	N	Y - Minor repairs to eyeglasses for members of all ages; replacement lenses if broken for one pair of eyeglasses (frames and lenses).	

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GED Preparation Materials	N	N	Y - Provide official GED testing practice materials upon request.	No Value Added Services in Fee for Service/ Managed Care Exempt
Gym Pass	N	N	Y - "Find Your Fit" daily gym pass with WSCC local city gym partners.	
Holistic Care Grants	N	N	Y - Grants are for requests to support whole health that considers the whole person - body, mind, spirit, and emotions.	
Home Modifications (not covered by Community Benefit EMODs)	N	N	Y - Appropriate, non-cosmetic changes to help members remain independent and safe in their home (not covered by EMODs).	
Home Meal Delivery for Members Transitioning into the Community/Post Discharge Meals	Y - Provide prepared meals to members transitioning from a nursing facility into the community. Meals will be provided upon discharge for up to seven days.	Y - See Enhanced Care Coordination - Meals on Wheels. Includes meals for Members caregiver.	Y - 10 healthy, home-delivered meals post discharge from an acute inpatient hospital stay or nursing facility to community transition.	
Infant Car Seats	Y - The infant car seat provides pregnant members with an opportunity to receive a safe infant car seat at no charge.	N	Y - Pregnant members will receive a car seat at no charge through community baby shower.	
Medisafe Medication Reminder	N	Y - This medicine reminder is a simple smartphone app, and one that can help manage numerous people's medications thanks to multiple profiles.	N	
Native American Healers or Traditional Healing and Wellness	Y - The traditional medicine is available to Native American members for traditional or healing practices in the treatment of diagnosed medical conditions.	Y - Native American healing for physical and behavioral health problems.	Y - Reimbursement for ceremonial or spiritual healing that may assist behavioral health and/or physical health.	
New Mother's Benefit (Baby Benefits)	N	Y - Prenatal members participating in PHP Baby Benefits program can choose: baby diapers, an infant car seat, a standard car seat, stroller or a travel crib.	N	
Portable Infant Cribs	Y - The portable infant crib provides pregnant members with an opportunity to receive a portable crib at no charge.	N	N	
Practice Dental Visits	N	N	Y - The practice visit provides an opportunity for individuals with Intellectual and/or Developmental Disabilities (I/DD), who have been fearful of such services, to go to a simulated dental exam.	

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Practice Gynecology Visits	N	N	Y - The practice visit provides an opportunity for individuals with Intellectual and/or Developmental Disabilities (I/DD), who have been fearful of such services, to go to a simulated gynecological exam.	No Value Added Services in Fee for Service/ Managed Care Exempt
Prenatal Education (In-Person and On-Line)	Y - Pregnant Members can attend prenatal community classes in-person and participate in a state-wide on-line program through Yomingo.	N	N	
Remote Monitoring Program	Y - Through a Paramedicine Program, members will be provided with medical devices to connect with a paramedicine professional from their home.	N	N	
Respite Bed	Y - A temporary bed (30 days) for members discharged from an ER or hospital and medically vulnerable and chronically homeless.	N	N	
School-Based Health Clinic Services	N	Y - Reimbursement for a School Based Health Center for interdisciplinary conferences, with or without the Medicaid member and/or family, and always conducted by a health care professional.	N	
School Sports Physicals	N	Y - Physical examinations and completion of paperwork so that members can participate in sporting activities.	N	
Supplemental Assisted Living Payments	Y - A supplemental increase (120 days) to daily ALF rates to pay for room and board for transitioning members from a nursing facility to an ALF.	N	N	
Tabtime Vibe Vibrating Pill Timer Reminder	N	Y - A more modern version of the classic plastic pill case. The Tabtime Vibrating Pill Timer Reminder has five compartments with different alarms that beep and vibrate when it's time to take your medicine.	N	
Transitional Living for Chemically Dependent/Psychiatrically Impaired Adults	Y - A time-limited transitional living arrangement resulting from a step down from a higher level of care to stabilize members. This is considered a short-term emergency placement.	N	N	

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VALUE ADDED SERVICES	BCBS	PRESBYTERIAN	WESTERN SKY	FFS / MANAGED CARE EXEMPT (No Value Added Services)
Transportation to Pharmacy	N	N	Y - Any member that discharges from a PH/BH inpatient setting will be able to utilize WSCC's contracted transportation company to and from the pharmacy to pick up medication.	No Value Added Services in Fee for Service/ Managed Care Exempt
Wellness Benefit, Wellness Centers, Wellness Classes, or Wellness and Emotional Support	Y - Wellness/Drop-in centers and Family support centers for peer driven/family driven behavioral health recovery services. Access to resource information which may include: housing services, food services, substance treatment and others.	Y - 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.	Y - 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.	

**Blue Cross Community Centennial  
2020 Value Added Services (VAS)**

<b>BABY MOBY WRAP FOR PREGNANT MEMBERS</b>
<b>Description:</b> Pregnant members enrolled in the BCBSNM Care Coordination 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.
<b>Eligible Population:</b> This VAS is available to both Medicaid and Medicaid Expansion Population pregnant members.
<b>Prior Authorization:</b> To qualify for the Moby Wrap, pregnant members must participate in the BCBSNM Care Coordination 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.
<b>ELECTROCONVULSIVE THERAPY (ECT)</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> This VAS is available to Medicaid members. Members in the Medicaid Expansion Population are not eligible.
<b>Prior Authorization:</b> A Prior Authorization is required to access this VAS.
<b>EXTENDED LODGING FOR HOMELESS MEMBERS</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> This VAS is available to both Medicaid and Medicaid Expansion Population members.
<b>Prior Authorization:</b> 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.
<b>EYEGASSES FOR MEMBERS IN THE MEDICAID EXPANSION POPULATION</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> 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.
<b>Prior Authorization:</b> Prior Authorization: This service does not require a Prior Authorization. Applicable screening tests must be completed and vision tests must be performed by an ophthalmologist or optometrist. Member must provide copies of screening results, vision test, prescription information, and proof of payment for eyeglasses to receive reimbursement.
<b>FULL MEDICAID BENEFITS FOR PREGNANT MEMBERS</b>
<b>Description:</b> This VAS extends full benefits to pregnant members with a Category or Eligibility of 301 or 035. Along with non-pregnancy related medical and prescription drug services, this VAS includes coverage for routine dental, vision (including eyeglasses and check-ups), and transportation services. There is no annual spending limit for the VAS.
<b>Eligible Population:</b> This VAS is available to members with Category of Eligibility 035 or 301.
<b>Prior Authorization:</b> A Prior Authorization is not required to access this VAS, but some services included in the VAS may have Prior Authorization requirements.

**Blue Cross Community Centennial  
2020 Value Added Services (VAS)**

<b>HOME MEAL DELIVERY FOR MEMBERS TRANSITIONING FROM A NURSING FACILITY INTO THE COMMUNITY</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> This VAS is available to both Medicaid and Medicaid Expansion Population members who are transitioning from a nursing facility into the community.
<b>Prior Authorization:</b> 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.
<b>INFANT CAR SEATS</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> This VAS is available to both Medicaid and Medicaid Expansion Population pregnant members.
<b>Prior Authorization:</b> To qualify for the infant car seat, the member must complete the prenatal visit requirements and participate in the BCBSNM Care Coordination Program. Once this is complete, an authorization is issued for the infant car seat.
<b>NATIVE AMERICAN TRADITIONAL HEALING AND WELLNESS</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> This VAS is available to both Medicaid and Medicaid Expansion Population Native American members.
<b>Prior Authorization:</b> Members are required contact BCBSNM directly for reimbursement. No Prior Authorization is required.
<b>PORTABLE INFANT CRIBS</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> This VAS is available to both Medicaid Medicaid Expansion Population pregnant members.
<b>Prior Authorization:</b> To qualify for the portable infant crib, the member must complete prenatal requirements and participate in the BCBSNM Care Coordination Program and Back to Sleep Program. Once this is complete, an authorization is issued for the portable infant crib.
<b>PRENATAL EDUCATION (In-Person and On-Line)</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> This VAS is available to both Medicaid and Medicaid Expansion Population pregnant members.
<b>Prior Authorization:</b> To access in-person prenatal classes, Members must participate in the BCBSNM Care Coordination Program. To access the on-line program, Members must participate in the BCBSNM Care Coordination Program and Back to Sleep Program.

**Blue Cross Community Centennial  
2020 Value Added Services (VAS)**

<b>REMOTE MONITORING PROGRAM</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> This VAS is available to both Medicaid and Medicaid Expansion Population members with chronic conditions such as congestive heart failure, diabetes, or chronic obstructive pulmonary disease (COPD).
<b>Prior Authorization:</b> 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.
<b>RESPITE BED</b>
<b>Description:</b> This VAS provides a temporary bed for members discharging from an emergency room or hospital who are medically vulnerable and chronically homeless for a period of up to 30 days. The number of beds is limited and will be filled based on medical necessity and availability.
<b>Eligible Population:</b> This VAS is available to both Medicaid and Medicaid Expansion members.
<b>Prior Authorization:</b> A Prior Authorization based on a determination of need is required.
<b>SUPPLEMENTAL ASSISTED LIVING PAYMENTS</b>
<b>Description:</b> This VAS provides a supplemental increase to the daily ALF rates to pay for room and board for members transitioning from a Nursing Facility into a community setting. This is a short term increase for not longer than 120 days to help aid in the transition.
<b>Eligible Population:</b> Members transitioning from a Nursing Facility back into the community and are determined to have a need for this service.
<b>Prior Authorization:</b> A determination of eligibility and need will be made by a Care Coordinator during the Transition planning.
<b>TRANSITIONAL LIVING FOR CHEMICALLY DEPENDENT/PSYCHIATRICALY IMPAIRED ADULTS</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> 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.
<b>Prior Authorization:</b> Prior Authorization is required. Eligible members are expected to participate in the recommended psychiatric or chemical dependency treatment.
<b>WELLNESS CENTERS</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> Adults, children, adolescents and families with behavioral health needs. Both Medicaid and Medicaid Expansion Population members can access this VAS.
<b>Prior Authorization:</b> A Prior Authorization is not required to access this VAS.

**Presbyterian Health Plan, Inc.**  
**2020 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.

**ENHANCED CARE COORDINATION - MEALS ON WHEELS FOR MEMBERS RETURNING HOME FROM INPATIENT ADMISSION**

**Description:** Meals on Wheels - an enhanced care coordination benefit. Eligible to Members returning home from an inpatient admission or members who are COVID + and have food insecurity. Meals may be provided to the Member and a natural support/caregiver as needed. Meals may be provided for a two-week duration.

**Eligible Population:** Members engaged with PHP Care Coordination (Care Coordination Level 2 or 3) as part of a member's care plan.

**Prior Authorization:** No Prior Authorization is required.

**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 TRADITIONAL MEDICINE**

**Description:** Native American traditional medicine covers the provider's services for counseling and healing rituals. Maximum benefit is \$300.00 per calendar year.

**Eligible Population:** Native American members identified by HSD 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.



Presbyterian Health Plan, Inc.  
2020 Value Added Services

**(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.

**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.

**Eligible Population:** All PHP Centennial Care members are eligible.

**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  
2020 Value Added Services**

<b>BOYS AND GIRLS CLUB MEMBERSHIP</b>
<b>Description:</b> A \$30 credit towards the membership fee to the local Boys and Girls Club.
<b>Eligible Population:</b> For children age 6-18 years old.
<b>Prior Authorization:</b> No Prior Authorization is required to access this service.
<b>CAREGIVER "THANKS TO YOU" PACKAGE</b>
<b>Description:</b> One "Thanks to You" package to caregivers including a magnet with phone numbers, waterproof keepsake bag, caregiver educational materials, caregiver journal and other information regarding support groups. Members are those who get LTSS and HCBS, and living or moving into a caregiver's home.
<b>Eligible Population:</b> Member's receiving SDCB and ABCB. (All ages)
<b>Prior Authorization:</b> No prior authorization is required to access this service.
<b>ELECTROCONVULSIVE THERAPY (ECT)</b>
<b>Description:</b> ECT is treatment for psychiatric symptoms and is for members who meet ECT medical necessity criteria. Prior Authorization is needed.
<b>Eligible Population:</b> Medicaid Members. ECT is a Medicaid covered benefit for ABP members, therefore, ABP members are not eligible for this VAS.
<b>Prior Authorization:</b> Prior authorization is required to access this service.
<b>EYEGLOSS REPAIR &amp; REPLACEMENT</b>
<b>Description:</b> Minor repairs to eyeglasses for members of all ages. Replacement lenses are covered for members of any age if, broken or deteriorated, or there is change in prescription. 1 pair of eyeglasses (frames and lenses) every 12 months (service date to service date).
<b>Eligible Population:</b> ABP & ABP Exempt Members
<b>Prior Authorization:</b> No prior authorization is required to access this service.
<b>FIND YOUR FIT</b>
<b>Description:</b> Daily Gym Pass. Western Sky Community Care partners with local City gyms to provide access to fitness facilities. Per member, Per day.
<b>Eligible Population:</b> All Medicaid Members
<b>Prior Authorization:</b> No prior authorization is required to access this service. Locations vary, currently available in Doña Ana County. 930 Annual Passes.
<b>FULL MEDICAID MATERNITY SERVICES</b>
<b>Description:</b> COE 035 and 301 members will receive medical and behavioral health benefits, including prescription drug coverage, routine dental, and vision services and transportation.
<b>Eligible Population:</b> Medicaid Members covered under COE 035 and 301
<b>Prior Authorization:</b> No prior authorization is required to access this service.
<b>GED PREPARATION MATERIALS</b>
<b>Description:</b> Provide official GED testing practice materials upon request.
<b>Eligible Population:</b> Medicaid members
<b>Prior Authorization:</b> No prior authorization is required to access this service. Call member services.
<b>HOLISTIC CARE GRANTS</b>
<b>Description:</b> Grants are for requests to support whole health that considers the whole person -- body, mind, spirit and emotions. The requests can be made by Western Sky Community Care staff, providers, or caregivers.
<b>Eligible Population:</b> Medicaid members, ABP exempt members. Not eligible in conjunction with Traditional Healing Benefit
<b>Prior Authorization:</b> \$75 per household. Apply for Care Grants by calling member services.

**Western Sky Community Care  
2020 Value Added Services**

<b>HOME MODIFICATIONS</b>
<b>Description:</b> Appropriate, non-cosmetic changes to help members remain independent and safe in their home; Health Plan: Increases length of time spent in the community; improves independent living skills; reduces in-home care; prevents environment related falls. Focus on funding grab bar installation (DME covers grab bars/not installation cost) and other minor repairs not covered by EMODs and including all members with or without NFLOC.
<b>Eligible Population:</b> All Medicaid Members
<b>Prior Authorization:</b> Prior authorization is required to access this service. Up to \$200 per member or case by case review. \$50,000 annual maximum.
<b>INFANT CAR SEAT</b>
<b>Description:</b> Pregnant members will receive a car seat at no charge. Members are limited to one car seat per delivery through the community baby showers. After completion of the Notification of Pregnancy (NOP), if the need for an infant car seat is illustrated, the Care Coordination team will refer member to sign up for community baby shower.
<b>Eligible Population:</b> Pregnant Members
<b>Prior Authorization:</b> No prior authorization is required to access this service. Must attend community baby shower or may request Care Grant, if eligible.
<b>NATIVE AMERICAN TRADITIONAL HEALING BENEFIT</b>
<b>Description:</b> Reimbursement to Member for ceremonial or spiritual healing that may assist in their improved behavioral health or physical health management.
<b>Eligible Population:</b> Applicable to only Native Americans. Benefit excludes SDBC members.
<b>Prior Authorization:</b> No Prior Authorization. Services up to \$250 per member per calendar year. Apply for reimbursement on our website or call member services. \$150,000 annual maximum.
<b>POST DISCHARGE MEALS</b>
<b>Description:</b> 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 transition out of a nursing facility to community based setting. Limitations and restrictions may apply.
<b>Eligible Population:</b> Medicaid and ABP members are eligible.
<b>Prior Authorization:</b> Prior authorization is required to access this service.
<b>PRACTICE DENTAL VISITS</b>
<b>Description:</b> The practice visit provides an opportunity for an individual with an intellectual or developmental disability (I/DD) who has 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 by not limited to: sitting in the dental chair, meeting the office staff, practicing brushing with a tooth brush, etc.
<b>Eligible Population:</b> I/DD Members (All ages)
<b>Prior Authorization:</b> No prior authorization is required to access this service.
<b>PRACTICE GYNECOLOGY VISITS</b>
<b>Description:</b> The practice visit provides an opportunity for an individual with (I/DD) who has been fearful of gynecology visits to go to a simulated gynecological exam in an accepting provider's office.
<b>Eligible Population:</b> I/DD Members (All ages)
<b>Prior Authorization:</b> No prior authorization is required to access this service.

**Western Sky Community Care  
2020 Value Added Services**

**TRANSPORTATION TO PHARMACY**

**Description:** Any member that discharges from a PH/BH inpatient setting, Skilled Nursing Facility, Institutional Nursing Facility, Inpatient Rehab and/or LTAC will be able to utilize WSCC's contracted transportation company for transportation to and from the pharmacy to pick up medication. This transportation will be available up to 7 days post-discharge to ensure appropriate discharge medications are filled, and retrieved. No Prior Authorization is needed. Some limitations do apply. There is no annual spending limit for the VAS.

**Eligible Population:** All Medicaid Members

**Prior Authorization:** No prior authorization is required to access this service. Member must call Member Services to schedule.

**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 care.

**Eligible Population:** All Medicaid Members

**Prior Authorization:** No prior authorization is required to access this service.