

2018 Value Added Services

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**Blue Cross Community Centennial
2018 Value Added Services (VAS)**

ADULT ROUTINE PHYSICALS
Description: Adult routine physicals and related testing for Medicaid members 21 years and older. There is no annual spending limit for the VAS.
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 (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 ABP 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 ABP are not eligible.
Prior Authorization: A Prior Authorization is required to access this service.
EXTENDED ADULT VISION
Description: Additional adult vision coverage to include exams, lenses and frames every 12 months. There is no annual spending limit for the VAS.
Eligible Population: Members age 21 years and older. Members in the ABP are not eligible.
Prior Authorization: These services will be allowed in conjunction with the BCBSNM subcontractor, Davis Vision. Members age 21 and older are eligible to receive the additional benefit without being required to be authorized. However, the member must still follow Davis Vision processes which includes; contacting Davis to identify the provider they will be receiving the service/hardware prior to the service/hardware being rendered.
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 an annual spending amount of \$25,000 for the ABP population.
Eligible Population: This VAS is available to both Medicaid and ABP members.
Prior Authorization: This VAS will be provided through the BCBSNM transportation subcontractor, LogistiCare. Access to this VAS requires an assessment of need by the BCBSNM Care Coordinator working with LogistiCare to determine whether the service is appropriate.
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 eye glasses and check-ups), and transportation services. Dental, vision and transportation services are provided by BCBSNM's 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 benefit 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.
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: Both Medicaid and ABP pregnant members are eligible.
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.

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INFANT DIAPER BAG
Description: Pregnant members enrolled in the Special Beginnings Program who complete their post-partum follow up appointment receive a diaper bag with infant care items at no charge. The VAS is limited to one diaper bag with infant care items per delivery. There is no annual spending limit for the VAS.
Eligible Population: Pregnant members must enroll and participate in the BCBSNM Special Beginnings Program and must attend their post-partum appointment with an Obstetrics (OB) provider 21-56 days after delivery.
Prior Authorization: A Prior Authorization is not required to access this service.
INFANT MENTAL HEALTH PROGRAM
Description: Therapists that are endorsed by the New Mexico Association for Infant Mental Health are able to help reduce the risk of social, emotional, and behavioral disorders and disruptions in the relationship between an infant and parent/caregiver. The Infant Mental Health Program addresses attachment and relationship problems and focus on the parent-child dyad. The VAS is limited to an annual spending amount of \$125,000.
Eligible Population: This VAS is available only to Medicaid members from birth to age 3 who no longer have CYFD funding sources available to them.
Prior Authorization: A Prior Authorization is required to access this VAS.
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 ABP portion of the VAS program is limited to an annual spending amount of \$25,000.
Eligible Population: Both Medicaid and ABP 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.
PRENATAL CLASSES
Description: Pregnancy related community classes offered at partner hospitals. Classes include childbirth labor and prep, baby education classes and breastfeeding classes. There is no annual spending limit for the VAS.
Eligible Population: Pregnant members must enroll and participate in the Special Beginnings Program.
Prior Authorization: A Prior Authorization is not required to access this VAS.
TRADITIONAL MEDICINE
Description: The traditional medicine VAS is available to Medicaid and ABP 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 ABP portion of the VAS program is limited to an annual spending amount of \$25,000.
Eligible Population: Both Medicaid and ABP 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.
TRANSITIONAL LIVING FOR CHEMICALLY DEPENDENT/PSYCHIATRICALY IMPAIRED ADULTS AND CHILDREN
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 30 days. The VAS is limited to an annual spending amount of \$125,000.
Eligible Population: Members enrolled in an outpatient substance abuse center or in active treatment for psychiatric issues. ABP members are not eligible.
Prior Authorization: Prior Authorization is required. Eligible members are expected to participate in the recommended psychiatric or chemical dependency treatment.

**Blue Cross Community Centennial
2018 Value Added Services (VAS)**

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 \$126,000.
Eligible Population: Adults, children, adolescents and families with behavioral health needs. Both Medicaid and ABP members can access this VAS.
Prior Authorization: A Prior Authorization is not required to access this VAS.

**Molina Healthcare of New Mexico
2018 Value Added Services**

DENTAL VARNISH
Description: Prescription strength fluoride product delivered to the dentition by a child's PCP. For members with moderate to high dental risk. Please note this is a Medicaid covered service for children 3 years and older.
Eligible Population: Available to children 0-3 years old. Members in the Alternative Benefit Plan (ABP) are not eligible.
Prior Authorization: No Prior Authorization is required to access this service.
ELECTROCONVULSIVE THERAPY (ECT)
Description: For use as a treatment for severe depression that has not responded to other treatment. Short-term ECT is given for a limited number of times per week for a limited number of weeks. Maintenance ECT is provided as required; maintenance ECT is provided less frequently than short-term ECT, i.e. once per week/two weeks/month. Short-term ECT & maintenance ECT is typically for adults but will evaluate for pediatric population on a case by case basis.
Eligible Population: Medicaid members only. Members in the ABP are not eligible.
Prior Authorization: A Prior Authorization is required to access this service.
NATIVE AMERICAN HEALING BENEFIT
Description: Provides spiritual services with cultural sensitivity for traditional healing rituals. The Native American Healing Benefit helps members using traditional healing services. Members may use the healer of their choice for the healing ceremony of their choice. \$250 per member per calendar year. Benefit excludes Self-Directed Community Benefit members. \$200,000 total program cost per calendar year.
Eligible Population: Both ABP members and Medicaid members 12 years and older can access this service.
Prior Authorization: No Prior Authorization is required to access this service.
NEW MOTHERS' PROGRAM (Motherhood Matters)
Description: This program helps women get the education and services needed for a healthy pregnancy. Services may include prenatal education materials and other resources, coordination with social services, and/or case management by a nurse. Expecting mothers can receive 1,000 points (\$100) in Centennial Rewards for completion of their maternity screening with a Care Coordinator to identify any additional support or assistance that may be needed; screening should be completed before their 35th week of pregnancy. Members identified for high-risk pregnancy will receive individualized care planning, coordination of healthcare services, education, and support to assist with achieving a healthy pregnancy. Additionally, Members are also eligible to receive an electric breast pump prior to delivery. Members who complete their postpartum visit between three (3) and eight (8) weeks after delivery are eligible to receive a reward gift card.
Eligible Population: Both ABP and Medicaid pregnant mothers can access this service.
Prior Authorization: No prior authorization is required to access this service.
NON-MATERNITY RELATED SERVICES TO WOMEN ENROLLED IN COE 301 FOR MATERNITY-RELATED SERVICES ONLY
Description: All Medical, Behavioral Health, Dental, Vision and Transportation for all pregnant women enrolled in maternity-only COE. Women in this COE are provided Medicaid benefits for pregnancy-related services. Molina is providing the full Medicaid benefit to these women, with the exception of Long Term Care and Community Benefits.
Eligible Population: Pregnant women enrolled in maternity-only COE. Members in the ABP are not eligible.
Prior Authorization: Certain services require a Prior Authorization. Please refer to Molina's member handbook for services requiring prior authorization.
POST DISCHARGE MEALS
Description: Designed to support Molina members as they transition from a hospital or SNF inpatient setting, back into the home and community. Home delivered meals to members after discharge from a hospital or SNF inpatient stay, at no charge to the member. Meal types vary, and can include regular, vegetarian, diabetic/low sodium, renal, kosher and pureed selections. Provides up to forty-two (42) home delivered meals per calendar year to homebound members after hospital discharge, to be prepared by USDA or state inspected facility. Homebound means an individual who has difficulty leaving home without assistance because of a disabling physical, emotional, or cognitive impairment.
Eligible Population: Both ABP and Medicaid members can access this service.
Prior Authorization: A Prior Authorization is required to access this service.

**Molina Healthcare of New Mexico
2018 Value Added Services**

POST HOSPITALIZATION HOMELESS LODGING
Description: Allows homeless members to stay in hotels for up to two weeks during the transition from hospital to home. Required care such as infusion therapy or skilled nursing services would be provided in this setting.
Eligible Population: Member must be homeless, requiring additional services. Limited to two weeks. Members in the ABP are not eligible.
Prior Authorization: A Prior Authorization is required to access this service.
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.
TRANSPORTATION TO PHARMACY WHEN DISCHARGING IN-PATIENT
Description: Any member that discharges from a PH/BH inpatient setting, Skilled Nursing Facility, Inpatient Rehab and/or LTAC will be able to utilize Molina's contracted transportation company for transportation to and from the pharmacy to pick up medication. This will be available up to 7 days post-discharge to ensure appropriate discharge medications are filled and picked up. In some cases, the member will not be able to provide 48 hours advanced notice to the Molina contracted transportation company.
Eligible Population: Medicaid members can access this service.
Prior Authorization: No Prior Authorization is required to access this service.

**Presbyterian Health Plan, Inc.
2018 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.
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.

Presbyterian Health Plan, Inc.

2018 Value Added Services

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.

Presbyterian Health Plan, Inc.
2018 Value Added Services

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.