

**CENTENNIAL CARE MCO vs. FFS Benefit Comparison Grid - 10-24-13**

	BCBS	MOLINA	PRESBYTERIAN	UNITEDHEALTHCARE	FFS/EXEMPT
<b>Standard Benefits</b>					
Ambulance Services	Y	Y	Y	Y	Y
Ambulatory Surgical Services	Y	Y	Y	Y	Y
Anesthesia Services	Y	Y	Y	Y	Y
Audiology Services	Y	Y	Y	Y	Y
Behavioral Health	Y	Y	Y	Y	Y
Care Coordination	Y	Y	Y	Y	N
Case Management	Y	Y	Y	Y	Y
Dental	Y	Y	Y	Y	Y
Dialysis Services	Y	Y	Y	Y	Y
Durable Medical Equipment Supplies	Y	Y	Y	Y	Y
Emergency Services	Y	Y	Y	Y	Y
Family Planning Services	Y	Y	Y	Y	Y
Home Health Services	Y	Y	Y	Y	Y
Immunizations (adult & children)	Y	Y	Y	Y	Y
Inpatient	Y	Y	Y	Y	Y
Lab and X-Ray Service	Y	Y	Y	Y	Y
Language Interpreter Services	Y	Y	Y	Y	N
Nutritional	Y	Y	Y	Y	Y
Outpatient	Y	Y	Y	Y	Y
Transportation (Non-Urgent)	Y	Y	Y	Y	Y
Pharmacy	Y	Y	Y	Y	Y
Physical, Occupational, and Speech Therapy	Y	Y	Y	Y	Y
Podiatry Services	Y	Y	Y	Y	Y
Prenatal Care	Y	Y	Y	Y	Y
Primary Care and Specialist Service	Y	Y	Y	Y	Y
Prosthetics and Orthotics	Y	Y	Y	Y	Y
Rehabilitation Services	Y	Y	Y	Y	Y
Reproductive Health Services	Y	Y	Y	Y	Y
Smoking Cessation	Y	Y	Y	Y	N
Telehealth	Y	Y	Y	Y	Y
Transplant Services	Y	Y	Y	Y	Y
Urgent Care	Y	Y	Y	Y	Y
Vision	Y	Y	Y	Y	Y
Well Child Visits	Y	Y	Y	Y	Y
Women's/Men's Health Visits	Y	Y	Y	Y	Y

\*Benefit limitations and MCO rules may apply

\*\*For Medicare beneficiaries, if Medicare reimburses for the service, the MCO and FFS will reimburse the co/insurance/deductible.

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<b>Standard Benefits</b>					
	BCBS	MOLINA	PRESBYTERIAN	UNITED	FFS/EXEMPT (No Value Added Services)
<b>VALUE ADDED SERVICES</b>					
Full Medicaid Benefits for COE 035 Members - Pregnancy related Services	Y - Full Medicaid benefits for course of pregnancy and up to 2 months post partum -including dental and vision	Y - Full Medicaid benefits for course of pregnancy and up 2 months post partum including dental and vision	Y- Full full Medicaid benefits for course of pregnancy and up 2 months post partum including basic dental preventive care. No Vision Coverage	Y - Full Medicaid benefits for course of pregnancy and up to 2 months post partum including dental and vision.	NO V
Acupuncture	N	N	N	Y - Available through Traditional Healing Benefit (\$100/year for any type, not based on ethnicity)	
Adult Vision - Extended	Y - 1 eye exam, 1 set lenses/frames per year	N	N	N	
Baby diapers	Y - 1 box of 144/272 per child, after completion of 6 week postpartum visit	N	N	N	
Adult Chemical Dependency Residential Treatment Center (RTC) Services	Y - This benefit offers RTC services that are appropriate for adults with severe medical disorders currently complicated by alcohol and substance abuse related issues that need concentrated therapeutic services in a 24-hour supervised treatment setting prior to a returning to community residence. The patient must meet established ASAM guidelines and be approved for admission by an In Network Residential Treatment facility in the state of New Mexico. The focus of these services is to stabilize the individual and provide a safe, supportive living environment during detox and/or recovery from addictions. This setting offers a high degree of security, supervision, and structure. <b>Benefit Limit:</b> Members with comorbid serious medical illness and active chemical dependency issues in need of 24 hour supervised treatment in a CD Residential setting. Length of stay not to exceed 30 days annually. Annual expenditures not to exceed \$125,000. <b>Eligibility:</b> RTC services for adult members with severe medical disorders and patients with alcohol/ substance abuse problems.	N	N	N	
Annual Adult Physical Exams **	Y	N	N	Y	
Caregiver Support Classes	N	N	N	Y	
Cell Phone	N	Y - Hi risk members levels 2 and 3, on case by case basis. Limit 250 minutes/month. Excludes SDCB	N	N	
Dental Varnish	Y - up to 6 applications	Y - children 0 to 3 years old	Y - age 6 months - 3 years, 6 applications	Y	
Disease Management				Y - Disease Management Member Tools service for members enrolled in a disease management program and are 21 years of age or older in addition to the required Centennial Care Disease Management programs. Which provides Blood Pressure Cuffs for members with Hypertension and Weight Scales for members with Congestive Heart Failure (one scale and one blood pressure cuff and one replacement cuff allowed per member's lifetime)	

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Electroconvulsive Therapy (ECT) - only available at UNMH: This benefit is offered as the preferred treatment of choice 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.	Y - Clinical condition must meet necessity for ECT, authorization required.	Y- Clinical condition must meet necessity for ECT, authorization required.	N	Y-Clinical condition must meet necessity for ECT, authorization required.	Value Added Services in Fee for Service/Exempt
Expectant Mothers Program	N	N	N	Y - Baby Blocks - reminds and rewards members for attending appointments during their pregnancy.	
Inpatient Detox at Facility not a Hospital	Y - This service would allow for reimbursement to be arranged with contracted chemical dependency treatment centers to perform detoxification services for chemically dependent members. Based on our experience, this benefit should provide a lower cost alternative to hospital based detox. <b>Benefit Limit:</b> Time-limited, medically- monitored detoxification benefit, subject to ASAM detoxification medical necessity criteria. This VAS does not include social detoxification. Members cannot have comorbid medical conditions requiring detoxification in a hospital based setting. <b>Eligibility:</b> Chemically dependent members.	N	N	N	
Infant Mental Health: Family Training and Counseling for Child Development is a comprehensive behavioral health program for children birth through 3 and their families. The program provides early intervention, family training and counseling for child development provided for the biopsychosocial and emotional well-being of infants, toddlers and children in relationship with their caregivers, environment and culture, and with respect for each child's unique experiences.	Y - <b>Benefit Limit:</b> Time-limited benefit subject to medical necessity criteria. Eligible members are those members who no longer have CYFD funding sources available to them; Annual expenditures for IMH will not exceed \$125,000. <b>Eligibility:</b> Members birth to age 3 or clear symptoms of a mental health disorder.	Y - available to parents, foster parents, caregivers of members 0 - 3 years. Total of \$200,000 max per calendar year. Not available in all locations.	N	N	
Nutritional Supplements	Y - This benefit provides nutritional supplements, such as Ensi	N	N	N	
Pharmacy Reimbursement Benefit	N	N	N	Y - \$50 reimbursement per year for non-prescription items for dual-eligible members receiving PCO benefits	

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Portable infant crib benefit	Y - one crib/child. Must be enrolled in Special Beginnings, complete pre-natal visit requirements, complete Back to Sleep program. Must have a pregnancy diagnosis.	N	N	N	
Post Hospitalization- Homeless lodging	Y - lodging for discharged members who require home health services at least 2x/week	Y -hotel lodging up to 2 weeks for members who require additional services.	N	N	
Respite Care (Enhanced)	Y - Up to 72 hours additional hours above the standard	N	N	N	
School Sports Physicals	N	Y - one/year, age 12-18 years	N	Y (Annual physical exam can be used)	
Toddler/Booster/Car Seat Program	Y - one car seat/child. Must complete pre-natal visit requirements	N	N	N	
Traditional Healing Benefit	Y - Two grants / calendar year; \$100 inpatient; \$250 outpatient. The benefit does not cover previous ceremonies, and does not cover large group ceremonies such as a squaw dance. Members identified as Native American / Alaska Native (NA/AN). SDCB can use the benefit and not have to utilize their budget	Y - \$200/year for in home services; \$100/year for services in clinic or hospital setting. Excludes SDCB	Y - for Native American members; \$200 grant per year	Y -\$100 per year reimbursement for any type with no prior auth. Not based on ethnicity	
Transitional Living for Chemically Dependent / Psychiatrically Impaired Adults	Y - This benefit would be an emergent 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 individuals with an identified plan to return to independent living. This is considered a short term emergency placement and should not exceed 30 days. <b>Benefit Limit:</b> Any member evaluated for this benefit will be expected to participate in the recommended psychiatric or chemical dependency treatment while in this level of care. Annual expenditures for this level of care will not exceed \$125,000. <b>Eligibility:</b> Members enrolled in outpatient substance abuse center or in active treatment for psychiatric issues.	Y age 21 and over: 180 days max per member per calendar yr, \$400,000 total program costs; age 17-21: 180 days max per member per calendar yr, \$700,000 total program costs. Avg LOS 3-5 months per member.	N	N	
Transportation - Enhanced	N	N	N	Y - Transportation to and from pharmacy or Mileage reimbursement for medical or pharmacy transport	
Weight Watchers	N	Y - 18 years and over with BMI >30 or 85th percentile for age/wt. 10 passes + 5 additional after 10 meetings. Not available in all areas.	N	N	

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**VALUE ADDED SERVICES SUBJECT TO CHANGE ON AN ANNUAL BASIS UNDER CENTENNIAL CARE**