

Attachment B

Molina Healthcare of New Mexico  
2017 Value Added Services

<b>DENTAL VARNISH</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> Available to children 0-3 years old. Members in the Alternative Benefit Plan (ABP) are not eligible.
<b>Prior Authorization:</b> No Prior Authorization is required to access this service.
<b>ELECTROCONVULSIVE THERAPY (ECT)</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> Medicaid members only. Members in the ABP are not eligible.
<b>Prior Authorization:</b> A Prior Authorization is required to access this service.
<b>INFANT MENTAL HEALTH</b>
<b>Description:</b> Infant Mental Health Services (IMH) targets children (0-5) in distress or with clear symptoms indicating a mental health disorder. IMH address problems with attachment and relationships in families, focus on the parent-child relationship, and are designed to improve infant and family functioning in order to reduce risk for more severe behavioral, social, emotional, and relationship disturbances as infants get older. Relationship-focused interventions to the parents, foster parents, or other primary caregivers with infants and toddlers. \$50,000 total program cost per calendar year for all IMH services rendered.
<b>Eligible Population:</b> Benefit available to parents/foster parents/caregivers of Members 0 - 5 years old.
<b>Prior Authorization:</b> A Prior Authorization is required to access this service.
<b>NEW MOTHERS' PROGRAM (Motherhood Matters)</b>
<b>Description:</b> This free program helps women get the education and services needed for a healthy pregnancy. Services may include counseling over the telephone, prenatal education materials and other resources, coordination with social services, and/or case management by a nurse. Members who complete both the Prenatal Care and Car Seat Safety Program before their baby is born are eligible to receive a free infant car seat. Members must register before their 35th week of pregnancy for the program. Members who receive their postpartum check-up within three (3) to eight (8) weeks of having their baby are eligible to receive a free toddler car seat.
<b>Eligible Population:</b> Both ABP and Medicaid pregnant mothers can access this service.
<b>Prior Authorization:</b> No prior authorization is required to access this service.
<b>NON-MATERNITY RELATED SERVICES TO WOMEN ENROLLED IN COE 301 FOR MATERNITY-RELATED SERVICES ONLY</b>
<b>Description:</b> 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.
<b>Eligible Population:</b> Pregnant women enrolled in maternity-only COE. Members in the ABP are not eligible.
<b>Prior Authorization:</b> Certain services require a Prior Authorization. Please refer to Molina's member handbook for services requiring prior authorization.
<b>POST DISCHARGE MEALS</b>

**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.

#### **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.

#### **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. \$200 per member per calendar year. Benefit excludes Self-Directed Community Benefit members. \$100,000 total program cost per calendar year for Medicaid members. \$50,000 total program cost per calendar year for ABP members.

**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.