

Name

Additional Environmental Modifications
Additional Respite Care
Adult Vision - Extended
Annual Adult Physical Exams
Baby Blocks Program ™
Dental Varnish
Electroconvulsive Therapy (ECT) - only available at UNMH:
Enhanced Care Coordination - Specialized Services
Enhanced Transportation
Full Medicaid Benefits for COE 301 Members - Pregnancy related services
Infant Car Seats
Infant Mental Health
New Mothers Benefit
Pharmacy Purchases Reimbursement Benefit
Portable infant crib benefit
Post Discharge Meals
Post Hospitalization - Homeless lodging
School-Based Health Center Services
School Sports Physicals
Traditional/Non-Traditional Healing Benefit
Transitional Housing
Vision
Transitional Living for Chemically Dependent/Psychiatrically Impaired
Wellness
Wellness/Drop In Centers Peer Support Services

**Blue Cross Community Centennial
2017 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 (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.

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.

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.

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. This VAS is limited to an annual expenditure 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 WOMEN

Description: This VAS extends full benefits to pregnant women eligible for Medicaid . Along with nonpregnancy related medical and prescription drug services, members with COE 301 or 035 also have coverage for routine dental, vision (including eye glasses and check-ups), transportation benefits. Dental, vision and transportation services will be allowed in conjunction with the subcontractors of LogistiCare, Davis Vision and DentaQuest. There is no annual cap for Medicaid members.

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 members with an opportunity to receive a safe child car seat free of charge. This VAS is limited to one seat per delivery.

Eligible Population: Both Medicaid and ABP pregnant members.

Prior Authorization: To qualify for the Infant Car Seat, the member must complete the prenatal visit requirements and includes enrolling in the BCBSNM Special Beginnings program . Once this is complete, an authorization is issued for one infant car seat per delivery.

INFANT MENTAL HEALTH PROGRAM

Description: These treatment services are designed to ameliorate or reduce the risk of social, emotional and behavioral disorders and disruptions in the relationship between an infant and parent/caregiver. Infant Mental Health services address attachment and relationship problems and focus on the parent-child dyad. This VAS program has an annual cap 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 service.

PORTABLE INFANT CRIBS

Description: The portable infant crib VAS provides pregnant members with an opportunity to receive a portable crib free of 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 a spending cap of \$25,000 per year.

Eligible Population: Both Medicaid and ABP pregnant members.

Prior Authorization: An authorization for this VAS is issued once the member completes the requirements for the VAS, which include enrolling in the BCBSNM Special Beginnings program and completing prenatal visit requirements and the Back to Sleep program.

TRADITIONAL MEDICINE

Description: The traditional medicine benefit is available to Native American members under both the Medicaid and ABP programs for traditional or healing practices in the treatment of diagnosed medical conditions. Members are 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 \$25,000 annually.

Eligible Population: Native American members in both Medicaid and ABP.

Prior Authorization: These services are verified by requiring the member to return a signed HSD approved verification form to the Care Coordinator.

TRANSITIONAL LIVING FOR CHEMICALLY DEPENDENT/PSYCHIATRICALY IMPAIRED ADULTS AND CHILDREN

Description: This 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 individuals with an identified plan to return to independent living. This is considered a short term emergency placement and is limited to 30 days. This VAS program is limited to an annual expenditure of \$125,000.

Eligible Population: Members enrolled in an outpatient substance abuse center or in active treatment for psychiatric issues. Members in the ABP are not eligible.

Prior Authorization: Prior Authorization is required. Eligible members are expected to participate in the recommended psychiatric or chemical dependency treatment while in this VAS.

**Molina Healthcare of New Mexico
2017 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.

INFANT MENTAL HEALTH

Description: 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.

Eligible Population: Benefit available to parents/foster parents/caregivers of Members 0 - 5 years old.

Prior Authorization: A Prior Authorization is required to access this service.

NEW MOTHERS' PROGRAM (Motherhood Matters)

Description: 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.

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.

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.

**Presbyterian Health Plan, Inc.
2017 Value Added Services**

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 APB not eligible

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

EXPANSION OF CATEGORY 301/035 BENEFITS

Description: Provision of full medical benefits and partial dental benefits to all women who are 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 not eligible.

Prior Authorization: No Prior Authorization required.

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 both Medicaid and ABP.

Prior Authorization: No Prior Authorization required.

PHARMACY PURCHASES REIMBURSEMENT

Description: Plan members who have Medicare can receive a \$50 Annual reimbursement for purchases at a pharmacy of one or more of the following items: First aid items; Over-the-counter medications; Nutritional supplements; Non-prescription medical and hygiene supplies such as humidifiers, removable shower heads, canes, non-prescription reading glasses; Pharmacy copayments. PHP Centennial Care members who are eligible for this benefit receive an annual form in the mail to complete and return receipts valued up to \$50 per year, once a year.

Eligible Population: Any PHP Centennial Care member who is also enrolled in a PHP Medicare (HMO or PPO) plan. Not available to ABP members.

Prior Authorization: No Prior Authorization is required to access this service.

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.

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.

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.

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.

(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.

**UnitedHealthcare Community Plan
2017 Value Added Services**

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| ADDITIONAL RESPITE |
| Description: Members who are receiving Agency Based Community Benefit would now be eligible for 150 hours of respite annually. This is 50 hours of additional respite. |
| Eligible Population: Members receiving Agency Based Community Benefit. |
| Prior Authorization: Prior Authorization required. |
| ADDITIONAL ENVIRONMENTAL MODIFICATIONS |
| Description: Increased Environmental Modification Benefit from \$5000 to \$6500 every 5 years for all members with a community Nursing Facility Level of Care (NFLOC). This is \$1500 additional for environmental modifications. |
| Eligible Population: All members with a community Nursing Facility Level of Care (NFLOC). |
| Prior Authorization: Prior Authorization required. |
| ANNUAL PHYSICAL EXAM |
| Description: Annual History and Physical for all Non-Dual members. Member can go to their Primary Care Provider and receive an annual History and Physical. |
| Eligible Population: All Non-Dual members. Medicaid only. |
| Prior Authorization: No Prior Authorization required. |
| BABY BLOCKS PROGRAM |
| Description: Baby Blocks is an innovative program designed to encourage pregnant women and new mothers to attend their prenatal, post-partum and well-baby appointments. Baby Blocks reminds and rewards members for attending appointments during their pregnancy and into the first 15 months of their baby's life. Each incentive is offered at eight different milestones between program enrollment and baby's 15-month birthday. Incentives offered will depend upon the milestones reached. Enrolled members have a choice of selecting items that either focus on health and wellness or functional and fun. Incentives are sent to members within one week of unlocking each block. Our members are offered incentives for just enrolling into the program. By completion of the program, the member has the potential to select from fourteen other such incentives. |
| Eligible Population: Medicaid and ABP Pregnant Women. |
| Prior Authorization: No Prior Authorization required. |

(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.

DENTAL VARNISH

Description: Fluoride Dental Varnish for children 6 months to 3 years of age.

Eligible Population: children 6 months to 3 years of age.

Prior Authorization: No Prior Authorization required.

ELECTROCONVULSIVE THERAPY COVERAGE

Description: Electroconvulsive Therapy (ECT) is a well-established, inpatient treatment modality which can be life-saving in specific clinical situations. Electroconvulsive therapy (ECT) is a beneficial treatment for certain disorders and is usually administered in an inpatient or outpatient facility that provides both psychiatric and anesthesiology services. ECT should be considered when a member has severe or treatment resistant depression, psychotic disorders, or prolonged or severe mania. In addition, ECT may be indicated when there is a history of a positive response to ECT, a contraindication to standard psychotropic medication treatments, or when there is an urgent need for response, such as severe suicidality or food refusal leading to nutritional compromise.

Eligible Population: Both Medicaid and ABP members are able to access this service.

Prior Authorization: A Prior Authorization is required to access this service.

ENHANCED TRANSPORTATION

Description: Transportation to and from Pharmacy or mileage reimbursement to and from Pharmacy.

Eligible Population: Both Medicaid and ABP are able to access this service.

Prior Authorization: Pharmacy transport requests are required to be made 72 hours prior to transport unless in the case of an emergency. Pharmacy transport does have a distance limitation on a case-by-case basis. Needs to be the closest pharmacy that can provide the service. Limited to 6 one way trips per calendar year.

FULL MEDICAID BENEFITS FOR PREGNANT MOTHERS

Description: Full Medicaid Benefits for Category 301 members.

Eligible Population: Enrolled as Medicaid Category 301.

Prior Authorization: No Prior Authorization is required to access services.

NEW MOTHER'S BENEFIT

Description: Baby Diapers; Choice of Infant Seat, Car Seat, OR Travel Crib as well as Coverage for Doulas (Birthing Coaches). Prenatal members participating in UHC Baby Blocks program and qualify for the 24 week and/ or the 32 week Baby Blocks rewards OR Postpartum appointment for mothers who deliver prior to 32 weeks can choose one of the following: A box of baby diapers, an infant car seat, a standard car seat, or a travel crib. Reimbursement for use of a Doula (Birthing Coach) following the post-partum appointment.

Eligible Population: Pregnant Mothers. Access to the benefits occurs once the member is enrolled in the Plan's Baby Blocks Program.

Prior Authorization: No Prior Authorization is required to access this service.

PHARMACY PURCHASES REIMBURSEMENT

Description: Plan members who have Medicare can receive a \$50 Annual reimbursement for purchases at a pharmacy of one or more of the following items: First aide items; Over-the-counter medications; Nutritional supplements; Non-prescription medical and hygiene supplies such as humidifiers, removable shower heads, canes, non-prescription reading glasses; Pharmacy copayments. UHC Centennial Care members who are eligible for this benefit receive an annual form in the mail to complete and return receipts with up to \$50 per year, once a year.

Eligible Population: Any UHC Centennial Care member who also have any form of Medicare.

Prior Authorization: No Prior Authorization is required to access this service.

TRADITIONAL HEALING & WELLNESS BENEFIT

Description: Reimbursement to member or healer for Traditional Healing services performed in an in-patient or out-patient setting. \$250/twice per year for in-patient healing services (member must be Native American); \$200/once per year for out-patient healing services (available to all UHC members). \$250 twice per year inpatient requires a member to have had an overnight stay. Outpatient benefit includes but is not limited to: Native American Healing & Ceremonies, Curanderismo, Herbs & Herbal Remedies, Therapeutic Massage, Chiropractic, Acupuncture, Exercise Items &/or Classes, Gym.

Eligible Population: All UHC Native American Members.

Prior Authorization: No Prior Authorization is required to access this service. Note that the In patient benefit is for Native American members only and requires at least one overnight stay in the hospital. The Outpatient benefit is for all UHC members.

TRANSITIONAL HOUSING - HOTEL/MOTEL

Description: \$200 Hotel/Motel Card is a Pre-Paid MasterCard which can be used for room(s) at a hotel/motel in New Mexico. It can be requested by a member's Wellness Center/Treatment Center or Behavioral Health provider where no Treatment Center exists. Request can be once every two years per member.

Eligible Population: UHC Members age 18 and older.

Prior Authorization: No Prior Authorization is required to access this service, however, must be requested by a member's Wellness Center, Treatment Center or Behavioral Health provider where no Treatment Center exists.

VISION, ENHANCED DENTAL, & ENHANCED HEARING BENEFIT FOR ABP MEMBERS - "CARE CARD"

Description: \$300 pre-paid Master Card every 24-months (two years) to use toward vision exam, eyewear, and/or contact lenses; non covered dental such as adult orthodontics; non covered hearing, such as hearing aids.

Eligible Population: Enrolled in the Alternative Benefit Package. **Category 100**

Prior Authorization: No Prior Authorization is required to access this service. Member must have completed their annual HRA as well as been enrolled with UHC more than 90 days.

WELLNESS/DROP IN CENTERS PEER SUPPORT SERVICES

Description: Peer support services at Wellness/Drop-In Centers Certified Peer Support Workers on a 1:1 or group setting basis.

Eligible Population: ALL UHC Members.

Prior Authorization: No Prior Authorization is required to access this service, however, must be requested by a member's Wellness Center, Treatment Center, or upon CHR/CHW referral.