

MCO HEALTHCHOICE SPECIAL CAPITATION ENROLLEE FORM

(AIDS)

INSTRUCTIONS FOR MCOS

1. The MCO representative should complete this form when the MCO becomes aware that a recipient has tested positive for AIDS.
2. All sections of the form must be completed by the MCO representative who will be the contact for DHMH. **This form must be signed by the MCO Medical Director.**
3. Results of laboratory testing or verification of an opportunistic infection that establishes a diagnosis of AIDS must be mailed to the Infectious Disease and Environmental Health Administration (IDEHA), Center for HIV Surveillance and Epidemiology (CHSE):

IDEHA/CHSE
500 North Calvert Street, 5th Floor
Baltimore, Maryland 21202
Attn: MCO Coordinator

4. A temporary span for a period of six months will be placed in the MCO enrollment records for the recipient in order to pay the enhanced capitation rate. The form will be forwarded to IDEHA/CHSE.
5. Once the diagnosis is confirmed by IDEHA/CHSE, a permanent span will be placed in the MCO enrollment records. If the diagnosis is not confirmed, the temporary span will be invalidated after a period of nine months and replaced with a regular capitation span. All spans will start at the beginning of the month. Capitation will be paid beginning the month the diagnosis was confirmed or going back two years from the time the Special Capitation form was received if the diagnosis was determined more than two years ago.
6. Any questions related to HIV can be addressed to the IDEHA/CHSE MCO Coordinator at 410-767-5812 or 410-767-5939.

Mail forms or hand carry to:

DHMH - HealthChoice Enrollment Unit
201 W. Preston Street
Room L9
Baltimore, Maryland 21201
Attention: Rosemary Vranish

AIDS information is highly confidential and cannot be faxed or emailed.