

MCO HEALTHCHOICE SPECIAL CAPITATION ENROLLEE FORM

(HIV+)

INSTRUCTIONS FOR MCOS

1. The MCO representative should complete this form when the MCO becomes aware that a recipient has tested positive for HIV.
2. All sections of the form must be completed by the MCO representative who will be the contact for DHMH.
3. Results of laboratory testing to support the verification method that established a diagnosis of HIV+ 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. Once the diagnosis is confirmed, a permanent span will be placed in the MCO enrollment records. Capitation will be paid beginning the day the diagnosis was confirmed or going back two years from the time the Special Capitation form was received if the diagnosis was greater than two years.
5. Any questions related to HIV can be addressed to IDEHA/CHSE 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
Phone: 410-767-5321

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