

MCO HEALTHCHOICE SPECIAL CAPITATION ENROLLEE FORM

(HIV+ Pediatric)

(Patients less than 13 years of age at time of diagnosis, excluding newborns)

INSTRUCTIONS FOR MCOS

1. The MCO representative should complete this form when the MCO becomes aware that a recipient who is less than 13 years old 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. According to CDC guidelines, additional information concerning the mother and where the child was born is also necessary.
4. Once the diagnosis is confirmed, a permanent span will be placed in the recipient's enrollment record. 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 determined more than two years ago.
5. Results of laboratory testing which follows CDC guidelines to establish 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

6. Any questions related to HIV can be addressed to the MCO Coordinator, IDEHA/CHSE at 410-767-5812 or 410-767-5939.

Mail Capitation 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.