SPECIAL BULLETIN

FOR HEALTH OPTIONS PROVIDERS

JUNE 1, 2016

ATTENTION PROFESSIONAL PROVIDERS

STATE REVISIONS AND UPDATES TO THE COMPREHENSIVE MEDICAL REPORT B (MAP B) FORM

As you know, an annual Comprehensive Medical Report B (Map B) form is required to be completed by the treating provider for members with a diagnosis of HIV or AIDS who meet the Acute Hospital Level of Care. These members may receive nutritional supplements to ensure proper treatment for members experiencing weight loss, wasting, malabsorption and malnutrition, or for members who are identified as a nutritional risk. If members do not meet the Acute Hospital Level of Care, they may be disenrolled from the DSHP PLUS LTSS AIDS WAIVER PROGRAM.

Remember: Providers must complete the entire Map B form and answer the specific question regarding Acute Hospital Level of Care.

Acute Hospital Level of Care (AIDS/HIV):	VFS	NO
Acute nospital Level of Care (AIDS/niv):	1 Lo	NO

The revised form can be located on the state site for you to review: dmap.state.de.us/downloads/forms/LTC.Comprehensive.Medical.Report.B.pdf

As always, thank you for caring for our members.

