



ATTACHMENT F – RESERVED

FORM HAS MOVED TO AMPM POLICY 310-P, MEDICAL EQUIPMENT, MEDICAL APPLIANCES, AND MEDICAL SUPPLIES¹

CONTRACTOR: _____

REPORTING PERIOD (1) OF (MM TO MM, YY): _____

(2) MEDICAL EQUIPMENT TYPE	(3) NUMBER OF PROVIDED	(4) AVERAGE TIME	(5) GOAL
Customized Wheelchairs			
Customized Hospital Beds			
Augmentative Communication Devices			

INSTRUCTIONS FOR ATTACHMENT F:

ACC, E/PD, and DDD Contractors shall submit Attachment F and a cover letter as specified in the Contract.

1. ~~The months and calendar year covered by the reporting period.~~
2. ~~The type of Medical Equipment provided. Contractors shall report the identified Medical Equipment provided to members placed in Home and Community Based settings only.~~
3. ~~The number of Medical Equipment provided to members during the reporting period (Note: ‘Provided’ includes delivery of the Medical Equipment itself and completion of installation and/or training to the member. Augmentative Communication Devices ‘Provided’ includes delivery of device and completion of first training visit.~~
4. ~~The Average time in days from the request for the service authorization to the service being provided.~~
5. ~~The goal set by the plan for the expected timeframes for provision of the Medical Equipment.²~~

¹ Form has been Reserved as an Attachment to this Policy and is being moved to AMPM Policy 310-P.

² Transferred to AMPM Policy 310-P