

**Health Planning Council of Southwest Florida, Ryan White Part B
Request for Authorization Policy**

Effective: 02/01/08

The Southwest Florida Regional HIV/AIDS Council (RHAC) and the Health Planning Council of Southwest Florida (HPC) authorized payment for all non-medical, non-case management services.

Requestors

Requests for authorization of payment come only from contracted primary care, case management, and pharmacy (SCHD, CoCHD) providers. This is to ensure that the client is eligible at the time of service and that there is no other payer source for the service.

Method of Request

All requests for authorization must come in writing either by fax or email on the most recently adopted HPC request form. The form must be completely filled out. No telephone authorizations will be accepted. Authorizations may be denied if HPC cannot get the vendor to submit timely invoices to us. HPC may request CM use another vendor if this happens.

Turnaround Time

HPC has 48 hours to respond to a request for authorization. HPC will strive to have all authorizations received by 3PM turned around by 4:30PM the same day. Due to the volume of requests, HPC will not respond to telephone inquiries regarding the status of a request. This policy will be strictly enforced.

Emergencies

HPC recognizes there are emergency situations where an authorization request needs to be handled immediately. An emergency is an imminent (that day) situation such as a baby being discharged that afternoon without medications. This will be handled on a case by case basis.

I, (print client name) _____, have read and understand the above policy. I understand my responsibilities to seek other sources of reimbursement or coverage, and seek reimbursement back to the RWII program where applicable. I understand I must be compliant with the requirements for assistance outlined above or I risk being ineligible for further assistance.

Client Signature: _____

Date: _____

Case Manager: _____

Date: _____