



Hemophilia Assistance Program Fact Sheet

For more information, see the *Hemophilia Assistance Program Provider Manual* available on the [HAP website](#) or upon request. For complete HAP Rules, visit the Secretary of State's website at www.sos.state.tx.us/tac/index.shtml, under Title 25, Part 1, Chapter 37, Sub-Chapter F.

Program Overview

The Hemophilia Assistance Program (HAP) helps people with hemophilia pay for their blood factor products or provides reimbursement for health insurance premium payments.

Applicant Eligibility Requirements

1. A diagnosis of Hemophilia A (congenital factor VIII disorder), Hemophilia B (congenital factor IX disorder); or Hemophilia C (congenital factor XI disorder) and certified by a licensed physician
2. Age 21 or older
3. Texas resident
4. Not be incarcerated or a ward of the state
5. Not eligible for the Children with Special Health Care Needs Services Program, Texas Medicaid Program or Medicare
6. Income level at or below 200% of the Federal Poverty Level Guidelines
7. A completed program application for benefits. Forms are available on the HAP website or by calling the HAP Helpline.

Provider Eligibility Requirements

1. Be a pharmacy, hospital, or blood bank legally doing business in Texas.
2. Be a current Texas Medicaid Program provider, and not be currently suspended as a HAP or Texas Medicaid Program provider.
3. Agree to accept established rates as payment in full.
4. Must have a HAP Provider Enrollment Form, Provider Agreement and Child Support Certification form on file. A complete enrollment packet is available by calling the HAP Helpline.

Payment of Benefits and Limitations

Allowable Products

- All benefits are limited to those allowable products prescribed by a physician and received in Texas from a HAP-contracted provider.
- Eligibility must be established before any payments can be made.
- Payment is made for no more than the prior-authorized amount.
- HAP is the payor of last resort. Clients with drug coverage through private or group insurance are ineligible for benefits until that coverage has been exhausted. HAP will not supplement any Medicaid or Medicare payments.
- Providers must request and receive a prior authorization number for each issuance of blood factor.
- Reimbursement for blood factor product includes home delivery and infusion supply costs. Other supplies provided separately are not covered.
- Providers must submit claims on Form # CMS 1500 to HAP with a copy of the invoice within filing deadlines. HAP does not supply forms.

Insurance Premium Reimbursement

- For reimbursement, clients with an approved health insurance plan must submit proof of each monthly paid premium.
- Reimbursement is made directly to eligible clients.

Benefit Limitations

All benefits are based on availability of program funds. Benefits for blood products for approved clients are provided on a first come, first served basis. At no time will payments exceed \$25,000 per person, per fiscal year.

Claim Filing Deadlines

Authorized claims must be submitted on Form # CMS 1500 claim form and received by HAP within 95 calendar days from of the date of service.

Denied claims may be considered for payment if the claim is corrected and resubmitted within 30 calendar days following the date of the HAP notice of denial or within the initial 95 calendar day filing deadline, whichever is later.

Conditional Authorizations

Providers must request conditional prior authorization within five working days from the date of service for applicants who begin or are in the process of acquiring eligibility for HAP. The claim is paid if the client is eligible within 30 calendar days from the date of service.

Appeals

Concerns regarding claims payment or other program decisions must be made in writing within 30 days of the date on the Explanation of Benefits, by email or by sending a letter with all supporting documentation to:

**Hemophilia Assistance Program
Administrative Review
MC 1938
PO Box 149347
Austin, TX 78714-9347**