



**Texas Department of State Health Services**  
**HEMOPHILIA ASSISTANCE PROGRAM (HAP)**  
**FACT SHEET FISCAL YEAR (FY) 2009**

**Program Coverage:**

- Blood derivatives, blood concentrates, and manufactured pharmaceutical products (A list of covered products and allowable rates is available via the DSHS HAP Website at <http://www.dshs.state.tx.us/hemophilia> or upon request.)
- HAP Rules can be found at the Secretary of State’s website at <http://www.sos.state.tx.us/tac/index.shtml> under Title 25, Part 1, Chapter 37, Sub-Chapter F.

<p><b>Applicant Eligibility Requirements:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Age 21 or older.</li> <li>• Texas resident.</li> <li>• Not be incarcerated or a ward of the state.</li> <li>• Not eligible for the Children with Special Health Care Needs (CSHCN) Services Program, Texas Medicaid Program or Medicare.</li> <li>• Income level at or below 200% of the federal poverty level guidelines.</li> <li>• Submit a completed application for benefits to the HAP program. A complete application form is available via the web at: <a href="http://www.dshs.state.tx.us/hemophilia">http://www.dshs.state.tx.us/hemophilia</a>, or by calling toll free at 1-800-222-3986 or locally at 512 458-7150.</li> </ul>	<p><b>Provider Eligibility Requirements:</b></p> <ul style="list-style-type: none"> <li>• Must be pharmacy, hospital, or blood bank legally doing business in Texas.</li> <li>• Must be a current Texas Medicaid Program provider, and not be currently suspended as a HAP or Texas Medicaid Program provider.</li> <li>• Must agree to accept established rates as payment in full, although such fees may be below the usual and customary charges.</li> <li>• Must have a HAP Enrollment Form, Provider Agreement and DSHS Child Support Certification form on file. A complete enrollment packet is available by calling toll free at 1-800-222-3986 or locally at 512 458-7150.</li> </ul>
<p><b>Payment of Benefits:</b></p> <ul style="list-style-type: none"> <li>• Eligibility must be established before any payment for services can be made.</li> <li>• Clients eligible for drug coverage through private or group insurance are not eligible for HAP benefits until that coverage has been exhausted.</li> <li>• All HAP benefits are limited to those allowable products prescribed by a physician and received in Texas from HAP contracted provider.</li> <li>• Providers must request and receive a prior authorization number prior to each issuance of blood factor.</li> <li>• Payment is made for no more than the prior authorized amount.</li> <li>• Reimbursement is for blood factor product and does include home delivery and infusion supply costs. Any and all other supplies provided separately are not covered.</li> <li>• Provider submits claims on Form CMS-1500 to the HAP with a copy of the invoice within filing deadlines. Providers may purchase CMS-1500 claim forms from the vendor of their choice. The HAP does not supply the forms.</li> <li>• HAP will not supplement any Medicaid or Medicare payments.</li> <li>• HAP is the payor of last resort.</li> </ul>	<p><b>Conditional Authorizations:</b></p> <ul style="list-style-type: none"> <li>• The provider 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.</li> </ul> <p><b>Claim Filing Deadlines:</b></p> <ul style="list-style-type: none"> <li>• Authorized claims must be submitted on the CMS 1500 claim form and received by HAP within 95 calendar days from of the date of service. Claims will be paid, denied, or rejected within 30 calendar days of receipt by the HAP.</li> <li>• 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.</li> </ul> <p><b>Program Limitations:</b></p> <ul style="list-style-type: none"> <li>• Benefits for blood products for approved clients are provided on a first come, first served basis, as long as funds are available. At no time will payments exceed \$25,000 per person, per fiscal year.</li> <li>• All benefits are based on availability of program funds.</li> </ul> <p><b>Claim Payment Disputes:</b></p> <ul style="list-style-type: none"> <li>• Concerns regarding claims payment must be made in writing by sending a letter with all supporting documentation to the QA/UR and Administrative Review Group at: DSHS, Purchased Health Services Unit, MC 1938, PO Box 149347, Austin, TX 78714-9347 or calling toll free 1-800-222-3986 or 512-458-7150 in Austin.</li> <li>• If HAP and the Provider cannot resolve the dispute in the ordinary course of business, the Provider may submit a written notice to the DSHS Office of General Council at Texas Department of State Health Services, Office of General Council, PO Box 149347, Austin, Texas 78714-9347 in accordance with 25 Texas Administrative Code, Part 1, Chapter 1, Subchapter V §§1.431-1.447.</li> </ul>

For additional information please contact the HAP Program at: 1-800-222-3986 or 512-458-7150  
or HAP Department of State Health Services Purchased Health Services Unit, MC 1938,  
PO Box 149347, Austin, TX. 78714-9347  
You can also contact us via the web at <http://www.dshs.state.tx.us/hemophilia>