



TEXAS
Health and Human
Services

**Hemophilia Assistance Program
(HAP)
Provider Manual**

September 1, 2007

A. APPLICANT ELIGIBILITY REQUIREMENTS

To be eligible to receive HAP benefits, an individual must:

1. Have a diagnosis of hemophilia certified by a licensed physician.
2. Be age 21 or older.
3. Be a Texas resident, not incarcerated in a city, county, state or federal jail or prison, or be a ward of the state.
4. Have an income level at or below 200% of the federal poverty level guidelines.
5. Be ineligible for Medicare or Medicaid benefits.
6. Update their eligibility annually.

B. CLIENT BENEFITS/LIMITATIONS

1. Client benefit is up to \$25,000 per fiscal year on covered products and based on availability of program funds. A list of currently covered products is included in this packet and the most up-to-date version may be viewed on the web at <http://www.dshs.state.tx.us/hemophilia/default.shtm>.
2. Clients eligible for drug coverage under a private/group health insurance plan are not eligible to receive HAP benefits until drug coverage under the private/group health insurance plan has been exhausted.

C. PROVIDER ELIGIBILITY REQUIREMENTS

Any pharmacy, hospital, or blood bank legally doing business in Texas may request to become a HAP Provider. However, based on the number of eligible clients and program capacity, HAP may make binding agreements or contractual arrangements with a limited number of Providers for purposes of cost containment and quality assurance. To enroll with HAP, a Provider must:

1. Complete and return a HAP Enrollment Form, Provider Agreement, and Child Support Certification Form.
2. Be a current Texas Medicaid Provider, and not be currently on suspension as a HAP or Texas Medicaid Provider.

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3. Agree to accept established payment as payment in full for authorized services, although such payment may be below the usual and customary charges.
4. Reimburse HAP for any overpayments upon request.

D. HAP AUTHORIZATION REQUIREMENTS

1. Providers must request and receive a pre-authorization number prior to each issuance of blood factor product. Requests must be within the client's maximum allowable per year (\$25,000 cap per client per fiscal year). Request pre-authorization by calling 1-800-222-3986, extension 6997. Requests made after normal business hours may be left on voice mail.
2. Pre-authorization requests for covered prescriptions will only be considered for prescriptions with a current date.
3. HAP will grant conditional authorizations for clients who begin or are in the process of acquiring eligibility for HAP. Providers must notify HAP within five business days from the date of delivery of the blood product. The claim is considered for payment if the client is eligible within 30 calendar days from the date of service.

E. PAYMENT OF BENEFITS

1. HAP is the payer of last resort.
2. HAP may reduce the reimbursement rates if it is deemed necessary in response to budgetary limitations and constraints.
3. Reimbursement is for blood factor product only. No reimbursement shall be made for supplies.
4. Prior authorization is a condition for reimbursement; it is not a guarantee of payment. Services provided to ineligible clients will not be reimbursed.
5. Authorized claims must be submitted on the CMS-1500 form within 95 calendar days from the date of service to HAP at the following address:

Hemophilia Assistance Program
Office of Primary and Specialty Health,
MC 1938 Texas
P.O. Box 149347
Austin, TX 78714-9347

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6. Reimbursement is made for no more than the pre-authorized amount and Provider will receive an Explanation of Benefits (EOB) for claims paid and/or denied.
7. Claims will be rejected, paid, or denied, within 30 calendar days of receipt by HAP.
8. Rejected claims are claims that failed to meet the filing deadline, were submitted for ineligible recipients, or submitted for recipients with current third party coverage. If the claim is rejected because the recipient has current third party coverage, the claim must be filed with the third party and an Explanation of Benefits (EOB) or letter from the carrier stating that the recipient has exhausted all benefits received prior to filing the claim with HAP. Once in receipt of the third party EOB or letter, the Provider has 30 calendar days from the date on the EOB to re-file the claim with HAP. Rejected claims will be reconsidered only if re-submitted with documentation evidencing timely filing, eligibility, or no or partial payment by a third party, as applicable.
1. Denied claims are claims which are incomplete, submitted on the wrong form, or submitted with inaccurate information. Denied claims will be considered for payment if the Provider corrects the claim and returns it to the program along with a copy of the HAP EOB within the initial 95-day filing deadline or 30 calendar days of the notice of denial, whichever is later. Corrections must be made to the original CMS-1500 if possible. If a new claim form is submitted, the original claim form must accompany the new claim form. Additional purchases will not be considered for payment on a resubmitted claim.

F. OVERPAYMENTS

Vendors who have been overpaid may have future payments adjusted to satisfy the overpayment(s). If no further claims are submitted, Providers will be asked to reimburse HAP directly for any overpayment(s).

G. DISPUTES

The HAP is committed to providing responsive customer service to its providers. Concerns regarding claims payment must be made in writing by sending a letter to the QA/UR and Administrative Review Group in the Office of Primary and Specialty Health at the address listed above, or over the phone at 1-800-222-3986 or 512-458-7150. All supporting documentation for the request must be included. If HAP and the Provider cannot resolve a dispute in the ordinary course of business, the Provider may submit a written notice with the HHSC Office of General Council in accordance with 25 Texas Administrative Code, Part 1, Chapter 1, Subchapter V §§1.431-1.447. Refer to [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.viewtac](http://info.sos.state.tx.us/pls/pub/readtac$ext.viewtac) for specific information or go to the Secretary of State website at <http://www.sos.state.tx.us/tac/> and click on the TAC Viewer.