**Virginia Bleeding Disorders Program**
**Pool of Funds Guidelines**
**Division of Child and Family Health**
**Virginia Department of Health**

## Introduction

The Virginia Bleeding Disorders Program provides a limited amount of money to assist Virginia's uninsured and underinsured persons children with inherited bleeding disorders receive care they otherwise could not afford. The Virginia Bleeding Disorders Program (VBDP) receives Title V funds from the federal Maternal and Child Health Block Grant and state general funds. This is not an entitlement program. The following guidelines have been developed to allocate the funds to the children with the greatest financial need.

## Covered Conditions

Inherited bleeding disorders such as hemophilia or von Willebrand Disease are considered covered conditions.

## Covered Services

Covered services under Pool of Funds distribution are services that are medically necessary for the treatment of the inherited bleeding disorder in consultation with the comprehensive bleeding disorder programs (CBDP) located in medical centers in Virginia. The covered services are limited to medications related to the outpatient or home treatment of bleeding disorders, including:

1. Factor concentrate
2. Intranasal desmopressin
3. Antifibrinolytic agents
4. Home shipment of these medications where appropriate

**All medications will be procured through the Virginia Department of Health Pharmacy.**

## Restricted services that may be covered but must be preauthorized by a review panel:

1. Immune tolerance therapy
2. Primary prophylactic treatment
3. Secondary prophylactic treatment of more than one month's duration
4. Medications needed for elective procedure that has an impact on future bleeding or joint outcome



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**For a restricted service to be preauthorized:**

1. The referring CBDP must submit the preauthorization request form with appropriate documentation to the VBDP Program;
2. VBDP will convene a review panel consisting of a physician, a social worker and a nurse from a federally funded CBDP in VA that is not currently providing care to the patient.
3. If the review panel recommends the use of VBDP Pool of Funds, the reviewed services will be charged to the program through contracted vendors.
4. If the review panel denies the use of VBDP Pool of Funds, the patient may appeal as delineated later in this guidance.

**Noncovered Services**

1. Medications dispensed from hospitals during inpatient or emergency room visits.
2. Medications dispensed from specialty pharmacies.

**Eligibility Requirements**

Patients must meet all of the following requirements to obtain funds from the Pool of Funds.

- **Residency Requirements**

Use of the Pool of Funds is based on the residence of the child. Eligible children must be Virginia residents with proof of residency. A post office box in Virginia does not establish residency. Examples of verification of residency are Virginia motor vehicle registration, Virginia driver's license, proof of payment of Virginia state income taxes, proof of enrollment in a local school, or a lease or utility bill in the name of the applicant or child's parent/legal guardian. The regional pool of funds used is based on the child's place of residence.

- **Financial Requirements**

The Pool of Funds program is designed for families with gross family income at or below 200% (233% in Northern Virginia) of the Federal Poverty Level (FPL) based on the Virginia Department of Health's Regulations Governing Financial Eligibility for Services (12 VAC 5-200). Patients with incomes above 200% FPL may receive services from the Pool of Funds after meeting spend-down. Once the family has incurred or been billed for medical services equaling 5.0% of their gross annual income for medical bills of the patient(s), during the twelve month period from the date of admission to the program, the Pool of Funds may be accessed for covered services. Allowable medical expenses include doctor or dentist bills, hospital bills, medication bills, health insurance premiums paid by patient or family, and certain medical supplies. Medical expenses paid by Medicaid, Medicare or insurance do not apply to spend-down. Bills

may be incurred during a twelve month period, beginning six months prior to the eligibility date of a newly enrolled or reenrolling patient. If a patient loses health care coverage during after annual enrollment, bills incurred six months prior to the loss of coverage may be included in spend-down. Due to the extremely high cost of hemophilia medications, patients with inherited bleeding disorders may pay the annual medical spend-down in twelve equal monthly installments to the program coordinator. The spend-down must be fully paid by the end of the 12-month period from the annual recertification date.

- **Health Insurance**

The Pool of Funds covers persons without health insurance, persons with health insurance that may not cover all of their medical expenses (underinsured), and persons on a pre-existing condition clause of their insurance. The Pool of Funds, however, is considered the payer of last resort. Therefore, all attempts to obtain health insurance will be made by the patient and family in conjunction with the Virginia Bleeding Disorders Program before the patient is eligible for Pool of Funds.

For persons with no health insurance, the patient must be screened for state and federal medical assistance programs including FAMIS, FAMIS Plus, and Supplemental Security Income, if indicated. Persons with no health insurance must be screened for, and if warranted complete all necessary applications and requirements for Patient Services, Incorporated assistance in procuring or maintaining health insurance coverage.

## Limitations of the Pool of Funds

The Pool of Funds consists of a limited amount of grant funds that may be replenished annually. The Center reserves the right to deny access to the Pool of Funds for an otherwise eligible patient if the funds are depleted.

## Policies and Procedures

1. The patient shall be deemed eligible for the Pool of Funds once:
   a. The patient/family has completed a financial and insurance eligibility application;
   b. The VBDP has determined that the patient/family has exhausted insurance and other sources of payment for the patient's care; and
   c. The VBDP has approved the application and services.
2. Authorization by the VBDP shall be required **PRIOR** to the commencement of all covered services.

3. Outpatient factor for home use shall be limited annually to $15,000. Extraordinary circumstances may warrant an exception to this limit and must be appealed to the VBDP Review Panel.
4. The VBDP will review the policies and procedures at least every year.

## VBDP Review Panel

If a request for the use of Pool of Funds is denied, the patient/family or the referring CBDP may ask for the decision to be reviewed by the VBDP Review Panel. The panel consists of a physician, nurse and social worker from a federally funded CBDP in Virginia that is not currently providing medical care to the patient. Pre-service reviews will receive written notification of response within thirty days after receipt of request. Post-service reviews will receive written notification of response within sixty days after receipt of request. Emergency reviews must be submitted within 48 hours of the precipitating event.

## Appeal Process

If a request for assistance from the Pool of Funds is denied and the VBDP review process is exhausted, the family may appeal the decision in writing to the Program Administrator of the Children with Special Health Care Needs Program, Office of Family Health Services at the Virginia Department of Health (VDH). Advice may be sought from the VDH Adjudication Officer in cases where it is deemed necessary. The Adjudication Officer's decision is final and binding.