The Health Assistance Program

Helping to reduce healthcare costs for underinsured and uninsured individuals.

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THE University of Vermont MEDICAL CENTER

History of HAP

- Began as part of Fletcher Allen Free Clinic out of MOB.
- Had limited funding reserved for UVMMC Patients.
- The Health Assistance Program is part of the Vermont's Free and Referral Clinics (formally known as the Vermont Coalition of Clinics for the Uninsured), and the Community Health Improvement Dept.
- Receive funding from the State of Vermont, the University of Vermont Medical Center, and the Women's Auxiliary.
- Has expanded to assist patients not served by UVMMC providers, and increased funding.
- Recently expanded to include other UVM Health Network sites (Porter Medical Center, CVMC, CVPH, etc.).

What is HAP?

- HAP is a grant funded program to assist with out of pocket medication expenses, as well as some durable medical equipment (DME) funding, and a once per lifetime Gift of Sight (GOS) funding for eye exam and glasses.
- The goal of HAP is to increase medication access and compliance, while working with uninsured populations to obtain insurance coverage.
- HAP considers households under 400% of the FPL eligible for our services.
  - $6,104/month for a household of 2
- HAP is not an emergency service, and does not take the place of insurance.

HAP Explained

- HAP requires income documentation to be sent in every year (or sooner if income changes).
  - This requirement is waived for Medicaid and VPharm eligible patients.
- HAP can only cover the cost of medications at the UVMMC Outpatient Pharmacies:
  - UHC 1 South Prospect Street (including mail order)
  - Fanny Allen 792 College Parkway
  - ACC Main Campus 111 Colchester Avenue
- Patient expectations are outlined in our participation agreement. Failure to comply may lead to termination of HAP assistance.

Other Services Provided by HAP

- Our Case Managers are Certified Assisters with the Vermont Health Connect.
- HAP Case Managers can screen patients for, and assist in applying for:
  - Vermont Health Connect Qualified Health Plans
  - Medicaid
  - Dr. Dynasaur
  - VPharm
  - Medicare Part-D
  - Extra Help / Low Income Subsidy (LIS) program for Medicare
- Screen for, and refer to other services as appropriate.

Gift of Sight and Durable Medical Equipment

- HAP can assist individuals in obtaining one eye exam and one pair of glasses per lifetime.
  - Our partner is 802 EyeCare on Shelburne Rd. in So. Burlington.
  - If a patient indicates they need assistance with this refer to HAP.
- HAP can assist with up to $200/year in DME funding.
  - Insurance options to be exhausted first through PA, etc.
  - Have a provider write a generic DME Rx order in EPIC.
  - OR if not an Rx item, have provider write letter of medical necessity.
- Inform the patient that HAP has the *ability* to help with these two things. Best to have HAP Case Managers discuss details with patient.

Referrals

- EPIC
  - REF 111
- Email HAP intake form to:
  - healthassistanceprogram@uvmhealth.org

- Fax HAP intake form to:
  - 802-847-6545

- Phone: Request patient to call to complete our intake.
  - Local Number: 802-847-6984
  - Toll Free: 1-888-739-5183

Application Assistance:

- If you assist patients with health insurance applications:
  - Inform HAP in the referral.
  - If you completed the application, will you be able to follow up? If not, please state if you're requesting HAP to follow up.
  - If a request is being made for HAP to follow up, please specify whether a paper or electronic VHC application was completed and date of completion.
  - If referring patient to HAP for application assistance, please clearly state this in the referral.
  - Lastly, let us know if patient needs assistance with applying for other programs such as, PFAP, Vpharm, Medicare (A, B or D), etc., in the referral.

HAP Intake Forms

- HAP Intake form
  - Basic demographic information.
  - Speeds referral process when information is completed.
  - Fax or email along with:
    - Participation Agreement
    - Income documentation

*Intake form to be filled out with pt. (not by pt.)

Patient Name | Date:
Address: | Gender M F
MRN:
Home phone: | Cell/Work phone:
DOB: | Age: | SSN: | Medicaid/insurance ID:
Do you have a community support worker or family member we can work with to meet your needs?
Name: | Contact Information: | Screener:
Relationship:
Name of PCP: | Practice: | Phone: | Permission to view your PRISM record? Y/N
Name of other Provider: | Practice: | Phone:

Referral reason/Assistance Requesting
Medication Assistance — complete medication addendum: Copay Assistance; Specialty Pharmacy Medications
Insurance Assistance — complete insurance addendum: Vermont Health Connect; Medicaid/Dr. Dyno; Other:
Medicare Assistance/Education — complete Medicare Addendum: Education; Medicare Part D Enrollment; Vpharm Enrollment; Low Income Subsidy/Extra Help; Other:
Gift of Sight — Complete gift of sight addendum: Glasses Assistance; Exam Assistance
Patient Care Needs (DME) — complete patient care needs addendum: The Medical Store; Other Vendor:; Diabetic Supplies
Other: PFAP; Transportation
Current insurance coverage: No coverage; Medicaid; Medicare; Medicaid/Medicare; Private insurance; VHC; Other:
If you do not have insurance why not? A. Was Denied; B. could not afford; C. enrolled and dropped; D. Not eligible; E. Lost job; F. Never completed application; G. Employer did not return form; H. Application still in process; I. Forgot to follow-up

House Hold Information
Marital Status: Civil union; Divorced/widowed; Living w/partner; Separated; Married; Single
# of Dependent Children in Household
Household Gross Monthly Income: Person 1: (Name, Source, Amount); Person 2: (Name, Source, Amount)
Total income/number in household /
Employment: Full time; Part time; Unemployed; Student; Retired; Disabled - if so legally? Yes No
Name of Employer
Residency: Vermont; Out of State; Temporary; US>5 yrs
Is English your primary language? Yes; No; If No, What is?
Translator needed?

Do you have a PCP? Yes No
If no, Why? A. No insurance; B. No practice open to new pts; C. Don't need one; D. Can't find one I like; E. Did not call to get appoint.
Where did you last receive care? Doctor's office; Emergency Room; WIC/Urgent care; Chiropractor; Alternative Health; Other:
Where else have you gone? Emergency Room; MD office; Would not seek Tx; WIC/Urgent care; Comm Health Ctr; Other:
When did you last receive care? 0 - 6 months; 6 mo - 1 yr; 1 - 2 yrs; 2 - 5 yrs; > 5 years
Did you delay treatment because you could not afford care? Yes No
Do you see a dentist annually for routine dental care? Yes; No
Last time @ dentist: Annually; 2+ years; 5+ years; Dentures; N/A
How did you hear about us? Brochure/Flyer; Emergency Dept; Friend/Relative; Healthcare Provider; Social Service Agency; other:

Education Level: 8th Grade or Less; Some High School; High School Grad; GED; Some College; Associates Degree; Bachelor's Degree; Master's Degree; Doctorate Degree
Smoking History: Yes No
Interested in Quit Info?
Can You afford Meds? Yes No
Have you been to the ED in the last 6 months? Yes No
Are you interested resources to help with the cost of food? Yes No
Social Services Questions
In the last 6 months have you been: Worried about having enough food?; Worried you may lose your housing?; Felt worried, anxious or depressed?; Felt unsafe in any of your relationships?; Worried about use of alcohol or drugs?
Notes:

What HAPpens next?

- The Health Assistance Program will reach out to the patient to provide education on our program and answer any questions they have.
- If income documentation and/or participation agreement is needed, HAP will mail a request with a pre-paid envelope.
- HAP will connect the patient to their preferred UVMMC Pharmacy, and explain the refill process:
  - Patients must contact the pharmacy each time they need a refill.
- HAP will communicate the requirements for the Mail Order Pharmacy, and provide them with contact information.
- If a patient needs additional medications covered by HAP, we can have our pharmacy to transfer them in, but may be easier and quicker if new Rx's are called in directly.

Other Resources

- Needy Meds: www.needymeds.org
- Good Rx: www.goodrx.com
- Lions Club: 1-888-885-4667, ext. 298
- Zenni Optical: https://www.zennioptical.com
- New Eyes: https://new-eyes.org
- Catholic Charities: 802-658-6111
- Community Health Center Dental: Sliding fee scale
- VA Dental Assistance Program (VADIP): https://www.va.gov/healthbenefits/vadip
- Vermont Legal Aid Healthcare Advocate: https://vtlawhelp.org
- 2-1-1

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Questions?