### **The Health Assistance Program**

Helping to reduce healthcare costs for underinsured and uninsured individuals.

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# **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
  - o 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.
  - o 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
  - o REF 111
- Email HAP intake form to:
  - healthassistanceprogram@uvmhealth.org
- Fax HAP intake form to:
  - 0 802-847-6545
- Phone: Request patient to call to complete our intake.
  - Local Number: 802-847-6984
  - o Toll Free: 1-888-739-5183









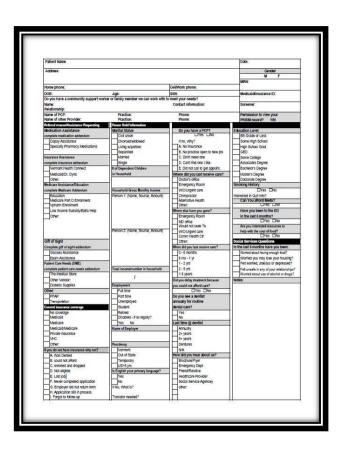
### **Application Assistance:**

- 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.
  - o Fax or email along with:
    - Participation Agreement
    - Income documentation

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



# 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:
  - o 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



# Questions?