American Kidney Fund®

HIPP GUIDELINES

HEALTH INSURANCE PREMIUM PROGRAM

Updated January 2, 2019

TABLE OF CONTENTS

ABOUT THE AMERICAN KIDNEY FUND 4

SECTION 1: OVERVIEW OF HIPP 5

SECTION 2: APPLICATION PROCESS 11

SECTION 3: GRANT PAYMENTS 15

SECTION 4: AKF'S ONLINE GRANTS MANAGEMENT SYSTEM (GMS) 19

CONTACT INFORMATION 20

APPENDIX 1 – ADVISORY OPINION 21

APPENDIX 2 – GRANT SUBMISSION DISCLAIMER 22

ABOUT THE AMERICAN KIDNEY FUND

The American Kidney Fund, a national nonprofit organization founded in 1971, is working to fight kidney disease and help people live healthier lives. Through our many programs, we support people no matter where they are in the fight against kidney disease—from prevention through treatment and transplant.

For the 1 in 5 U.S. dialysis patients who can't afford the cost of care, AKF provides lifesaving financial assistance, and in 2018 we expanded the scope of that program to continue helping patients with insurance premium support for up to a year post-transplant.

To reach people who are at risk of developing kidney disease, we run the nation's largest free kidney disease screening program, providing prevention services to individuals in more than 20 cities annually. Our programs and services to help people manage and live better with kidney disease include a robust website full of up-to-date health information; free monthly webinars; and professional education programs for those who care for kidney patients. We reach into communities with the Kidney Health Coach program and we advocate for issues that matter to patients through our nationwide AKF Advocacy Network of more than 10,000 patients and loved ones.

Our work is possible thanks to more than 62,000 individuals, corporations and foundations who support our mission through charitable contributions to AKF. We spend those contributions where they will do the most good—on programs, not overhead. Our consistent track record of spending 97 cents of every donated dollar on programs has earned AKF the top "Four Star" rating from Charity Navigator for 17 years in a row, placing AKF on the top 10 list of nonprofits nationwide for fiscal accountability.

Our independent Board of Trustees is a group of volunteers with a broad range of talents and professional backgrounds, who are dedicated to AKF's mission. These board members include philanthropists, business leaders, attorneys, certified public accountants, renal professionals and kidney patients. Our full Board listing can be found at http://www.kidneyfund.org/about-us/#about_governance.

Our Health Insurance Premium Program (HIPP) is overseen by an independent subcommittee of the Board. In accordance with an Advisory Opinion issued by the Office of Inspector General for the Department of Health and Human Services, we ensure that no member of the HIPP oversight subcommittee is an employee, officer, shareholder or owner of any dialysis provider. AKF has a comprehensive compliance program that is overseen by the Audit and Compliance Committee of the Board of Trustees.

For more information about AKF and to learn how you can become involved, visit our website at **KidneyFund.org**, or find us on Facebook, Twitter and Instagram.

SECTION 1: OVERVIEW OF HIPP

The **Health Insurance Premium Program (HIPP)** is one of AKF's needs-based financial assistance programs for patients living with kidney failure. We established HIPP in 1997 after the program received a favorable review from the Office of Inspector General for the Department of Health and Human Services (HHS-OIG) in Advisory Opinion (AO) 97-1. For more information about AO 97-1, please see the "Additional Information" section of this document.

Through HIPP, AKF provides financial assistance to end-stage renal disease (ESRD) patients who have health insurance coverage but who lack the financial resources to pay their premiums. HIPP is available to every ESRD patient in the United States who has met our requirements. Each year, this program helps tens of thousands of kidney patients from all 50 states, the District of Columbia and U.S. territories to maintain access to the life-sustaining health care benefits covered by their insurance plans.

HIPP grants are available to cover premiums for health insurance coverage under Medicare Part B, Medicare supplemental plans (Medigap), Medicare Advantage plans (Part C), Medicaid/state insurance programs (where states require residents to pay premiums), employer group health plans (EGHP), Consolidated Omnibus Budget Reconciliation Act (COBRA) plans, and commercial insurance plans—including plans within the Marketplace Exchanges.

HIPP enables patients to maintain health insurance coverage and thereby have access to the comprehensive medical care that is covered under their health plan. This may include dialysis treatment, hospitalization, doctor's visits, prescription medicines, kidney transplant workups and transplants. Having access to this care enhances treatment outcomes and reduces hospitalizations.

When we evaluate a patient's eligibility for HIPP assistance, the only factor we consider is whether the patient demonstrates financial need and meets our program eligibility criteria. We do not take into consideration the identity of the patient's health care providers. We do not base the grant approval on the patient's choice of insurance carrier or plan. We do not consider the patient's health status.

To determine eligibility for participation in HIPP, AKF requires a patient profile to be created within our online **Grants Management System (GMS)**. The patient profile requires detailed personal financial information, as well as an **Authorization & Consent** form signed by the patient who is applying for assistance. The creation of a patient profile includes confirmation of the patient's treatment status by a renal professional associated with the patient's account in GMS. The patient profile allows us to confirm that the applicant is in fact an ESRD patient who meets the AKF eligibility criteria detailed on page 8. After the patient's profile is completed and a grant request is submitted, the patient's

request is reviewed by an AKF Patient Services staff member, who may request additional information if needed to process the request. The AKF staff member then determines whether the patient qualifies for AKF grant assistance.

In most cases, patients who are eligible for HIPP often need ongoing assistance and can submit a recurring grant request to AKF. Patient eligibility for HIPP is reviewed annually or on a more frequent basis as determined by AKF.

When an existing HIPP grant recipient receives a transplant, AKF will continue HIPP grant assistance through the end of the insurance coverage plan year for the same insurance policy(ies) in which the patient was enrolled prior to the transplant. The applicant may not request assistance for a different insurance plan(s). Persons eligible to receive post-transplant assistance must already have been receiving HIPP assistance for at least three consecutive months immediately preceding the date of their transplant.

AKF assumes that the transplant patient's insurance coverage plan year is a calendar year unless documentation is submitted that shows otherwise. For example, an existing HIPP grant recipient whose health plan year is on a calendar basis who receives a transplant in May would be eligible to receive HIPP assistance through the end of December. If the transplant occurs in the final quarter of a plan/policy year and AKF has already begun paying premiums for the next policy year, then AKF will continue grant assistance for the remainder of the new policy year.

It is the patient's responsibility to inform AKF of their transplant within three months of their transplant date, and to ensure that AKF has accurate contact information so that HIPP grants may be processed in a timely fashion. Patients may work with their dialysis social worker and transplant center to make sure that they understand their post-transplant coverage and related health insurance premium grants, or they may update their profile directly in GMS to reflect this change in their treatment status.

When a patient receives grant assistance from AKF, it does not matter where they dialyze or what type of dialysis they choose. We do not help patients choose a dialysis clinic or other health care providers. If patients change facilities, they may alert their new renal professional that they receive HIIPP assistance from AKF, and their renal professional may then update the patient's facility information in GMS. The patient may also update their profile directly in GMS to reflect this change.

We review grant requests on a "first-come, first-served" basis. Dependent on funding levels, we are proud to provide, on average, a turnaround of 10 to 14 business days for HIPP grant requests that are fully and correctly completed.

Grants are subject to the availability of funds in our HIPP funding pool. The HIPP program is funded entirely through voluntary contributions. While AKF works vigorously to raise program funding, we cannot guarantee the availability of program resources. If we lack sufficient resources to fund all requests, we reserve the right to prioritize requests based

upon such factors as patient need, financial status or other factors. AKF may also choose to only assist existing patients in the program and not accept new applicants into the program until funding improves.

Although we provide grants to cover premiums, it remains the patient's responsibility to fulfill all the terms of his or her health insurance contract.

As a Reminder We Do Not:

☒ Offer or endorse health insurance policies.

☒ Help a patient select new insurance coverage or choose between their available insurance options.

☒ Advise patients on choice of dialysis clinic, transplant center, health care treatments or health care providers.

☒ Make awards of financial assistance under HIPP on any basis other than the patient's financial need and program eligibility.

Enhancing Patient Freedom of Choice in Health Care Providers

If a patient enrolled in HIPP decides to change dialysis providers, he or she will continue to receive HIPP assistance from AKF.

Patients are free to choose any health care provider as permitted by their insurance policy. A patient's decision to change his or her health care providers has absolutely no bearing on the assistance AKF provides. This concept is specifically highlighted in AO 97-1, which governs HIPP, noting that "the insurance coverage purchased by AKF will follow a patient regardless of which provider the patient selects, thereby enhancing patient freedom of choice in health care providers."

** To ensure patients receive quality care and that they have a full range of healthcare options, a patient requesting assistance must be receiving health care services from a Medicare-certified entity.*

Program Eligibility

HIPP is available to ESRD patients on dialysis who have limited means (based on monthly income and reasonable monthly expenses) for paying their health insurance premiums. These patients would lose coverage in the absence of charitable assistance from AKF. Eligible patients may request premium assistance with up to two insurance plans, and they may remain eligible after a transplant for the remainder of their insurance policy year.

Patient Eligibility

☑ Applicants must reside in the U.S. or its territories

- ☑ Applicants must receive regular dialysis treatment for ESRD in the U.S. or its territories. Patients receiving dialysis care for acute kidney failure are not eligible for assistance. Transplant patients seeking AKF assistance must have been on HIPP for at least three months prior to receiving their transplants.
- ☑ Applicants must meet the eligibility qualifications of the insurance coverage for which premium assistance is being requested.
- ☑ Applicants must demonstrate that they cannot afford health coverage. Currently, the eligibility criteria are that monthly household income may not exceed reasonable monthly expenses by more than $600. If an applicant has no income at the time of application, the applicant will be required to provide an explanation. Total liquid assets, such as savings accounts and investment accounts, may not exceed $7,000 (IRAs and other retirement accounts are excluded and are not counted toward this amount). AKF reserves the right to request additional information and documentation as it relates to reported income, expenditures and all reported profile and grant request information. AKF also reserves the right to change HIPP financial eligibility thresholds at any time.
- ☑ Savings up to $1,500 formally set aside for burial expenses in a bank account, other financial instrument or prepaid burial arrangement will be exempted as an asset.
- ☑ Continuing eligibility for HIPP assistance is reviewed annually or on a more frequent basis as determined by AKF. To continue receiving HIPP assistance, the patient must meet the HIPP qualifying criteria that are in effect at the time of the review.
- ☑ No HIPP grants will be made in connection with the premiums of a deceased patient, even if the invoice for the premium predates the death of the patient.

Insurance Eligibility

- ☑ Patients should carefully review all forms of health insurance coverage (Medicare Part B, Medicare Advantage (Part C), Medicaid/state insurance plans, Medigap, COBRA, EGHP, commercial insurance (including Marketplace plans)), and available assistance for paying health insurance premiums (Medicaid, state and local assistance, charitable organizations) and select the combination that best serves their specific medical condition and financial needs. AKF does not assist with temporary "gap" insurance.
- ☑ HIPP grants cannot be requested to cover Medicaid spend downs or Share of Cost. If a premium is associated with a patient's Medicaid policy, this premium can be covered by HIPP.
- ☑ HIPP grants may not be used to cover standalone prescription drug plans, including Medicare Part D plans. Prescription coverage assistance may be available when it is included as part of the patient's major medical insurance policy.

Patient Responsibility

- ☑ The patient is responsible for requesting HIPP assistance. Only the patient, designated caregiver or legal representative can request a grant and sign an attestation form. However, authorized renal professionals may enter information into AKF's GMS on behalf of their patients. The information contained within the patient's grant profile must include confirmation from a qualified renal professional that the patient has ESRD and is receiving dialysis treatment.

- ☑ The receipt of financial assistance from HIPP does not alter the fact that health insurance coverage is a contractual relationship solely between the patient and his or her health insurance plan, not between AKF and the health insurance plan. The patient assumes all responsibilities applicable to enrollees of the plan. The patient is responsible for selection of the health insurance that best meets their financial and medical needs.

- ☑ The health insurance policy owner is solely responsible for paying health insurance premiums in a timely manner. While AKF seeks to issue grants or reimburse patient premiums on or before the policy's due dates, AKF is not liable if health insurance coverage is terminated for any reason.

- ☑ AKF will not issue a grant for any premiums older than six months from the date of the grant request.

- ☑ AKF seeks to send all grants directly to patients' insurance plans whenever possible. In some situations, AKF must send grants directly to patients. In those instances, a check, ACH (direct deposit) or debit card will be provided to the patient. If the grant is sent to the patient, the patient is responsible for using the funds to pay their health insurance premium bill in a timely manner. Failure to use the funds for the intended purpose will result in ineligibility for continued HIPP assistance.

- ☑ All **Authorization & Consent Forms** must be signed by the patient who is requesting HIPP assistance. If the patient is unable to sign the form, a legally authorized representative of the patient (e.g., a person who has a power-of-attorney) may sign on behalf of the patient. In such a case, a copy of the authorization (e.g., a valid power of attorney designation) must be submitted with the form. The signed Authorization & Consent form cannot be older than 30 days of the application submission date.

- ☑ Patients with Marketplace plans that include a tax subsidy are responsible for reporting to their insurer any changes that may affect these subsidies and/or the overall premium amount due. AKF is not responsible for any penalties that may be imposed by the IRS, the patient's insurer or any other entity.

- ☑ Any premium refund in connection with any health insurance plan paid by AKF through a HIPP grant is the property of AKF and must be promptly returned to AKF. These refunds are redeposited into the HIPP funding pool to support the program. If a HIPP enrollee dies, the insurance plan should be notified, and a request made by the

patient's representative to refund any unused portion of the premium payment to AKF. Some plans refund checks directly to the patient's estate. In this case, a patient's family or estate representative must return those refunds to AKF so they can be used to help other patients in need.

- ☑ If any fees/taxes are associated with a patient's premium (weight surcharges, administrative fees, etc.), these fees will be covered by HIPP.
- ☑ Union dues cannot be requested unless they are a part of a "bundled" insurance premium that cannot be itemized.
- ☑ Dental and vision insurance premiums are eligible for HIPP assistance only if they are included in a non-itemized, combined plan with the patient's health insurance.
- ☑ Premiums that have been paid by the patient or another source (including family/friends) prior to requesting assistance from HIPP will not be reimbursed.

SECTION 2: APPLICATION PROCESS

There are two primary steps to requesting assistance through HIPP – completing a **patient profile** to determine eligibility and submitting **grant requests** to AKF. AKF will **ONLY** accept applications submitted **ONLINE** via GMS. Patients may apply by themselves, with a family caregiver, or through their renal professional.

1. Patient Profile Submission

A completed patient profile must be submitted through AKF's GMS to submit grant requests for HIPP assistance. Patients may start the process on their own by registering for GMS and creating a patient profile. A patient may also work through their dialysis social worker or other renal professional for online submission or designate a caregiver (immediate family member or legal representative) to apply on their behalf. Patients may then enter their own grant requests, track the status of their grant requests online and access their grant history via GMS.

The information entered within the patient profile determines the programs for which a patient is eligible to apply. AKF does not guarantee that a properly completed request will be approved or, if approved, that insurance premium assistance from HIPP will be granted. To the contrary, the decision to provide assistance in response to any given request is always subject to the sole and absolute discretion of AKF and the availability of HIPP funds. The award of a HIPP grant does not create a contract between AKF and the patient. See Appendix II.

All new applicants to HIPP shall be provided a copy of AKF's **HIPP Guidelines** and/or **HIPP Patient Handbook.** When the patient signs their **Authorization & Consent Form**, the patient is confirming that he or she has read and understands the HIPP Guidelines and these other documents. This affirmation is intended to ensure that all prospective recipients HIPP grants understand the benefits, responsibilities **and** limitations of participation in HIPP. Most importantly, patients need to be informed that HIPP assistance is limited to those with ESRD and that there are potential limits in the available HIPP funding pool. Copies of each document are available through GMS (**gms.kidneyfund.org**) and AKF's website (**KidneyFund.org**), or by calling AKF at 1-800-795-3226.

2. Grant Request Submission

HIPP **grant requests** are submitted for assistance in paying insurance premiums. Patients who have completed their patient profile in GMS and are eligible to enter HIPP grant requests will remain eligible to do so for a full coverage period year, subject to available funds in the HIPP pool and the other criteria set forth above. AKF requires annual patient profile updates for all enrollees to ensure system accuracy and applicant eligibility.

Grant requests may be submitted as recurring requests. A recurring request allows for a grant to continue for the same dollar amount for the same insurance premium, without the need for re-entering all the grant information over again. These recurring requests will still need to be confirmed each time before a grant payment is issued. These requests can be confirmed by patients, caregivers or renal professionals within a patient's profile in GMS.

"One-time" requests may be submitted in situations where there is a rate increase, a new insurance application, or if a policy is close to a termination date, where expedited payment is required.

Grant Request Documentation Requirements

Grant requests must be accompanied by an insurance bill or payment coupon when applying initially or if the request is modified thereafter. Please follow the following guidelines for bill submission:

- In most cases, submitted bills/invoices may not be older than 90 days from the grant payment request submission date. Differences in the standard documentation requirements for employer-based health insurance are noted below.
- All bills/invoices must reference the insured's name, policy number and coverage period. This information must match the online payment request.
- Whenever possible, AKF prefers that submitted bills include the exact coverage period and amount requested within the grant request. However, when patients cannot obtain these bills due to time constraints, the patient may use another bill issued within the past 90 days and manually write in coverage dates and/or premium amounts that correspond to the grant request. In these cases, patients **should not** "white out" the original information on the bill. Patients may simply draw one line through the original bill information and add the new information.
- Insurance bills showing a "zero balance" or a credit balance will not be accepted. In these cases, patients must obtain a new bill from their insurance company displaying a balance due. In instances where a premium is deducted from a paycheck, please see the **Deducted Premiums** section below.
- When requesting the reinstatement of a policy, a letter signed by an authorized agent or broker of the insurer may be submitted as a last resort in lieu of a bill. The letter must be on the letterhead stationery of the insurer. In all cases, the letter must reference the insured's name, policy amount and coverage period. An actual current bill must be provided for the next payment request period. **Agent/broker letters will not be accepted.**
- A signed and dated copy of the new insurance application must be submitted when requesting assistance with a new policy for which a premium invoice has not yet been

issued. The request should be submitted as a one-time grant payment request. All premium rate information should be included.

- AKF reserves the right to request additional written documentation when needed.

Deducted Premiums

- If a premium is being deducted from the patient's (or family member's) paycheck, annuity, Social Security check or retirement check, the patient may request that the check or ACH (direct deposit) be made payable to the patient (instead of to the insurer).

Documentation Requirements for Employer-Based Health Insurance Plans

Employer Group Health Plan (EGHP) Payments

In the case of employer group health plans (EGHP), the following procedures must be followed. The patient must request his or her employer to bill the patient directly. If the employer is not willing or able to do so, the employer must provide this in writing. A copy of this written statement must be provided to AKF.

This written communication from the employer should accompany the most current pay stubs (no older than 30 days) for the current period requested and indicate the individual medical portion of that patient's insurance that is being deducted from the patient's check.

- A rate sheet may be included to confirm the amount but will not be considered a bill. This information is needed when initially requesting assistance through HIPP. If a rate sheet is not available, a patient may submit a current pay stub along with a letter on company letterhead from their employer's HR department indicating the individual premium amount.

- If a patient has a new or existing insurance plan which requires that the premium be paid by bank draft or withdrawn from a check, the patient may only request premium reimbursement from AKF for the current calendar month and subsequent months; requests for previous months will be denied. Likewise, requests for "skipped" months due to failure to properly submit a request for payment by AKF or enter a new grant within GMS may also be denied.

- In the event of a "bundled" family policy, AKF will only make grants for the individual rate for the patient. A rate sheet or letter from the employer, if applicable, must accompany the request to verify the bundled policy and rates.

  - ☑ Should an individual rate not be available, AKF will pay the patient's portion of the premium only (example: 50% for a family of two).

  - ☑ If the premium rate is the same for individual and family coverage, AKF will pay the full premium amount.

☑ If the patient is the employee's spouse, AKF will only pay the spouse's premium amount.

- When a patient is on a leave of absence (LOA) or being covered by the Family Medical Leave Act (FMLA), a letter is required from the insured's employer, on their letterhead, explaining the date that the patient begins their LOA or FMLA. Alternately, a patient may submit the approved HR form(s) with the patient's signature indicated on the document. This should be entered as a one-time grant request in GMS, due to the uncertainty of the length of the patient's FMLA or LOA.

COBRA Payments

When a patient receives insurance through their employer and leaves that employer, they will sometimes be eligible for a COBRA policy. If a patient's COBRA administrator does not issue bills/coupons, AKF can accept a completed (signed and dated) election form or a letter from the COBRA administrator, provided that the letter is from the current year and notes the amount of the monthly or quarterly premium.

SECTION 3: GRANT PAYMENTS

Grant Request Review & Processing

- Most grant payment requests, if correctly submitted, are processed within 10-14 business days (subject to funding availability). Patients may track progress through GMS.
- Urgent requests will be considered in cases where a patient's policy has a termination date that will occur within 10 calendar days of the GMS grant request date.
- AKF reserves the right to verify all patient profile and grant request information and to request additional written documentation, both at the time of the grant request and/or a later date.
- If the premium amount and payee remain the same, the patient enrolled in HIPP will not need to provide another premium bill and updated grant request to AKF until the beginning of the next insurance coverage plan year. In most cases, an insurance coverage plan year is a calendar year, but is governed by the insurance policy effective date. Requests for Marketplace Exchange plans must be updated at the end of each calendar year due to frequent changes in premiums and policy numbers.

  Recurring grant payments will automatically be issued by AKF through the end of the HIPP enrollment year (subject always to the continued availability of funds and other restrictions noted above). **Note:** Patients, caregivers or renal professional representatives are required to confirm the need for all subsequent payments through GMS before AKF issues a grant. This helps prevent making unnecessary or incorrect grant payments.
- A new online grant request is required (along with a current premium bill) if the patient has **any** change in insurance coverage or premium amount. This will update the automated payment information. Please notify AKF immediately if the patient passes away so that their record can be updated. If a patient receives a kidney transplant, the renal professional should notify AKF and inform the patient to update their patient profile to request continued assistance with AKF. The patient, his/her caregiver or the patient's transplant center update the patient profile to continue the patient's HIPP grants through the end of the individual's insurance coverage year.

Grant Premium Payment Processing

To ensure efficiency and prompt payment of premiums, AKF seeks to send all HIPP grants directly to patients' insurance companies whenever possible. However, some insurance companies do not accept third-party payments. In such cases, to ensure patients receive their grants, AKF will provide one of these payment types: a check, an ACH/direct deposit,

or debit card. Checks and debit cards will be sent to the patient's home or in care of their dialysis facility. ACH/direct deposit will go directly into a patient's bank account. A list of insurance companies that do not accept third-party payments directly from AKF is available within GMS.

If the insurance company accepts third-party payments, and the patient has previously had the premium deducted from his or her bank account, the patient must change to direct billing prior to requesting assistance from HIPP.

Checking the Status of a Request

Patients, caregivers and renal professionals may register to use AKF's GMS to check the "real-time" status of program eligibility and grant requests. In addition, patients may check their grant request status by contacting Patient Services by phone at 1-800-795-3226, or by emailing **patientservice@kidneyfund.org**. Patient grant histories are also available.

Please allow at least two (2) weeks after submitting a HIPP grant request for a payment to be issued. To avoid the possibility of duplicate payment, patients should not resubmit a payment request without first checking GMS or speaking to a social worker (or other renal professional) at their dialysis facility.

Premium payments will be issued based upon the billing schedule (monthly, bi-monthly, quarterly, semi-annually and annually) of the patient's plan. AKF prefers to issue payments on a quarterly basis, ideally based on calendar quarters (i.e., Jan-Mar; Apr-June, etc.) Do not, however, attempt to force a payment request to conform to a calendar quarter if it is not normally billed in this manner. Some insurance plans bill on a bi-monthly basis. In this case, please request either a 2- or 4-month grant payment, consistent with the billing period. As a reminder, once the initial grant payment of a recurring request is issued, patients may either confirm subsequent grant payments themselves in GMS, or work with their registered caregiver or renal professional to do so.

Changes in Patient Status

AKF must be notified as soon as possible of any patient status change (death, insurance termination, financial status and eligibility, transplant, etc.). All status updates should be managed through GMS by updating the patient's profile.

Grant Payment Types

AKF issues four types of grant payments:

- ☑ Checks payable to Medicare, an insurance company, COBRA administrator or employer.
- ☑ Checks payable to the patient, sent to their home address or in care of their treatment facility.

☑ ACH payment (direct deposit) sent to the patient's bank account.

☑ Debit cards, sent to the patient's home address or in care of their treatment facility.

Refunds

If a patient or renal professional is in receipt of a HIPP grant refund, the refund should be returned promptly to AKF. These funds are added back to the HIPP funding pool for future grant applicants. Not returning refunds to AKF may result in a patient being ineligible for future HIPP grants.

Requesting A Check Re-Issue or Copy

- To avoid incurring bank fees, AKF generally will not re-issue grant checks unless at least 45 days have elapsed from the date of initial issuance. When a patient or renal professional requests that a check be voided, AKF requires a written reason to be included.
- GMS provides information on patient grants, such as the check number, mailing address, status of a check sent to the insurance company, whether it has been cashed, and the date it was cleared. This information may also be obtained by contacting your AKF representative via email at **patientservice@kidneyfund.org**, or by calling Patient Services at 1-800-795-3226.
- In the event a grant check has not been cashed, please contact an AKF representative for further assistance. Please do not reenter a new/duplicate payment request to request a reissue, unless instructed to do so by an AKF representative.
- AKF does not automatically reissue uncashed grant checks. Reissues must be specifically requested. Be sure to return the uncashed check to AKF or dialysis company HIPP Liaison. Uncashed checks are automatically voided after 90 days.
- If it is found that the health insurance plan has not properly credited the account and the grant check has been cashed, AKF can provide a copy of the canceled check. Please allow at least 10 business days from the date of issuance of the check before requesting a copy. Once 10 business days have elapsed, check copies may be requested by calling Patient Services at 800-795-3226, or by messaging AKF within GMS.

Debit Card Payments

In some cases, AKF issues HIPP grants in the form of debit cards. Debit cards are provided to patients to pay their insurance premiums and may not be used for any other purpose.

With each grant payment, patients will receive an actual plastic debit card, a letter of explanation, and a step-by-step infographic in English and Spanish. To use their debit card, patients must first activate the card using the included instructions. Questions about a

debit card–related grant (including lost or cards not received) should be directed to AKF at **patientservice@kidneyfund.org**.

Requesting a Replacement Debit Card

- AKF does not automatically issue replacements for unused debit cards. Debit cards are automatically voided 90 days after they have been issued.
- If a patient does not receive a debit card that has been issued by AKF, or if the patient loses the card, the patient or their renal professional may contact AKF via phone to void. A new grant request may then be entered in GMS so that a new debit card may be issued and mailed to the patient's home or facility.
- AKF does not have access to the debit card information (card number, etc.) and cannot provide it to the patient if the card is lost or stolen.

  Debit card issuance must be requested only through AKF. It is not permissible for the patient or their renal professional to request a new card directly from our debit card vendor.

Requesting Payment by ACH

In some cases, patients may request grant payment by ACH (direct deposit) within GMS. This request must be made at the time that a patient's grant request is submitted. To do this the patient must have available his/her bank routing and account numbers when the grant request is made.

SECTION 4: AKF'S ONLINE GRANTS MANAGEMENT SYSTEM (GMS)

What is GMS?

GMS is an easy-to-use online portal for applying for and managing AKF patient grants.

Who may register to use GMS?

GMS may be used by patients, designated family caregivers and renal professionals.

For patients:

Registering to use GMS will make it easier for you to request HIPP grant assistance and to track the status of your grant requests. You may use your personal email address to register.

For caregivers:

Caregivers (including authorized legal representatives) may register for GMS with their personal email addresses. Caregivers may enter requests on behalf of a patient, as well as check the status of that patient's grant requests.

For renal professionals:

To use GMS, renal professionals must have a valid individual corporate email account. Corporate email accounts are email accounts that are restricted only to users (e.g., employees) authorized by your company and usually end in some form of your company name. Additionally, you may not use a shared general corporate email account; the email account must be specifically assigned to you. Personal email accounts associated with publicly available Internet access (such as, but not limited to, Gmail, Yahoo, AOL, etc.) may **not** be used by renal professionals in GMS. These rules are designed to help protect the confidentiality and security of patient information.

Through GMS, renal professionals can:

- Login to submit an attestation to a grant request or assist patients with applications.
- Obtain application and grant request status updates and patient grant histories.
- Upload required patient profile or grant request back-up documents.
- Receive automated emails when a grant request is incomplete or requires attention.

CONTACT INFORMATION

If you have specific questions relating to HIPP or need assistance with GMS, please contact AKF's Patient Services department by calling 1-800-795-3226 during business hours or by emailing **patientservice@kidneyfund.org**. If you are new to HIPP and unsure of where to start, AKF's Patient Services department will schedule an orientation to review the program, as well as provide an introduction to GMS.

For more information or to learn about GMS, visit AKF's website at **KidneyFund.org**.

.

APPENDIX 1 – ADVISORY OPINION

Consistent with AO 97-1, AKF established HIPP for the purpose of helping low-income end-stage renal disease (ESRD) patients maintain their existing health insurance coverage or obtain insurance for which they qualify. AO 97-1 describes the broad funding and operational model under which the program operates to this day, and establishes core protective tenets and guidelines to ensure the integrity and objectivity of the program. The 97-1 guidelines have been built into HIPP's operation, and they help ensure the program continues to operate in a fair and ethical manner.

Consistent with AO 97-1, AKF relies on voluntary charitable contributions from dialysis providers and others. These contributions are made to AKF without any restrictions or conditions on AKF's use of the donations, and AKF has the sole and absolute discretion to use the contributions as we deem appropriate.

A core protective tenet of HIPP under AO 97-1 is the firewall that separates our grants to ESRD patients from charitable contributions we receive from dialysis providers. We provide grants to patients with ESRD without consideration of whether a patient's provider has contributed to AKF or, if the provider has contributed, the amount of such contribution. In fact, AKF staff who approve and process grant requests have no insight into which providers contribute to the HIPP pool. This "black box" system, the broad outlines of which are explained in AO 97-1, ensures that we are awarding grants to patients based solely on financial need and other objective eligibility criteria (described above). This system further ensures that as a 501(c)(3) charity, we maintain a donation firewall, with AKF having absolute control in deciding how to spend our donated funds.

APPENDIX 2 – GRANT SUBMISSION DISCLAIMER

The award of a HIPP grant does not create a contract between AKF and the patient or between AKF and the insurance plan. HIPP assistance is not guaranteed. There is no "right" to a grant or financial assistance, either initially or for any given period. AKF reserves the right to modify or withdraw at any time any commitment as to any grant or financial assistance. Without limiting the foregoing, a finding of eligibility does not guarantee ongoing financial assistance which, among other variables, depends on available funds in the HIPP pool. AKF reserves the right, exercisable in its sole and absolute discretion, to revise eligibility criteria, from time to time, and make such changes effective as of any date selected by AKF. AKF neither warrants nor represents that applications will be reviewed within any certain period of time. If an application is approved, AKF neither warrants nor represents that a HIPP grant or payment will be made within any certain period of time. AKF is not responsible for errors or delays, irrespective of the cause, either in the review of properly completed applications or issuance of grant checks, debit cards or other forms of payments. In no event shall AKF be liable for damages alleged to have been caused by denials of applications; errors or delays in the review of applications; errors or delays in the issuance of checks, debit cards, or other forms of payments; delays in the U.S. postal system or commercial delivery services; or denial of coverage by health insurance companies. All applications to HIPP are irrevocably deemed submitted with the full acceptance of the foregoing by the patient.

Have questions? Need assistance?

Call 1-800-795-3226

or email:

patientservice@kidneyfund.org

11921 Rockville Pike, Suite 300 | Rockville, MD 20852

Phone: 800-638-8299

KidneyFund.org