

HIPP

Health Insurance
Premium Program

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HEALTH INSURANCE PREMIUM PROGRAM (HIPP) GUIDELINES, RULES AND PROCEDURES

ABOUT THE AMERICAN KIDNEY FUND

The American Kidney Fund (AKF) is the nation's largest independent, publicly supported 501(c)(3) nonprofit organization fighting kidney disease.

Our vision is a world without kidney disease. Until that day comes, we believe that every kidney patient should have access to health care, and every person at risk for kidney disease should be empowered to prevent it.

Our programs and services address kidney disease awareness, education, prevention and treatment. Since our founding in 1971, our core mission has been to provide financial help to end stage renal disease (ESRD) patients so they may access the health care they need to survive. Our many other programs and services include a comprehensive range of public and professional health education materials and courses; free community health screenings; the Kidney Action Day® program; a nationwide patient Advocacy Network; a toll-free health information HelpLine (866.300.2900); and a website, KidneyFund.org, that reaches millions of people annually with kidney health information.

Our independent Board of Trustees is comprised of volunteers, with a broad range of talents and professional backgrounds, who are dedicated to AKF's mission. They include philanthropists, business leaders, attorneys, certified public accountants, renal professionals and kidney patients. Our full Board listing can be found at www.kidneyfund.org/about-us/leadership/board/. AKF maintains a Health Insurance Premium Program (HIPP) that is overseen by an independent subcommittee of the Board. In accord 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.

More than 63,000 individuals, corporations and foundations support our mission through charitable contributions. As a 14-time recipient of the top "Four Star" rating from Charity Navigator, AKF is ranked among the top 1 percent of charities nationwide for fiscal accountability. In addition, AKF holds an A+ rating from CharityWatch; adheres to the National Health Council Standards of Excellence; and is a member of the Better Business Bureau Wise Giving Alliance. For more information, visit KidneyFund.org.

OVERVIEW OF HIPP

HIPP is one of AKF's grant programs for ESRD patients. 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. Since 1997, AKF has operated HIPP with careful adherence to the guidelines set forth in AO 97-1. These guidelines ensure the program operates in a fair and ethical manner.

HIPP provides premium assistance to patients who are eligible for health insurance coverage but who lack the financial resources to pay the premiums. HIPP is available to every ESRD patient in the United States who has documented financial need. Each year, this program helps tens of thousands of kidney patients from all 50 states, the District of Columbia and US territories maintain access to all of the life-sustaining healthcare benefits covered by their insurance plans.

HIPP grants are available to cover premiums for health insurance coverage under Medicare Part B, Medigap, Employer Group Health Plans (EGHP), Consolidated Omnibus Budget Reconciliation Act (COBRA) and commercial insurance plans, including plans within the Marketplace exchanges and Medicaid (where states require residents to pay premiums).

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

In assisting patients and evaluating their eligibility for HIPP grants, we do not consider a patient's health status (according to Medicare.gov, a patient's "health status" indicates whether a patient is relatively healthy or ill at any given time). We also do not consider which health insurance carrier's plan covers the patient or the identity of the dialysis provider where the patient is receiving treatment. Our only consideration is whether an applicant is in financial need.

Eligibility for participation in HIPP requires a grant application and consent form signed by the ESRD patient who is applying for assistance. The application requires the patient to provide detailed personal financial information. Applications must be co-signed by a renal professional. This process enables us to confirm that the financial information is complete and accurate. After we receive the patient's application, we review the application, request any additional information that may be needed, and determine whether the patient qualifies for our grant assistance.

Once a patient is approved to receive financial assistance through HIPP, we provide health insurance premium assistance to the patient for the full policy term of the patient's policy. In the majority of cases, patients request assistance on an ongoing basis. These patients must submit another application to AKF upon the expiration of the grant term, and we once again review their eligibility to continue participation in the program.

We review grant requests on a “first-come, first-served” basis. Grants are subject to the availability of funds in our HIPP funding pool. We are proud to provide, on average, a turnaround of 10 to 14 business days for HIPP applications that are fully and correctly completed.

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

Members of the renal community make charitable contributions to AKF to ensure HIPP assistance is available to all patients who need it. These contributions keep our funding pool stable. We are grateful for this entirely voluntary support. The level of contributions, if any, made by a given health care provider is intentionally disconnected from determinations of patient eligibility, the administration of HIPP, and the award of grants.

WHAT WE DO:

- We help patients maintain their existing health insurance coverage.
- We help patients based solely on financial need and not on their overall health status.
- We help patients on a first-come, first-served basis, without regard to patient’s choice of healthcare provider or health insurance coverage.
- We continue assistance to qualified persons for their entire policy term, even if they change insurance, change health care provider or receive a kidney transplant.
- We help patients regardless of whether their dialysis provider or transplant center makes charitable contributions to AKF.
- Through HIPP, we help patients to access all of the healthcare services offered under their coverage, including transplant workups and transplants.

WHAT WE DO NOT:

- We do not help patients find new insurance coverage.
- We do not advise patients on choice of dialysis clinic, transplant center or other health care providers.
- We do not make awards of financial assistance under HIPP on any basis other than the patient's financial need.

HIPP: HELPING PATIENTS SINCE 1997 UNDER ADVISORY OPINION 97-1

In 1997, the HHS-OIG issued AO 97-1, which permitted AKF to establish HIPP for the purpose of helping low-income ESRD patients maintain their existing health insurance coverage. AO 97-1 defines the funding and operational model for this program. Since the inception of HIPP, we have operated this program with careful adherence to the guidelines set forth in AO 97-1.

AO 97-1 allows dialysis providers to make charitable contributions to AKF. They make these contributions to AKF without any restrictions or conditions on AKF's use of the donations. Accordingly, these health care providers understand AKF has the sole and absolute discretion to use the contributions as we deem appropriate.

The cornerstone of HIPP is the "firewall" that separates our grants to ESRD patients from charitable contributions we receive from healthcare providers. We provide grants without consideration of whether a patient's provider has contributed to AKF or, if the provider has contributed, the amount of such contribution. This "black box" system, explained in detail in AO 97-1, ensures that we are awarding grants to patients based on financial need and eligibility criteria (described below). This system further ensures that as a 501(c)(3) charity, we maintain a donation firewall, with AKF having absolute control over deciding how to spend our donated funds.

ENHANCING PATIENT FREEDOM OF CHOICE IN HEALTH CARE PROVIDERS

A hallmark of HIPP is that the assistance we provide enables patients to maintain their health coverage for the full plan year. If a patient enrolled in HIPP decides to change providers during the plan year, he or she will continue to receive HIPP assistance from AKF.

Patients are also free to choose any healthcare provider which is covered under their health plans. The patient's decision to change his or her healthcare provider has absolutely no bearing on the assistance we provide. This concept is specifically highlighted in AO 97-1; the HHS-OIG explains that "premium payments by AKF...are not likely to influence patients to order or receive services from particular providers. To the contrary, 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."

PROGRAM ELIGIBILITY AND PATIENT RESPONSIBILITY

1. Applicants must reside and receive dialysis treatment for ESRD in the U.S. or its territories.
2. Applicants must meet the eligibility qualifications of the insurance coverage for which premium assistance is being requested.
3. The patient is responsible for applying for HIPP assistance. Only the patient can apply for a grant and sign a consent form. The information contained within the application must be verified and submitted to AKF by a renal professional, and include confirmation from the qualified renal professional that the patient has ESRD.

4. The receipt of financial assistance from HIPP does not alter the fact that health insurance coverage represents 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.
5. HIPP is restricted to patients who have limited means (based on income to debt ratio) of paying primary and/or secondary health insurance premiums and who would lose coverage in the absence of assistance from HIPP. Patients and their social workers or other renal professionals should carefully review all forms of health insurance coverage (Medicare, Medicaid, Medigap, COBRA, EGHP, and commercial insurance) and available assistance for paying health insurance premiums (Medicaid, state and local assistance, charitable organizations) and select the combination that best serves the patient's specific financial needs and medical condition.
6. A completed HIPP application must be submitted through AKF's Grants Management System (GMS) for consideration. AKF does not represent that a properly completed application will be approved or, if approved, that insurance premium assistance from HIPP will be ongoing beyond the policy term. To the contrary, the decision to provide assistance in response to any given application or request is at all times subject to the sole and absolute discretion of AKF. The award of a HIPP grant does not create a contract between AKF and the patient. HIPP is not an entitlement program. 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 give rise to entitlement to 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 checks 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 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.
7. Applicants must demonstrate that they cannot afford health coverage. 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 application information.
8. 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. (This criterion was adopted from the Social Security Administration, which uses it for the purpose of Supplemental Security Income eligibility).

9. HIPP only provides premium assistance in connection with primary and secondary health insurance coverage. HIPP does not assist with tertiary coverage of any kind.
10. In some situations, AKF may choose to institute a premium cap with respect to insurance coverages. For example, AKF currently has a cap on Medigap premiums at \$650 per month. Before submitting an application, please contact AKF directly to obtain information regarding insurance premium caps and related exceptions.

APPLICATION SUBMISSION

1. AKF will **ONLY** accept applications submitted **ONLINE** via the Grants Management System (GMS). Online grant requests may be submitted as recurring requests. “One-time” requests may be submitted in situations where a rate increase occurs. Patients may start the application process on their own by completing a paper worksheet, but must work through their dialysis social worker or other renal professional for online submission.
2. AKF reserves the right to request additional backup documentation to validate application information.
3. AKF reserves the right to require new annual applications for all enrollees to ensure system accuracy and applicant eligibility.
4. All new applicants to HIPP shall be provided a copy or directed to AKF’s Grants Management System (GMS) to read AKF’s *HIPP Procedures and Guidelines*, along with the application. When the patient signs the consent form, the patient is confirming he or she has read and understands the HIPP guidelines. Copies are available through GMS at www.KidneyFund.org or by calling AKF at 1.800.795.3226.

The application procedure is intended to ensure that all prospective recipients of assistance from HIPP 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. It is especially critical that HIPP enrollees who may be candidates for a kidney transplant understand this aspect of HIPP.

5. So long as the premium amount and payee remain the same, the patient enrolled in HIPP **will not** need to provide another premium bill to AKF until the beginning of the next policy year. Payments will automatically be issued by AKF through the end of the policy year. **Note:** HIPP liaisons are required to approve and release all subsequent payments before AKF issues a grant check. This will help mitigate the possibility of making payments that are not needed.
6. A new online request is required, along with a current bill if the patient has **any** change in insurance coverage or premium amount. This will update the automated payment information. Please also notify AKF immediately if the patient passes away or receives a transplant, so that his or her record can be updated.
7. In order to update the patient’s health insurance plan and premium amounts and to ensure proper contact information, a new online application and grant request are required if the patient permanently changes residence or health care provider.

8. HIPP payment requests must be accompanied by an insurance bill or coupon when applying initially or if the request is modified thereafter. Please follow the following guidelines for bill submission:
 - Only bills/coupons from the current year will be accepted for the initial request. Subsequent bills may not be older than three (3) months from the payment request submission date.
 - All bills/invoices must reference the insured's name, policy number and coverage period. This information must match the online payment request.
 - Original bills are always the best choice, but due to time constraints, the patient may indicate the next coverage dates and/or premium balance due amounts to correspond to the payment request. However, **do not** "white out" the original information. Simply draw one line through it and add the new information. AKF reserves the right to request additional written documentation.
 - Insurance bills showing a "zero balance" or a credit balance will be accepted as long as the patient verifies with his or her insurance carrier that current coverage is up-to-date. The policy coverage paid through date should also be included.
 - When requesting the reinstatement of a policy, or as a last resort, a letter signed by an authorized agent or broker of the insurer may be submitted. 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.
 - 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 payment.
 - New HIPP applicants or existing HIPP participants requesting assistance with new or existing insurance plans which require that the premium be paid by bank draft or withdrawn from a paycheck or dividend check by the patient, may only request assistance for the current calendar month and subsequent months. This is to ensure the grant is being used for the approved purpose. Requests for previous months will be denied. Likewise, requests for "skipped" months due to failure to release an existing grant for payment by AKF or enter a new grant within the GMS system will also be denied.
9. Payments will be issued, based upon the billing schedule (monthly, bi-monthly, quarterly, semi-annually and annual) of the patient's plan. AKF prefers to issue payments on a quarterly basis, ideally on the basis of the 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.
10. All Consent Forms must be signed by the patient who is requesting HIPP assistance. If the patient is unable to sign the Consent 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 case, a copy of the authorization, e.g., power-of-attorney, must be submitted with the Consent Form. The signed Consent Form cannot be older than 60 days of the application submission date.

11. If an employer is deducting from the patient's (or family member's) paycheck, annuity or retirement check an amount equal to the premium paid to the insurer, it is permissible to request that the check be made payable to the patient (instead of to the insurer). However, in such case, 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 to do so, the employer must so state in writing. This written statement must be provided to AKF.
 - This written communication from the employer should accompany the most current pay stubs 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, you may submit a letter from the employer's HR department indicating the individual premium amount on company letterhead.
12. **The plan holder is solely responsible for paying his or her health insurance premiums** in a timely manner. While AKF seeks to pay premiums on or before due dates, AKF is not liable if health insurance coverage is terminated. In some situations AKF must send grants directly to patients. In such instances, patients are 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.
13. Urgent requests will be considered, based on the following rules:
 - Have a termination date that will occur within 10 calendar days of the GMS grant request date.
 - AKF reserves the right to verify all information and request additional written documentation.
14. Any premium refund in connection with any health insurance plan paid by AKF from HIPP funding pool is the property of AKF and must be promptly returned to AKF. These refunds are deposited in 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 and/or provider to refund any unused portion of the premium payment to AKF. Some plans refund checks directly to the patient's estate. In this case, please notify the patient's family or estate representative that the funds belong to HIPP funding pool and must be returned to AKF.

GRANT PREMIUM PAYMENT PROCESSING

1. Please allow AKF at least 2 weeks to process and mail premium payments. Most requests, if correctly submitted, are processed within 10-14 business days. You may track progress through GMS. Patients whose payment requests are submitted online and are approved will have their premiums automatically paid through the end of the policy year, subject to available funds in the HIPP pool and the other criteria set forth above. To have payments made for the following year, the applicant must submit a new payment request for such year with appropriate documentation, as set forth above.

2. To ensure efficiency and prompt payment of premiums, it is very important that AKF pays all grants directly to patients' insurance plans whenever possible. However, some insurance companies do not accept third-party checks. In such cases, AKF will mail checks to the patient in care of his or her social worker to ensure the funds are used for the purpose of paying the health insurance plan premium. A list of insurance companies that do not accept third party payments directly from AKF is available for download on the GMS messages board.
3. If the insurance company **does** accept third party payments and, in those instances where the patient has previously had the premium deducted from his or her bank account, AKF requires that the patient change to direct billing prior to requesting assistance from HIPP so that the payment can be made directly to the insurance plan.
4. HIPP payments cannot be requested to cover Medicaid spend downs or Share of Cost.
5. Assistance from HIPP is not available for vision and dental premiums, "smoker's surcharges," late fees and union dues cannot be requested unless they are a part of a "bundled" insurance premium that cannot be itemized. Prescription coverage premiums that are a part of policy will be considered, as long as they are not a Medicare Part D plan.

In the event of a "bundled" family policy, AKF will only pay the individual rate for the patient.

- Should an individual rate not be available, AKF will pay the patient's portion of the premium only (50% for a family of 2).
 - AKF will not pay the entire family premium (unless that rate is the same for family and individual).
 - In the event that the patient is the employee's spouse, AKF will use the following equation to calculate the patient's portion of the premium: employee plus spouse premium amount minus the employee premium.
 - In all of the situations noted above, a rate sheet or letter from the employer must accompany the request to verify the bundled policy and rates.
6. Premiums that have been paid by the patient or another source (including family/friends) prior to requesting assistance from HIPP will not be reimbursed.
 7. No payments from HIPP 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. Renal professionals should notify AKF and/or update GMS (upon change occurrence) to indicate the death of patient who was enrolled in HIPP. If a social worker or other renal professional is in receipt of a HIPP grant for a patient who dies, the grant should be returned promptly to AKF. The same is true with respect to any refund from an insurance company for a deceased patient who was enrolled in HIPP. These funds are added back to the HIPP pool.

CHECKING THE STATUS OF A REQUEST

Registration is available to use AKF's GMS to check the "real-time" status of pending, incomplete and approved requests. Patient grant histories are also available.

Please allow at least two (2) weeks after submitting a premium request before checking its payment status. To avoid the possibility of duplicate payment, do not resubmit a payment request without first checking online or speaking to your HIPP liaison or AKF Representative (if you do not have a HIPP liaison).

REQUESTING A CHECK REISSUE OR COPY

- To avoid incurring bank fees, AKF generally will not reissue checks unless at least 45 days have elapsed from the date of issuance.
- GMS online dashboards will indicate the check number, mailing address, status of the check sent to the insurance company, whether it has been cashed and the date it was cleared. This information is also available by contacting an AKF representative.
- In the event a 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 it is requested by an AKF representative.
- AKF does not automatically reissue un-cashed checks. Reissues must be specifically requested. Be sure to return the check to AKF or dialysis company HIPP liaison. Un-cashed checks are automatically voided after 180 days.
- If it is found that the health insurance plan has not properly credited the account and the check has been cashed, AKF can provide a copy of the cancelled check. Please allow at least 10 business days from the date of issuance of the check before requesting a copy.

SECTION 3: AKF'S ONLINE GRANTS MANAGEMENT SYSTEM (GMS)



WHAT IS GMS?

GMS is an online portal for managing AKF patient grants.

WHO MAY REGISTER TO USE GMS?

GMS may be used by both patients and renal professionals.

FOR PATIENTS:

AKF is empowering patients by asking them to register as a GMS user so they may track their own grant requests online. Patients may initiate a grant request and then work through a renal professional to complete and confirm document submission. Patients may:

- Complete the AKF HIPP worksheet and work with their renal professional to submit their on-line grant application.
- Track the status of their grant requests online in “real-time” and view the date their insurance carrier has cashed their AKF grant.

FOR RENAL PROFESSIONALS:

In order to use this service, renal professionals must have a valid individual corporate e-mail account. E-mail accounts associated with publicly available Internet access (such as, but not limited to Yahoo, AOL, Gmail, etc.) may **not** be used in connection with GMS. Corporate e-mail accounts are e-mail accounts that are restricted only to users (e.g., employees) authorized by your company and usually end in some form of your company name. They may not be shared universal accounts. This rule is designed to help protect the confidentiality of patient information. Renal professionals can:

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

HOW TO OBTAIN A CORPORATE EMAIL ACCOUNT

First check to see if your company offers a corporate email account available for use. If they do not, then there are several hosted email providers available.

If you have any questions please feel free to contact our support staff at GMSSupport@kidneyfund.org

SECTION 4: ADDITIONAL INFORMATION

CONTACT INFORMATION

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

You may contact AKF's HIPP Team at 1-800-795-3226 or email us at **patientservice@kidneyfund.org**.

For assistance with GMS, please contact GMS Support by calling 1-800-795-3226 or email **GMSsupport@kidneyfund.org**.

If you are a healthcare provider referring patients to AKF for HIPP assistance for the first time, you will need to complete orientation training by contacting AKF at 301-984-6633.

HAVE QUESTIONS? NEED ASSISTANCE?

Call 1-800-795-3226

OR BY EMAIL:

patientservice@kidneyfund.org



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