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HEALTH INSURANCE PREMIUM PROGRAM (HIPP) GUIDELINES AND PROCEDURES

PURPOSE:

To provide health insurance grants to eligible ESRD patients on dialysis for the purpose of paying their Medicare Part B, Medigap, commercial and/or Cobra premiums. HIPP is supported 100% by provider contributions. **All providers participating in HIPP are expected to advance voluntary contributions to support the American Kidney Fund’s HIPP funding pool. All pending approved insurance premium payments are dependent on the availability of contributions.**

ELIGIBILITY:

- Applicants must be dialyzed in the US or its territories and referred to the Fund by their renal social worker and/or nephrologist. **Transplant patients are not eligible for HIPP*.**
- HIPP is a “last resort” program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Premiums deducted from income sources such as Social Security checks cannot be reimbursed.
- Applicants must demonstrate that they can’t afford health coverage. Monthly household income may not exceed **reasonable** monthly expenses by more than \$600. If there is no income at the time of application, please utilize the comments section in that section explaining why. Liquid assets, such as savings accounts and stocks/bonds **may not exceed \$7,000.** (IRA’s and other retirement accounts are excluded and will not be counted toward this amount.)
- 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 criteria was adopted from the Social Security Administration, which uses it for the purpose of Supplemental Security Income eligibility.)
- Primary and secondary assistance is available only. HIPP does not assist with tertiary coverage of any kind.
***Note: HIPP enrollees are not eligible for premium assistance after they receive a kidney transplant.**

Important Notice:

All new applicants to AKF’s Health Insurance Premium Program (HIPP) are required, as part of the application process, to verify by their signature on the HIPP application that they have received a copy of HIPP Patient Guidelines.

This effort is intended to ensure that prospective enrollees as well as those receiving insurance premium assistance understand the benefits, responsibilities and limitations of HIPP participation. Most importantly, patients need to be informed that HIPP assistance is limited to those receiving dialysis treatment. It is especially critical that HIPP enrollees who may be candidates for a kidney transplant understand this aspect of HIPP

Copies of the *Patient Guidelines* are available at Patient Services Online at www.kidneyfund.org or by calling AKF.

APPLICATION PROCESS:

1. A HIPP application must be completed by each patient applicant. If the patient is unable to sign the application, only someone with power of attorney may sign for them. Please be sure to indicate this. The patient does not need to resubmit this application once they are enrolled in HIPP, unless there are significant changes in income, expenses or liquid assets. However, if you have not received HIPP assistance for one year or longer, you must submit a new application. Please notify the American Kidney Fund (AKF) immediately if there are any changes in insurance coverage, the patient expires, transfers or receives a kidney transplant. AKF reserves the right to request additional backup documentation to validate application information.
 - Total household income must be included on the application (Please indicate if the patient is living with a family member, but receiving room/board only.)
 - Please indicate if patient currently has no income and explain why.
 - Nephrologist stamped signatures are acceptable.
2. A completed “HIPP Request Cover Sheet” must accompany all first-time AND repeat payment requests. AKF enters information for checks **exactly** as you write it on the cover sheet. Make sure that the information provided is legible, that the insurance address is correct and that the policy number, coverage period and premium amount are included. Please do not submit coversheets with “whited-out” changes without initialing your change.
3. HIPP cover sheets must be accompanied by an insurance bill or coupon.
 - Only bills/coupons from the current year will be accepted. They may not be older than 3 months from the request date on the cover sheet.
 - Original bills are always the best choice, but due to time constraints, you may change the dates and/or amounts to match your cover sheet. However, **do not** white out the original information. Simply draw one line through it and add your new information
 - Insurance bills showing a “zero balance” or a credit balance will be accepted as long as you have verified the patient’s current coverage is up-to-date. You must indicate the date through which the policy is paid on the comment section at the bottom of the HIPP cover sheet.
 - As a last resort, use of letters from an insurance company agent are acceptable , as long as they are written on insurance company letter head and reference the insured’s name, policy number, premium amount due and coverage period.
 - Payments are made on a quarterly basis (3 months/request); a true calendar quarter is best. (i.e. Jan thru Mar; Apr thru June, etc.) Please contact AKF for approval if your patient’s policy requires a six month or annual payment. 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 insurances bill bimonthly. In this case, please request either a 2 or 4 month payment.
 - HIPP liaisons or referring social workers from independent centers are responsible for submitting repeat requests and bills **at least 30 days in advance of due date**. Payments are not automatically made on behalf of enrollees.
4. Requests are accepted for quarterly payment on the following schedule:
 - 1st quarter (Jan-Mar) – beginning on 11/15 of prior year
 - 2nd quarter (Apr – June) – beginning on 2/15
 - 3rd quarter (July – Sept) – beginning on 5/15
 - 4th quarter (Oct-Dec) – beginning on 8/15
5. Incomplete, ineligible or illegible requests will be returned to the HIPP liaison (or social worker in the case of independent dialysis centers that do not have HIPP liaisons). Printed requests are easier to read, and the use of a font size of 12 or larger is preferred to insure accurate processing of your request.
6. **The patient is legally responsible for paying their insurance premiums in a timely manner.** While HIPP makes every effort to pay premiums before their due dates, the American Kidney Fund is not liable if an insurance coverage is terminated.

7. Urgent requests will be considered, based on the following rules:
 - Have a termination date that will occur within 10-14 days of the request date
 - Have no grace period and are within 7-10 days of the due date (AKF reserves the right to verify all information.)
 - Must be received through appropriate authorized person **by noon on Tuesdays** to be considered for special processing that same week and must be submitted correctly.

PAYMENT PROCESSING:

1. Please allow AKF at least 2 weeks to process and mail premium payments. Most requests, if correctly submitted, are processed within 7-10 business days.
2. Most premium payments are paid directly to patients' insurance carriers. There are some insurance companies that do not accept third-party checks. In these situations premiums will be mailed to patients in care of their dialysis centers social workers. Please check with AKF for a list of these insurance companies.
3. HIPP payments cannot be requested to cover Medicaid spenddowns,
4. Vision and dental premiums cannot be requested unless they are a part of a “bundled” insurance premium that cannot be itemized. (Prescription coverage premiums will be considered, as long as they are not a Medicare Part D plan.)
5. HIPP will not reimburse patients for Medicare premiums that are already paid through Social Security check deductions.
6. Payments cannot be made posthumously for deceased patients.

CHECKING THE STATUS OF A REQUEST:

A weekly payment report is provided to all corporate facility liaisons and some independently owned centers. Representatives from independent dialysis facilities may contact their designated HIPP Associate. You may also register to use AKF’s Online Patient Services to check the “real-time” status of pending requests and obtain a patient’s grant history by visiting our website at www.kidneyfund.org

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

CHECK REISSUES:

1. Due to bank fees, most checks will not be reissued before 45 days from their date of issuance. (Exceptions will be considered on a case-by-case basis.)
2. AKF will provide check information for the purpose of tracing a lost check. (i.e. check number, mailing address, etc.) This information is also available to registered users of Online Patient Services at www.kidneyfund.org.
3. AKF does not automatically reissue or track uncashed checks. Reissues must be specifically requested. Be sure to return the check to AKF or your HIPP liaison, if it has been returned to you.
4. If you find that the insurance company 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 7 business days from the issuance of the check before requesting a copy.

CONTACT INFORMATION:

You may contact AKF's HIPP Team at 1-800-638-8299 to request HIPP application forms and cover sheets and/or copies of these guidelines. You may also email us at patientservice@kidneyfund.org.

ONLINE PATIENT SERVICES INFORMATION:

Online Patient Services can be found on our website at www.kidneyfund.org. Simply click on "for professionals" or access it directly from our home page. Interested renal professionals are required to register online to use this service and must have an email address. Using Online Patient Services allows you to download forms, guidelines, complete writeable PDF of the application and cover sheet, as well as obtain real-time request status and histories.

Be sure, when registering, that you retain your email address and password . This will allow you to access the online system more easily.

FREQUENTLY ASKED QUESTIONS ABOUT HIPP

1. Where can I read about AKF's OIG Opinion regarding the administration of HIPP?

Answer: A copy of Advisory Opinion No. 97-1 can be obtained at www.complianceland.com

2. Why does AKF require that insurance bills be no more than three months old and from the current year?

Answer: This requirement is intended to protect the HIPP program and the continued coverage of its enrollees. Insurance carriers are increasingly intolerant about accepting premium statements that are from prior months, quarters or years, and they are clamping down on the practice. HIPP checks accompanied by "old" statements are often cashed by insurers without crediting the patient's account or are returned to AKF. Insurance companies claim that hand-processing "old" statements is costing them time and money, which may explain why some companies have stopped accepting third party payments.

3. Who are HIPP liaisons and what is their role?

Answer: HIPP liaisons are employees of corporate and some independent providers. They coordinate HIPP communication between their company's social workers and the American Kidney Fund. HIPP liaisons track the progress of each patient's grant request from the time it is submitted to the Fund to the time a grant payment is issued so that patients and their social workers are kept informed. They also help educate social workers about the HIPP program and "trouble-shoot" problems that arise.

4. Why doesn't the Fund reimburse patients who have their health insurance premiums deducted from Social Security checks or have already paid the premium?

Answer: HIPP is not intended to be an insurance premium reimbursement program. Eligibility is restricted to financially qualified patients who have no alternative means for paying their health insurance premiums and who would not have insurance coverage without the benefit of HIPP. Individuals whose Medicare premiums are deducted automatically from their Social Security checks have a mechanism for guaranteeing premium payment. Patients (or family members) who have already paid an insurance premium are also considered to be a source or assistance.

5. What should I do if the patient (or patient's estate) receives a refund check?

Answer: It is important that all HIPP enrollees be informed that any refund check from a health policy paid from HIPP funds is the property of AKF and must be returned. These refunds are deposited back into HIPP's "funding pool" to support the program. When a HIPP enrollee expires, the insurance company should be notified and a request made to refund any unused portion of the premium payment to AKF. Some companies 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 the HIPP Program and should be returned. AKF's HIPP Refund notice may be downloaded from Online Patient Services at www.kidneyfund.org or requested by calling 1-800-638-8299,

6. Does AKF prioritize premium requests by their due date?

Answer: According to its Advisory Opinion (97-1), the American Kidney Fund is obliged to handle premium requests on a first-come, first-served basis. We will do our very best to pay "urgent requests" if they are submitted by noon on Tuesdays, but we make no guarantees. Your best assurance of timely payment is timely submission. AKF begins accepting premium requests 45 days in advance of the beginning of each quarter (see quarterly payment schedule on HIPP Guidelines Procedures sheet).

In addition, AKF **strongly recommends** that you submit your premium requests early and that you **prioritize** them according to their time-sensitivity. Cobra policies are most time-sensitive; if you have a choice, submit them first. Generally speaking, Medigap premiums are less time sensitive than Cobras and Medicare premiums are the least time-sensitive.

7. Why does AKF generally pay only one quarter at a time?

Answer: There are several reasons. First, the contributions necessary to fund premium payments are made on a quarterly basis. Second, most insurance companies discourage premium payments for future quarters and many will refund advance payments to your patients. And, third, should your patient transfer, get a transplant or pass on, there will be a larger refund at risk for retrieval.

8. What happens if the funding pool is depleted?

Answer: AKF sends an urgent message to all of its HIPP contributors when funds are low, but continues to process requests. Checks are issued as soon as the funding pool is replenished.

9. What types of insurance policies are paid for by HIPP?

Answer: HIPP pays for Medicare Part B, cobra, medigap and commercial policies

10. Why won't HIPP pay for tertiary coverage, if the patient is eligible for Medicaid?

Answer: AKF will not pay for duplicative tertiary coverage. HIPP's purpose is to ensure that eligible dialysis patients have a mechanism for paying for their dialysis treatment. Eligibility for Medicaid usually means that patients have a mechanism for paying the Medicare allowable balance due of 20% when Medicare is their primary insurer. In circumstances where this is not the case, AKF will request additional documentation to explain a patient's individual Medicaid benefits.

11. My records show that AKF made a payment for my patient, but the insurance company has no record of it. What should I do?

Answer: Insurance companies sometimes cash the premium checks through their lock boxes, but for various reasons are unable to properly credit the patient's policy. Contact us to find out if the check has been cashed. If it has, a copy of the cancelled check can be provided for you to give to the insurance company. If it has not, a reissue can be requested if the check is over 45 days old. You should also verify the mailing address.

12. Why aren't transplant patients eligible for HIPP assistance?

Answer: The HIPP program is for dialysis patients only because we do not have underwriting available from other sources to support coverage for transplant patients. HIPP is a very expensive program, currently serving almost 37,000 dialysis patients nationwide on an ongoing basis. The program is 100% funded by provider contributions.

13. What happens if my patient is transplanted while receiving premium assistance through HIPP?

Answer: Dialysis patients enrolled in HIPP are not eligible to continue receiving assistance once transplanted. However, HIPP will provide assistance for one month post-transplant, if the payment has not already been made.