

HEALTH INSURANCE PREMIUM PROGRAM GUIDELINES

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ABOUT THE AMERICAN KIDNEY FUND

The American Kidney Fund (AKF) fights kidney disease on all fronts as the nation's leading independent kidney nonprofit. AKF works on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease—from prevention through post-transplant living. With programs of awareness, early detection, financial support, disease management, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF.

When people with kidney failure cannot afford the cost of medical care, AKF is there for them, providing lifesaving treatment-related financial assistance through our Health Insurance Premium Program (HIPPP), our Safety Net Program, our rapid-response Disaster Relief Program and our newest program, the Post-Transplant Testing Program, which covers the cost of blood tests that track the health of a transplanted kidney without the need for a kidney biopsy. In 2020, these programs assisted 84,000 low-income dialysis and transplant patients in all 50 states, the District of Columbia and every U.S. territory. AKF's financial assistance makes possible about 6% of all kidney transplants in the United States each year.

With the nation's largest free kidney health screening program, Know Your Kidneys™, AKF fosters kidney disease prevention and early detection in at-risk individuals and communities.

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 15,000 Ambassadors—people with kidney disease and their loved ones.

Our work is possible thanks to more than 61,000 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 18 years in a row, placing AKF among the top 10 nonprofits nationwide with the longest track records of highest ratings, and we are proud to hold the Platinum Seal of Transparency from Guidestar.

Our independent national 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 on our website at [KidneyFund.org](https://www.kidneyfund.org).

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, visit our website at KidneyFund.org, and engage with us on social media:

- Facebook [@AmericanKidneyFund](#)
- Twitter [@KidneyFund](#) and [@AKF_Advocacy](#)
- Instagram [@AmericanKidneyFund](#)
- YouTube [@KidneyFund](#)
- LinkedIn [@AmericanKidneyFund](#)

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 lack the financial resources to pay their premiums. HIPP is available to every ESRD patient in the United States who has met our financial eligibility 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 (in those states that 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, kidney transplant workups, transplant surgery and aftercare, treatment for other conditions, dental care, hospitalization, doctor’s visits, prescription medicines, and all of the other health services covered by insurance. Having access to this care improves patients’ health and saves lives.

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 our grant approval on the patient’s choice of insurance carrier or plan.
- We do not advise patients on choice of dialysis clinic, transplant center, health care treatments or health care providers.
- We do not offer or endorse health insurance policies.
- We do not advise patients on selection of insurance plans.
- We do not steer patients to insurance plans.
- We do not consider the patient’s health status.
- We do not provide assistance for full family coverage. If the patient has a family plan, they must calculate the individual portion of the premium to determine the

grant amount that they should request of AKF.

We review grant requests on a first-come, first-served basis. We are proud to provide, on average, a turnaround time of 10 to 14 business days for approval of HIPP grant requests that are fully and correctly completed. Dependent on funding levels, grants are then usually issued promptly after approval. If funding levels are insufficient, AKF reserves the right to issue payments based upon HIPP urgent guidelines.

Grant issuance is subject to the availability of funds in our HIPP funding pool. HIPP is funded entirely through voluntary contributions. While AKF makes requests for voluntary contributions from all providers, we cannot guarantee the availability of grant funds.

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.

IMPORTANT NOTE: AKF may not operate HIPP in jurisdictions where local requirements would violate AO 97-1; as a result, patients in those jurisdictions are not eligible for HIPP. Up-to-date information is always available through GMS and the AKF website.

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 two **Authorization & Consent Forms** 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 grant request is reviewed by an AKF Patient Services staff member, who may request additional information, if needed, to process the request.

In most cases, patients who are eligible for HIPP need ongoing assistance. To ensure the patients' insurance does not lapse these patients 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.

Extended HIPP Assistance for Transplant Patients

When a HIPP grant recipient receives a transplant, AKF continues HIPP grant assistance through the end of the insurance coverage plan year for the same insurance policy or policies in which the patient was enrolled prior to the transplant, as long as that same insurance policy is available to the patient. The applicant may not request assistance for a different insurance plan or plans unless the same insurance policy is no longer available through no fault of the patient. If a patient receives a transplant in the final quarter of their current plan year, AKF will continue HIPP assistance through their next plan year.

To be eligible to receive post-transplant assistance, an individual must have been receiving HIPP assistance that covered at least the three consecutive months immediately preceding the date of their transplant.

AKF assumes that a patient's insurance coverage plan year is a calendar year unless documentation is submitted that shows otherwise. **For example, an eligible HIPP grant recipient (whose health plan year is a standard calendar year) who receives a transplant in February would be eligible to receive continued HIPP assistance through the end of December.** If the transplant occurs in the final quarter of a plan/policy year, AKF will cover this final quarter and continue grant assistance through the next insurance plan year.

To receive extended HIPP assistance post-transplant, it is the transplant patient's responsibility to update their transplant date in their GMS profile within three months of receiving their transplant. Contacting AKF via phone or email will not update a patient's profile with their transplant information; this information must be entered into the patient's profile by the patient, their caregiver, or their renal professional. We also ask that all patients update their profile with accurate contact information so that HIPP grants may be processed in a timely fashion and sent to the correct address. Patients may work with their dialysis social worker and transplant center, or they may update their profile themselves by claiming their GMS account (explained below) and making changes in their treatment status.

If a transplant facility prefers not to assist patients in GMS, the patient will need to request a Treatment Center Verification Form (TCVF) from AKF. When the patient submits this form, it allows AKF to verify that a patient has received a transplant, after which the patient will be able to submit their own requests in GMS. Please send a message through GMS or contact the AKF Patient Services Department by calling 1-800-795-3226 or emailing registration@kidney.org to request this TCVF form.

Transplant social workers submitting grant requests for patients in GMS **DO NOT** need to submit the TCVF. The TCVF should be submitted only when a patient is applying on their own.

Patients may have a profile in GMS that was established by their renal professional. For a patient to claim a GMS profile, a patient will need their "PIN" from their GMS profile to register. The patient's social worker may provide this number, or the patient may request it from AKF by emailing registration@kidneyfund.org or calling 1-800-795-3226.

If a patient is taking over the management of his/her grant requests and a complete and correct recurring grant request already exists, the only action to take will be to confirm the next payment when it is eligible to be confirmed. A new grant request will only need to be submitted when:

- No previous grants have been submitted
- Only one grant check has been issued within the last three months

A payment update request will need to be submitted if there is an address change for the grant payment.

Following a transplant, the patient, their renal professional, or their caregiver must check their grant payments in GMS and, if needed, submit new grant requests for the patient to continue receiving extended assistance, while at the same time cancelling any unnecessary payments. AKF will not enter requests on behalf of any patient—dialysis or transplant patient. The information contained within the transplant patient’s grant profile must include confirmation from a qualified renal professional that the patient has received a transplant.

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.

If a patient enrolled in HIPP decides to change to another Medicare-certified dialysis facility, they will continue to receive HIPP assistance from AKF.

Patients are free to choose any Medicare-certified health care provider as permitted by their insurance policy. A patient’s decision to change their health care provider 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.”

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 for AKF assistance after a transplant for the remainder of their insurance policy coverage plan year. If an eligible patient receives a transplant in the last quarter of their insurance plan year, they may receive continued HIPP assistance through the next insurance plan year.

Patient Eligibility

- Applicants must permanently 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 care for acute kidney injury (AKI) are not eligible for assistance. Transplant patients seeking AKF assistance must have received a HIPP grant for the coverage period at least three months prior to receiving their transplant.
- ☑ Applicants must meet the eligibility qualifications of the insurance coverage for which premium assistance is being requested. AKF cannot assist in determining eligibility for their insurance plan.
- ☑ Applicants must demonstrate that they cannot afford health coverage. Currently, the eligibility criteria are that the 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 assets may not be more than \$7,000. (Primary vehicle, primary residence, basic household items/furniture, IRAs and other retirement accounts are excluded and are not counted towards 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 or grant request for the premium predates the death of the patient.
- ☑ For purposes of program integrity, AKF conducts periodic income and expense surveys of grant applicants and may ask for additional documentation to substantiate eligibility. To continue receiving AKF assistance, patients must respond to the survey and provide the requested information. Failure to do so may cause a patient to become ineligible for future grants.

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 ACA/Marketplace plans), and annuities), 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 or self-funded health plans where the employer assumes funds and the risk for paying health claims.

- ☑ AKF does not cover Medicaid spend downs or Share of Cost. However, if a premium is required for a patient’s Medicaid policy, HIPP can assist with the premium.

- ☑ AKF does not cover cost-share or coinsurance obligations.
- ☑ AKF does not cover stand-alone 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. Following a transplant, the patient or their representative is responsible for updating their profile information within GMS.
- ☑ 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. AKF is providing a charitable grant to the patient so they can afford their coverage. The patient assumes all responsibilities applicable to enrollees of the plan. The patient is responsible for choosing health insurance that best meets their medical and financial 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 ensuring that their address is complete and accurate. It is the patient's responsibility to use HIPP grant 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. (Parents/legal guardians should sign for minor patients under the age of 18.) 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 each time. After a patient sets up a profile in GMS (or recertifies their GMS profile), the signed Authorization & Consent forms cannot be older than 90 days of the first grant request submission date.

- ☑ Patients with ACA/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 or premium rebate 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 other patients in the program.
- ☑ If a HIPP enrollee dies, the patient’s insurer 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 under one premium.
- ☑ Premiums that have been paid by the patient or another source (including family/friends) prior to requesting assistance from HIPP will not be reimbursed.

Changes in Patient Status

AKF must be notified as soon as possible of any patient status change (such as change in address; financial eligibility changed status; termination or lapse of insurance plan; transplant; or death.). All status updates should be managed through GMS by updating the patient’s profile.

SECTION 2: 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. If your social worker has already created a profile for you in GMS, you will need your PIN from your profile to register. Your social worker can give this number to you or you can email AKF at registration@kidneyfund.org to request it. AKF will also provide this number directly to you by phone at 1-800-795-3226. We strongly encourage patients to register in GMS so they can stay informed of their grant status and so they can receive important messages about AKF financial assistance programs.

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. Written consent is required from the patient for caregivers to access a patient's record.

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, Zoho, 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, users can:

- Login to submit an attestation to a grant request

- Assist patients with their GMS Patient Profiles.
- Obtain profile 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.
- Receive important communications regarding AKF financial assistance programs.

SECTION 3: 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 grant requests submitted **online** via GMS.

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 grant request will be approved or, if approved, that insurance premium assistance from HIPP will be issued. 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 2.

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 Forms**, the patient is confirming that he or she has read and understands these documents. All documents mentioned above may be found within the "Information" section of GMS and on AKF's website. This affirmation is intended to ensure that all prospective HIPP grant recipients 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 recent transplant patients who received HIPP assistance covering insurance premiums for the three months immediately preceding their transplant) 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).

1. Grant Request Submission

Patients or their approved representatives submit HIPP **grant requests** to request 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 will generate grant payments for the same dollar amount and the same insurance premium, without the need to re-enter all of the grant information in GMS. These recurring requests will still need to be confirmed each time before AKF will issue a grant payment, and can be confirmed by patients, caregivers or renal professionals within a patient's profile in GMS. Confirming the request lets AKF know that the payment is still needed. If the patient's premium or desired payment method changes, future payments associated with a recurring request may be cancelled by the patient, renal professional, or caregiver, and a payment update request may be entered.

For patients eligible for post-transplant HIPP assistance, "one-time" requests may be submitted in cases where the patient has a balance amount due for their insurance policy or if the patient needs a recently voided/expired payment replaced.

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, remittance address, and coverage period. This information must match the online payment request.
- Whenever possible, AKF prefers that submitted bills include the exact coverage period, billing frequency, 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 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 or social security check, please

refer to the first bullet point on Page 17, in the “Grant Request Review & Processing” section.

- 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 for recurring payments.**
- 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.
- For post-transplant patients, AKF uses a patient’s Insurance Plan Year - a 12-month period of benefits coverage under their health insurance plan - to determine the length of time, post-transplant, that a patient is eligible for AKF assistance. With most insurance plans (specifically Medicare, Medicaid, Medicare Advantage, Exchange, and Off-Exchange plans), the Insurance Plan Year begins on January 1st and ends on December 31st. Some plan types (COBRA, EGHP, Commercial, Annuities, and Medigap plans) may not have a standard 1/1-12/31 plan year. Patients may contact their insurer directly for verification of their insurance plan year. In cases where the insurance plan year start date is not 1/1, patients must provide written documentation from their insurer. As stated above, if a patient receives the transplant in the 4th quarter of the calendar year, AKF will pay the premium for that quarter and the entire plan year that follows.
- In regard to dialysis patients, before entering a grant request, we ask that you check your patients’ Insurance Plan Year within your GMS Patient Profile to ensure that the listed dates are correct. Accurately-entered coverage years help to ensure that AKF is able to assist patients who transplant with the remainder of their insurance policy plan year. An incorrectly-entered coverage year may cause an error in the amount of post-transplant assistance the patient receives. AKF reserves the right to request additional written documentation when needed.

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 submit a letter from their employer's HR department on company letterhead that clearly indicates the individual medical portion of the patient's (and family member's) insurance premium that is being deducted from the patient's check, along with a current paystub (no older than 30 days from the submitted grant request). If the patient is unable to obtain an employer letter, they may submit a rate sheet to confirm their premium amount along with a current paystub.

A written or typed breakdown of the total requested amount should be provided on the rate sheet or paystub. In the event of a family policy, AKF will only issue 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.

In the event that the employer does not bill the patient directly, the patient may use the letter from their employer as their documentation and enter the grant request with payments sent directly to the employer.

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 4: GRANT PAYMENTS

Grant Request Review & Processing

- Most grant payment requests, if correctly submitted, are processed on a first-come, first-served basis within 10-14 business days, subject to funding availability, and a grant payment issued shortly thereafter. Patients may track progress through GMS.
- Urgent requests will be considered on a first-come, first-served basis when a patient's policy has a termination date that will occur within 10 calendar days of the GMS grant request date. GMS will determine if the grant request meets the urgent criteria.
- 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 information entered on the patient's initial recurring request 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 plan year. In most cases, an insurance plan year is a calendar year, but you should check your policy to be certain. Requests for Marketplace Exchange (ACA) plans must be updated during Open Enrollment at the end of each calendar year due to frequent changes in premiums and policy numbers.

Recurring grant payments will be issued automatically 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. Patients, caregivers, or renal professional representatives are also required to cancel unneeded recurring payments as necessary. Unconfirmed payments expire at the end of the payment coverage period, which is generally 31 days past the payment due date.

- To request continued HIPP assistance post-transplant, the patient must notify AKF by updating the Health Information (transplant information) and Facility/Contact pages of the patient profile within three months of receiving their transplant.
- A new online grant payment update 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 by updating their GMS profile record status to "Deceased".
- 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 the premium 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. AKF issues grants in the form of checks, debit cards and ACH (direct deposit). ACH transactions are processed within 3 to 5 business days. ACH transactions require a patient to have an email address included in their GMS profile. Grant checks are valid for a 90-day period and debit card grants are valid for a 120-day period. If a grant check or debit card is not used, the grant will be voided, and the money will be returned to the HIPPA pool.

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 logging into their GMS account, or by contacting Patient Services at 1-800-795-3226.

While AKF seeks to issue grants to patients or the patients' insurance carrier on or before the policy's due dates or termination dates, due to fluctuations in availability of HIPPA funds, AKF cannot guarantee grant issuance within a set timeframe following grant approval or the confirmation of recurring payment installments. To avoid the possibility of duplicate payments, 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, or annually) of the patient's plan. The insurer's billing schedule determines the payment frequency that you are able to request in GMS. AKF prefers to issue payments on a quarterly basis, ideally based on calendar quarters (i.e., Jan-Mar; Apr-June, etc.). Do not attempt to force a payment request to conform to a calendar quarter if it is not normally billed in this manner. 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.

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. (The patient's personal email address must be included in their GMS profile in order to receive direct deposit.)
- Debit cards sent to the patient's home address or in care of their treatment facility.

Refunds

If a patient receives a premium refund or premium rebate from their health insurance company, the patient must return the funds 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.

Reviewing the Status of an AKF Grant Check

- 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 that payment status information was last updated.
- It is the patient's responsibility to remain aware of the payment status of their HIPP grant check. Patients should not attempt to deposit a grant check after the check has been voided.
- When a patient, caregiver, or renal professional requests that a grant check be voided, AKF requires a written reason to be included. If 45 days have elapsed without receipt of the grant payment, the patient, caregiver, or renal professional may request that the payment be voided, with a written reason included, and they may then enter a one-time request to replace the payment.
- In the event that a grant check has not been cashed, please contact an AKF representative via GMS Messaging for further assistance. Please do not enter a new/duplicate payment request for a replacement, unless instructed to do so by an AKF representative.
- AKF does not automatically replace uncashed grant checks. Instead, you must request a new grant. AKF automatically voids uncashed grant checks **90 days after the issue date**. Void/Expired payment replacement grants must be submitted within 30 days of the void/expiration date.
- In the event that a payment is not confirmed within the allotted time frame (30 days after the coverage period start date), a one-time grant request may be submitted with updated documentation to have a new payment generated. The dates within the one-time grant cannot exceed 6 months in the past and must be accompanied by documentation showing the policy is still active. The replacement grant must be submitted within 30 days after the payment has not been confirmed (60 days after the issue date)
- In the case of a rate increase, AKF will not void any checks that have been issued at the lower rate unless given documentation from the insurance company stating they will not accept partial payments. Instead, a one-time grant request will need to be submitted for the balance due amount for that coverage period.

Requesting A Check Copy

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. A written request is required from the insurance company or the patient. Once 10 business days have elapsed, grant 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. The card is programmed to only be accepted for payment of insurance premiums.

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 by using the GMS messaging system or by calling 1-800-795-3226.

Requesting a Replacement Debit Card

- AKF does not automatically issue replacements for unused debit cards. Debit cards are automatically voided 120 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, their caregiver, or their renal professional may contact AKF via GMS message or phone to void the card. 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 treatment facility. The new grant request must be entered within 30 days of the card being voided.
- 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.

We recommend patients use ACH when a grant payment needs to go to the patient. ACH will ensure the grant funds are received sooner and eliminate the possibility of the patient's grant check being lost or delayed in the mail.

An ACH request must be made at the time that a patient's grant request is submitted. To do this, the patient must have available their bank routing and account numbers when the grant request is made. A personal email address must be added to the patient's GMS profile.

Please double-check all routing and account numbers when entering an ACH request. If the banking information is not entered correctly, the transaction will not process, there will be a delay in receiving the grant and a new one-time grant request will need to be submitted. This could result in the patient's insurance coverage being cancelled for failure to pay on a timely basis.

CONTACT INFORMATION

If you have specific questions relating to HIPP or need assistance with GMS, please contact AKF's Patient Services department in one of the following ways:

1. **BY PHONE** - During business hours, you may call 1.800.795.3226
2. **GMS Assist = Visit [GMSassist.com](https://gmsassist.com)** to make a phone appointment at a time that is convenient for you.
3. **ONLINE** - Visit **KidneyFund.org** to learn more about AKF's patient financial assistance programs.
4. **THROUGH GMS** - Please message us through your GMS user account at gms.kidneyfund.org. Be sure to also check the INFORMATION and FAQ sections of your account for up-to-date information. (gms.kidneyfund.org)
5. **GMS REGISTRATION ISSUES?** Please email us at registration@kidneyfund.org

If you are new to HIPP and unsure of where to start, please contact us at **registration@kidneyfund.org**. or call us at 1-800-795-3226. AKF's Patient Services department will schedule an orientation to review the program, as well as provide an introduction to GMS. You can also make an appointment at gmsassist.com

For general information about AKF, 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 funding and operational model under which the program operates to this day and establishes core safeguards 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 do not have access to information as to which providers contribute to the HIPP pool. This safeguard, 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.
- Likewise, social workers and renal staff may refer financially needy patients to HIPP but **may not** advertise the availability of HIPP financial assistance to the public or disclose to patients whether their facility or provider has contributed to AKF.

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 or provider. 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 its program eligibility at any time based on external factors such as the enactment of state or local laws that conflict with AO 97-1, and make such changes effective as of the date solely chosen by AKF. AKF further 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 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 cancellations or 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 800.795.3226**

**11921 Rockville Pike
Suite 300
Rockville, MD 20852**

KidneyFund.org