PATIENT HANDBOOK
HEALTH INSURANCE
PREMIUM PROGRAM

Updated January 2, 2020
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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 (HIPP), our Safety Net Program, and our rapid-response Disaster Relief Program. In 2019, these programs assisted 84,000 low-income dialysis and transplant patients in all 50 states, the District of Columbia and every U.S. territory.

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 13,000 patients and 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.

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

This handbook will help you fully understand your role and responsibilities as a patient applying for financial help through AKF’s Health Insurance Premium Program (HIPP). It will help you understand eligibility, how to enter a grant request and the grant approval process. It will also help you understand the benefits, responsibilities, and limits of HIPP.

This handbook is not meant to take the place of the HIPP guidelines. Those guidelines are located within the information section of our Grants Management System at gms.kidneyfund.org, as well as in the “Financial Assistance” section of our primary website, www.kidneyfund.org.

If you would like to apply for HIPP, please speak with your dialysis team. You have the option to apply through your dialysis team, through a caregiver, or on your own.

GRANTS MANAGEMENT SYSTEM (GMS)

GMS is AKF’s online system for managing your financial grant requests. We suggest that you register to use GMS. By registering, you may:

- Create/update your profile
- Submit/monitor grant requests, or have a caregiver submit grants on your behalf
- Monitor grant payments
- Send messages to AKF
- Read important documents
- Find educational info
- Get important program updates

To register in GMS, you must have a personal email account. Please visit gms.kidneyfund.org to register. For information on how to register, please refer to the Patient Registration Guide in Appendix 1 of this handbook.
MY RIGHTS AND RESPONSIBILITIES

Since 1971, AKF has helped more than 1.5 million kidney patients like you to afford healthcare costs.

If you are currently being assisted by AKF’s HIPP, or if you are thinking about applying, you should know that you have rights and responsibilities as outlined below.

Your Rights

1. You have the right to **independently choose** the healthcare coverage that is best for you.
2. You have the right to **change** your healthcare coverage to any plan that is available to you and that best suits your health and financial needs.
3. You have the right to **cancel** your HIPP assistance from AKF at any time.
4. You have the right to **reapply** for HIPP assistance from AKF at any time.
5. You have the right to **change dialysis providers** and keep your HIPP eligibility. If you move to another provider, you are still approved for grant assistance for your current, full policy year. Please make sure to update your information in your GMS profile. You may do this yourself or get help from your registered caregiver. You may also tell your new dialysis center so they can update the profile for you, or contact AKF directly if employees at your new dialysis clinic cannot assist you. Please note that your dialysis center must be Medicare certified for you to continue receiving HIPP assistance.
6. You have the right to **access AKF’s GMS** to track the status of your grant request (**gms.kidneyfund.org**). If you have questions about registering, please contact **registration@kidneyfund.org**.
7. You have the right to **see a copy of your records** in GMS (grant request, supporting documents and grant history).
8. You have the right to **report to AKF any concerns about the application or grant process** without fear of retribution.
9. As a HIPP grant recipient or applicant, you have the right to **get answers to your questions directly from an AKF patient services staff member**. You may contact us via GMS Messages or by calling 800.795.3226.
Your Responsibilities

1. You have the responsibility to provide complete, accurate, and timely information on your GMS patient profile and HIPP grant request. You should inform AKF immediately about any changes to your contact information, financial status, dialysis provider or facility, or any other information that may impact your eligibility for HIPP. At any time, you may update your patient profile online through GMS, or you may work with your social worker to update your GMS profile information.

2. If you change dialysis providers, it is your responsibility to inform your new provider that you receive grant assistance from AKF. You can also contact AKF directly about this change. This lets us work with you to submit future grant requests.

3. You have the responsibility to review your GMS patient profile and grant request(s) for accuracy and completeness. Do this regularly to be sure that all changes are captured and up to date.

4. You have the responsibility to make sure that your current health insurance bills are uploaded into GMS in a timely manner. This will allow AKF to process your grants so that premiums are paid on time.

5. You have the responsibility to read the HIPP Guidelines, Patient Handbook, and patient information materials provided to you by AKF. These materials are available through GMS and may also be obtained through your renal professional, or by calling AKF’s Patient Services department. It is your responsibility to ask questions about anything that you do not understand. These documents are also available online: KidneyFund.org/information.

6. You are ultimately responsible for your own health insurance coverage, including timely payment of premiums. AKF offers no guarantee of an initial grant or renewal of grants. If you qualify for assistance through HIPP, AKF will provide a grant to help cover premiums so long as HIPP funds are available. AKF reserves the right to modify or stop HIPP assistance if funding becomes limited or for any other reason.

7. If you are planning to have a kidney transplant, it is extremely important that you understand that AKF will provide health insurance premium help through the end of the insurance coverage plan year. If you receive your transplant in the final quarter of your current plan year, AKF will continue HIPP assistance through your next plan year as well.

8. To be eligible for this post-transplant assistance, you must already have been receiving HIPP assistance for at least three consecutive months immediately preceding the transplant. You must work with your dialysis social worker and transplant center to make sure that they understand your post-transplant coverage and related health insurance premium grants, and you must add your transplant date to your GMS profile within three months of your transplant.

9. You are responsible for all aspects of your health insurance plan. The receipt of financial assistance from HIPP does not alter the fact that health insurance coverage represents a contractual relationship solely between you and your health insurance plan, not between AKF and the health insurance plan.
10. If there is an overpayment for your insurance and that amount is refunded to you, you must send the refunded amount to AKF so that we may place these funds in the HIPP pool to assist other eligible patients.

11. In our efforts to protect the integrity of HIPP, there may be times we contact you for additional information or for you to substantiate your income or expenses. If you do not respond with the information requested, your grant assistance may end. Please make sure to keep your profile up to date with your home address, email and phone number so we may contact you.

12. You have the responsibility to promptly inform your treatment center staff and/or AKF if you believe that any of these rights have been violated. You may reach AKF by calling 800.795.3226, by sending a message in GMS, or by emailing registration@kidneyfund.org
WHAT IS HIPP?

The Health Insurance Premium Program, or HIPP, is a charitable program run by AKF that provides grants to financially eligible patients with kidney failure. The grants help pay for medical insurance premiums.

HIPP grants help with premium payments for:
- Medicare Part B
- Medicare Advantage (Part C)
- Medicaid (if your state requires a premium payment)
- Medigap/Medicare Supplemental
- Commercial plans (including Marketplace plans)
- Employer Group Health Plans (EGHP)
- COBRA plans

HIPP grants do not:
- Help with copays, spend-downs or medical device purchases.
- Locate or recommend insurance policies or dialysis facilities or other health care providers.
- Cover health insurance policies for full family coverage. If you have a family plan you must calculate the portion of the premium that is attributable to your coverage.
- Assist with dental and vision insurance.
- Cover union dues or reimburse for a premium that has been already paid.
- Pay for any balance 6 months or older from the date that you enter the grant in the system.
- Reimburse premiums deducted from paychecks for previous months before AKF HIPP assistance began.
HIPP ELIGIBILITY

In order to qualify for HIPP, you must:

- Receive dialysis treatment for end-stage renal disease (ESRD).
- Be currently enrolled in or applying for health insurance coverage.
- Live in the U.S. or its territories.
- Show that you cannot afford your health coverage.
  - AKF will review your household income, reasonable expenses and liquid assets (such as savings accounts and investment accounts) before granting help.
  - Monthly household income may not be $600 more than reasonable monthly expenses. If you have no income at the time of application, you will need to provide an explanation.
  - Total assets may not be more than $7,000. (Your primary vehicle, primary residence, basic household items/furniture, IRAs and other retirement accounts are excluded and are not counted towards this amount.)
- Post-transplant patients seeking extended HIPP assistance must have been receiving HIPP assistance for at least the three months immediately preceding their kidney transplant.
- 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, other charitable organizations), and select the combination that best serves your specific medical and financial needs. The selection of health insurance is your choice. As a part of our Patient Consent Form, AKF will ask you to acknowledge that you have selected the health insurance for which you are requesting help.

NOTE: If you get a kidney transplant you may be eligible for continued assistance for the remainder of your current health insurance policy year based on the following:

- You must update your GMS profile with your transplant date within 90 days of receiving your transplant.
- You must update your treatment facility in GMS to your current transplant center.
- You must request a grant for the same insurance AKF assisted with prior to your transplant if that coverage is still available to you post-transplant. If the coverage is unavailable through no fault of your own, please contact the Patient Services department for assistance.

Although you may receive HIPP assistance from AKF, remember that it is your health insurance policy. The contract is between you and the insurance company. You are responsible for understanding the terms of your contract and for making sure that your health insurance premium is paid on time.

For more HIPP information and rules, please review the HIPP Guidelines, which are available in the Resources section of GMS or through your dialysis team.
IMPORTANT NOTE: AKF may not provide assistance in jurisdictions where local requirements would violate the federal rules HIPP operates under; as a result, you may not be eligible for HIPP if you reside in such a jurisdiction. Up-to-date information is always available through GMS and the AKF website.
HOW DO I APPLY?

You can create your own eligibility profile on gms.kidneyfund.org, or you can allow your renal professional or a caregiver create an eligibility profile for you.

The profile must be verified by the registered renal professional at the facility where you receive treatment.

1. HIPP Eligibility Application

AKF uses the GMS patient profile to help determine if you are eligible for financial help from AKF.

If you wish to apply for assistance by yourself, please complete the following steps:

- Read the HIPP Guidelines. Make sure you ask AKF or your dialysis team about anything that you do not understand.
- Go to gms.kidneyfund.org and click on the Register button. Follow the steps on the webpage. A detailed registration walkthrough can be found at the end of this Handbook.
- Read, sign, and date the HIPP consent form (and upload it to your profile within the Agreements tile).

If you allow your renal professional to create your eligibility profile, please complete the following steps:

- Read the HIPP Guidelines. Make sure you ask AKF or your dialysis team about anything that you do not understand.
- Enter information into your GMS Patient Profile or fill out the HIPP worksheet with your dialysis team. The worksheet requires financial, medical, and other information about you, which your renal professional may use to fill out your GMS Patient Profile. AKF does not accept submissions of paper worksheets.
- Read, sign, and date the AKF Patient Consent Form, as well as the HIPP-specific Patient Authorization Form.
- Give the worksheet and consent form to your renal professional to start the application process.

If you allow your caregiver to create your eligibility profile, please complete the following steps:

- Read the HIPP Guidelines. Make sure you ask AKF or your dialysis team about anything that you do not understand.
Enter information into your GMS patient profile or fill out the HIPP worksheet with your caregiver. The worksheet requires financial, medical, and other information about you, which your caregiver may use to fill out your GMS patient profile. AKF does not accept submissions of paper worksheets.

Read, sign, and date the AKF Patient Consent Form, as well as the HIPP-specific Patient Authorization Form.

Provide your caregiver’s name and signature on the consent form.

Give the worksheet and consent form to your caregiver to start the application process.

Your caregiver can start the registration and profile creation process at gms.kidneyfund.org.

2. HIPP Grant Requests

Once you finish entering your patient profile information, you must enter a grant request to get assistance through HIPP. A profile alone is not a grant request. HIPP grant requests are submitted for assistance in paying insurance premiums.

If you wish to enter your own grant request, please complete the following steps:

After you have created your profile in GMS, click on Grant Program Eligibility from your dashboard.

Click on Apply Now next to the grant program for which you are requesting assistance. If the Apply Now button does not appear, you may not be eligible for the program, or your profile may not be complete.

Follow the steps within the grant request process. Please note that you will need to upload your insurance bill, enter your requested amount, and enter the coverage dates for which you are requesting assistance.

If you allow your renal professional to enter your grant request, please complete the following steps:

Give your renal professional a health insurance bill or statement dated within the last three months.

Your renal professional will enter the grant request into GMS.

If you allow your caregiver to enter your grant request, please complete the following steps:

Provide your caregiver with a health insurance bill or statement dated within the last three months.

Your caregiver will enter the grant request into GMS.

AKF reviews grant requests within 10-14 business days. If your grant is approved, a payment will usually be issued in two to five business days after approval.
REQUIRED DOCUMENTATION

As previously noted, AKF requires that you provide an insurance bill to process your grant request. AKF will usually accept the following documentation in support of a grant request:

**Employer Group Health Plan (EGHP)**

A letter from the employer that includes:

- Monthly amount for medical portion
- Name of employee
- Name of patient (if not employee and indicate the relationship of patient to employee)
- Any surcharges (smokers, union, weight, or other fees)
- A paystub dated no older than 30 days

**Annuity Plans**

- Document that shows an amount taken out of the patient’s retirement/annuity fund for health insurance
- Must be current and be from the annuity supplier or employer if the patient is still employed.

**COBRA**

- If your COBRA administrator does not send bills/coupons, AKF can accept a letter/application from the COBRA administrator from the current year noting the amount of the monthly or quarterly premium.
  - In the event of a “bundled” family policy, AKF will only make grants for the individual rate for the patient. A rate sheet or letter from the employer, if applicable, must accompany the request to verify the bundled policy and rates.
  - Should an individual rate not be available, AKF will pay the patient’s portion of the premium only (example: 50% for a family of two).
  - If the premium rate is the same for individual and family coverage, AKF will pay the full premium amount.
  - If the patient is the employee’s spouse, AKF will only pay the spouse’s premium amount.
Medicare

- CMS-500 (dated within 90 days of the grant request)
  - Awards/Entitlement Letter (within 60 days of the letter’s issue date)
  - Termination Letter (within 30 days of the letter’s issue date)

Things to remember:

- All bills/invoices/other accepted documents must be dated no older than 90 days from the date of the grant request, and must reference the insured’s name, policy number and coverage period. This information must match the grant payment request.

- If you change insurances, you (or your caregiver or renal professional) must update your profile in GMS. After updating your profile, you may enter a grant request for your new insurance. This will require a new insurance application or bill.

- If your premium increases or decreases, you (or your caregiver or renal professional) must submit a new grant request in GMS. This will require a new insurance application or bill.

If you have any questions regarding your profile or grant request, please contact AKF at 1-800-795-3226, or message AKF through GMS messages.
GRANT PAYMENTS

Once approved, all grant payments are issued by check, debit card, or direct deposit. When possible, AKF will send grant payments directly to the insurance company. However, some insurance companies do not accept payments directly from AKF. In such cases, AKF will mail checks or debit cards to either your dialysis/transplant center or to your home address. Please review your GMS profile and make any updates if necessary. If your insurance company accepts AKF grant payments, the only option will be to send the payment directly to the insurance company. Be advised that checks lost in the mail will not be voided until 45 days after the issue date and per written request from you or your renal professional.

If an insurance company does not accept checks from AKF or debit card payments we recommend you select direct deposit over a check as the grant payment type. Having direct deposit eliminates issues with mail delivery and the time to receive your grant. The grant payment types are discussed below.

GRANT PAYMENT: CHECKS

If you receive a grant check at your dialysis/transplant center or your home address, do not endorse the check and/or send it to the insurance company, as it will not be accepted. Be advised that uncashed checks automatically void after 90 days. Instead, please follow the steps below:

1. Receive your AKF grant check at home, or at your dialysis or transplant facility

2. Deposit check in bank account or cash check within 90 days

3. Use your funds to pay for your health insurance premiums

GRANT PAYMENT: DEBIT CARDS
Debit cards are a payment method instituted by AKF for some, but not all, insurance plans. AKF-issued debit cards will ONLY allow you to pay your insurance premiums. They may not be used for any other purpose.

**How do I use my HIPP debit card?**

- You must activate the debit card before using it.
- The PIN number is your date of birth in this form (MM/DD/YYYY). When you call to activate the card, please press pound (#) after you enter your PIN. If your birthdate has been entered in GMS incorrectly, a new grant request will need to be entered and a new card will need to be issued.

If your insurance company requires a zip code to verify the payment, please use the ZIP code of the address where the card was mailed. Some insurance companies require that your billing address match the address where the debit card is mailed.

**4 Easy Steps to Using Your HIPP Debit Card**

1. **Activate your card**
   - Remember that your PIN is your date of birth in numeric form (MM/DD/YYYY)

2. **Gather the paperwork you will need**
   - The enclosed debit card
   - Your health insurance company’s phone number or website
   - Your health insurance ID#

3. **Contact your health insurance company via phone or web**
   - Follow the prompts to make a payment

4. **Pay using your debit card**
   - When possible, we recommend that you make your entire quarterly payment at once

**What will I receive?**

- An actual plastic debit card (mailed to your home or dialysis facility) with each new grant payment.
A letter of explanation and step-by-step instructions in English (as pictured above) and in Spanish.
What else do I need to know?

- Cards are valid for 90 days. Once your card expires, it will not be reissued.
- You will get a new debit card for each grant payment that is issued in GMS.
- If you lose your debit card, you, your dialysis/transplant team, or your caregiver must contact AKF so we can void the card and a new one-time grant request will need to be entered if the payment is still needed. You **cannot** request a new card directly from the debit card provider.
- For security reasons AKF does not have access to the debit card information (card number, etc.) and cannot give it to you if the card is lost or stolen.
- For any debit card related questions, please message AKF within GMS Messages.

Who do I contact if I have questions?

- Questions sent about a debit card related grant (including lost or cards not received) should be directed to AKF by messaging AKF through **GMS messages** or by calling **1-800-795-3226**.

GRANT PAYMENT: DIRECT DEPOSIT

In those cases where an insurance company does not accept third-party payments or AKF is reimbursing the patient, AKF recommends you receive your HIPPP grant by ACH (direct deposit) to your bank account. You must have an email address added to your profile before requesting direct deposit.

If you have chosen this method of receiving your grant payment, you will be prompted to enter your banking information, including routing and account number. For security reasons, AKF does not store this information within GMS. If you provide invalid bank account information and the payment is returned to AKF, you must enter a new grant request in GMS to replace the payment.

ACH (direct deposit) payments will go directly into your bank checking or savings account.
FREQUENTLY ASKED QUESTIONS ABOUT HIPP

Is my grant considered income?
No. In accordance with Internal Revenue Code Section 102, all AKF grants are charitable gifts, which are not considered gross income. Additionally, you will not receive tax forms from AKF, because AKF’s grant to you is a charitable gift, not taxable income.

Can AKF pay for more than two health insurance premiums?
No. AKF only provides premium assistance for a maximum of two health insurance policies.

I’m receiving HIPP grants and I just received a transplant; can I still receive HIPP assistance?
Yes—after a transplant, AKF will continue to provide financial assistance to you for your current insurance plan year. If you transplant within the 4th quarter of your insurance plan year AKF will extend your coverage through your next plan year. For example:

- If you have a calendar year policy and you get a transplant on April 2 your grant assistance will end on December 31.
- If you have a calendar year policy and you transplant on October 31st, AKF would continue your coverage for the remainder of that year and help with next year’s coverage.

If you are already receiving or are applying for assistance from HIPP, talk to your transplant center to make sure that receiving assistance from AKF will not affect your kidney transplant eligibility. Post-transplant patients seeking extended HIPP assistance must have been receiving HIPP assistance for at least the three months immediately preceding their kidney transplant. It is the patient’s responsibility to enter their transplant date into their GMS profile within 90 days of receiving their transplant.

What if I received a termination/delinquent (past due) payment notice?

If you receive a past due notice, if you are in a grace period, either you, your dialysis/transplant center, or caregiver will need to enter a one-time grant request for the past due amount.

With most insurance companies there is a grace period in which a payment can be made before the account is terminated. If you are in the grace period, contact your dialysis team immediately for help submitting a grant request to AKF. If you have applied directly through AKF, please contact AKF by calling 1.800.795.3226 or send us a GMS message.

If your insurance is terminated, please contact your insurance company to determine if you can get your insurance reinstated. A reinstatement letter or billing/applications for a new policy will be required to get future help from AKF.
Will AKF pay my family or spouse/domestic partner’s portion of the insurance plan?
AKF only pays for the patient’s portion of a family plan. Please contact your plan administrator for a breakdown of the insurance coverage. If the premium is being deducted from your spouse/domestic partner’s paycheck, please provide the necessary documentation that details your portion of the insurance premium.

My insurance company hasn’t received my payment, what should I do?
You should check your grant payment status in GMS. If you do not have access to the internet, please contact your caregiver or your dialysis/transplant center to check your grant payment status in GMS.
You may then need to contact your insurance company directly to find out why the payment has not yet been credited.
For more information on how to register to GMS, please refer to the Patient Registration Guide attached to this Handbook.

What if I receive a refund check from my insurance company?
Any premium refund in connection with any health insurance plan paid by AKF is the property of AKF and must be promptly returned. These refunds are deposited into the HIPP funding pool to support others in the program. If you misuse funds or do not return the refund to AKF, you will be ineligible for future HIPP assistance.

What if I require a loved one or caregiver to speak to AKF on my behalf?
AKF requires that your caregiver information be provided through your consent/acknowledgement form and stored within your GMS account profile. For a caregiver to speak with or message AKF on your behalf, this information must first be provided to AKF.

I’ve switched dialysis/transplant centers. Can I still get help from AKF?
Yes, as long as your dialysis provider or transplant center is Medicare certified, AKF will provide assistance to you. Please update your facility information on your GMS profile. After you update your profile, you may enter future grant requests yourself or ask your new center to enter your grant requests. If your new center is not registered in GMS, please have them contact AKF at 1-800-795-3226 or at registration@kidneyfund.org. The registration process for a new center is quick and simple. If your new center declines to help you with the HIPP application process, please contact AKF at 1-800-795-3226, through GMS messages, or by emailing registration@kidneyfund.org.

How do I edit my profile or grant request?
Please refer to the Information tab in GMS for detailed instructions on how to edit any information within your GMS profile.
What if I am experiencing technical issues?
Please contact AKF via GMS messages or by calling 800-795-3226. If you are having issues accessing GMS, you may email us at registration@kidneyfund.org.

What if I cannot cash a check?
If you are unable to cash your check, log on to GMS and send a GMS message explaining the situation. An AKF representative will assist you.

What is an Insurance Plan Year?
Your Insurance Plan Year is determined based upon your insurance policy start or renewal date and the amount of time for which your premium is effective. For more detailed information on how Insurance Plan Years work, please consult the Information section of GMS. You may contact your insurance company at any time to obtain written verification of your Insurance Plan Year.

If I don’t have a bill, will AKF accept screenshots from my profile on my insurance company’s website?
Yes. Please be sure the screenshot is legible and clear. All necessary information that is normally required on a bill needs to be visible within the screenshot.

What information needs to be on your bill when it is submitted to AKF?
The patient name, regular premium amount, coverage dates, date the bill was created, policy ID number, and the payment address for the insurance company need to be printed on the bill. If the amount requested is not clearly shown on the bill, a breakdown of the requested amount will be needed as well.

How can I get help from AKF if my insurance has termed?
- If your insurance has termed, contact your insurance company for information on whether the policy can be reinstated and cancel any future payments for the terminated insurance within GMS.
- If the policy can be reinstated, enter a grant request with a document from the insurance company showing the amount owed for reinstatement.
- If the policy cannot be reinstated, you will need to enroll in a new insurance plan in order to continue receiving Health Insurance Premium Assistance from AKF.

My policy may terminate soon. How can AKF help?
It is important to submit grant requests to AKF in a timely manner. Our standard grant request turnaround time is 10-14 business days. When a request is entered into GMS for a policy that is about to terminate (within 10 calendar days of the termination date), GMS will mark the grant request “urgent”. These requests are normally processed in fewer than ten business days. In
the case that you have a payment due, it is your responsibility to maintain your health insurance coverage. AKF will not process grant requests out of order.

**Where is my AKF grant check?**
We send our checks via the United States Postal Service. You may log onto GMS to check the status and the delivery address of the check. We do not have the ability to send your grant via commercial courier services. If you are having the grant assistance sent to you, please consider using direct deposit. Direct deposit will get to you faster and eliminate postal service delivery issues.

**What type of insurance do I have?**
Please contact your insurance company for all questions specifically related to your insurance coverage.

**How do I upload documents from my computer?**
Please refer to the document titled *How to Upload Documents* in the *Information* tab on GMS.

**How do I upload documents from my phone?**
You can upload documents by emailing them as images on your cellphone:
1. Take the photo using the photo app and save it on your phone.
2. Tap the *Share* icon and choose your desired email.
3. Select the photo(s) you want to email.
4. Tap the *Next* button to attach the photos to the email.
5. Compose your email and send.

**How long will it take my grant to be processed?**
Please allow 10-14 business days for pending grant requests to be processed.

**What other expenses does AKF assist with?**
AKF assists with health insurance premiums, reimbursement costs for transportation to and from medical appointments, over-the-counter medicines, co-payments; and other needs, for example, dentures.

**Do you help international patients?**
AKF assists all eligible patients who reside within the United States and its territories.

**Do you help undocumented patients?**
AKF assists all eligible patients who reside within the United States and its territories.
How do I remove a caregiver or renal professional from my account?
Please update your profile in GMS on the **Contacts** page. You may add or remove renal professionals and caregivers in this section.

How often do I need to apply?
You will need to update your profile once a year. You will also need to request a new grant request if you are in a new policy year or if your policy has changed. Please remember that you can create “one-time” grant requests that can be used to pay for balance due requests.

I received a request from AKF for additional documentation and proof of my income and expenses, what if I have questions?
AKF will periodically request additional documents and may ask for proof of income and expenses that match the information you provided in your profile. If you receive one of those requests and have questions, please contact us at hippintegrity@kidneyfund.org or at 301.984.6633. Please make sure to respond to these requests. If we do not receive the requested documents, your grant assistance may end.
APPENDIX 1: GMS PATIENT PROFILE
REGISTRATION GUIDE

Please be sure you do not already have an existing profile created by your social worker. You will only need to claim that profile and a new profile does not need to be created. The following Patient Profile Registration Guide provides step-by-step instructions for the profile registration process. If you have questions, please contact AKF at registration@kidneyfund.org or call 1-800-795-3226.

Step One: To start the registration process, please click the Register button:

Step Two: Click I am a Patient to start the registration process:
Step Three:
Please fill out every information box on this page. Please also select an image by clicking on it. This image will be used to verify your identity if you need to reset your password. When finished, click Create My Account.

You will receive a verification email at the address you provided. Remember to verify your profile by following the instructions within the verification email.

Step Four: Please follow the step-by-step instructions for each of the sections shown in the screenshot below. Each section asks specific questions on your health history, insurance information, personal finances, dialysis facility information, contact information, and important/relevant documents.
If you have an existing profile, please follow the below steps to claim the profile and gain access to GMS:

- **Step 1:** Contact your dialysis renal professional, or contact AKF by calling 800-795-3226 or emailing registration@kidneyfund.org to be sure your email address has been added to your profile and to request the PIN that is required to claim the profile.

- **Step 2:** Go to gms.kidneyfund.org/login

- **Step 3:** Click on the “Register” button

- **Step 4:** Click the “Let’s get started” button
Step 5: Click the blue sentence that says, “I have a PIN to claim my account”.

Step 6: Enter your email address and PIN, complete the remainder of the page, and click the **Claim My Account** button to generate a verification email. Once you click the link in the verification email, you will have access to your profile and the ability to monitor/submit grant requests.