

The American Kidney Fund 2026 HIPP Guidelines

TABLE OF CONTENTS

ABOUT THE AMERICAN KIDNEY FUND	4
SECTION 1: OVERVIEW OF HIPP.....	5
SECTION 2: PROGRAM ELIGIBILITY CRITERIA.....	7
SECTION 3: PATIENT RESPONSIBILITY.....	10
SECTION 4: AKF'S ONLINE GRANTS MANAGEMENT SYSTEM (GMS) ...	13
SECTION 5: APPLICATION PROCESS	15
SECTION 6: GRANT PAYMENTS	24
CONTACT INFORMATION	31
APPENDIX 1 – ADVISORY OPINION.....	32
APPENDIX 2 – GRANT SUBMISSION DISCLAIMER.....	33
APPENDIX 3 - PATIENT RIGHTS AND RESPONSIBILITIES.....	34
APPENDIX 4 – PROVIDER CODE OF CONDUCT.....	37

ABOUT THE AMERICAN KIDNEY FUND

The American Kidney Fund, Inc. (AKF) fights kidney disease on all fronts as the nonprofit with the greatest direct impact on people with kidney disease. AKF works on behalf of the 1 in 7 American adults 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 and early detection through post-transplant living. With programs of prevention, early detection, health education, financial support, clinical research, innovation and advocacy, AKF positively impacts more lives than any other kidney organization. We serve the community with disease management education, award-winning public and professional health education materials, courses and webinars. We drive innovation through strategic partnerships and investment in clinical research to improve patient outcomes, and we fight tirelessly for legislation and public policy to improve the lives of patients and organ donors. One out of every 8 people on dialysis cannot afford the cost of care, and we are there for them, providing lifesaving treatment-related financial assistance, and making possible about 130 kidney transplants every month. Our work is possible because of all those who support AKF, including nearly 85,000 individuals, corporations and foundations whose charitable support sustains our mission; AKF Ambassadors; Kidney Health Coaches® and members of AKF's KidneyNation online fundraising community.

One of the nation's top-rated nonprofits, we spend 96 cents of every donated dollar on programs that directly serve and educate patients and the public—not overhead costs. For our excellent fiscal management, we are proud to hold the highest ratings from charity watchdog groups year after year, including 24 consecutive 4-star ratings from Charity Navigator and the Platinum Seal of Transparency from Candid, formerly known as GuideStar. For more information, visit KidneyFund.org, or connect with AKF on Facebook, Bluesky, X, Instagram and LinkedIn.

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 kidney disease (ESKD) patients who have health insurance coverage but lack the financial resources to pay their premiums. HIPP is available to every ESKD 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 premium payments), employer group health plans (EGHP), Consolidated Omnibus Budget Reconciliation Act (COBRA) plans, and commercial insurance plans, including plans within Marketplace Exchanges.

HIPP enables patients to maintain health insurance coverage and thereby have access to 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 the other health services covered by insurance. Having access to this care improves patients' health and saves lives.

HIPP is funded entirely through voluntary contributions. While AKF requests voluntary contributions from all dialysis providers and transplant centers, we cannot guarantee the availability of grant funds.

When AKF evaluates a patient's eligibility for HIPP assistance, they have already selected an insurance plan and dialysis provider. The only factors AKF considers are whether the ESKD patient (i) demonstrates financial need and (ii) meets our program eligibility criteria. To be clear:

- 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 the best choice of insurance plans;
- We do not steer patients to insurance plans;
- We do not consider the patient's health status; and
- We do not provide assistance with 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.

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 a financial assistance grant from AKF 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."

SECTION 2: PROGRAM ELIGIBILITY CRITERIA

Patient Eligibility Determination

Eligible patients may request premium assistance with up to two insurance plans, and they may remain eligible for AKF assistance after a transplant through the end of the insurance coverage period, which is usually based upon a calendar year.

To determine eligibility for participation in HIPP, AKF requires a patient profile to be created within our online **Grants Management System (GMS) available at gms.kidneyfund.org**. The patient profile requires the following:

- Detailed personal financial and profile information;
- Two **Authorization & Consent Forms** signed by the patient who is applying for assistance, available at the time of patient profile creation. (These are available electronically or as a downloadable form in the patient's GMS profile). Forms that do not include the patient specific information from these electronic/downloadable documents will not be accepted.

The patient profile allows AKF to confirm that the applicant is in fact an ESKD patient who meets the AKF eligibility criteria. After the patient's profile is completed and a grant request is submitted, the patient's grant request is reviewed by an AKF Grant 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 patient's insurance does not lapse, a recurring grant request can be submitted to AKF, which will generate payments for up to a year before an additional grant request is required to be submitted. Patient eligibility for HIPP is reviewed annually or on a more frequent basis as determined by AKF;

- Applicants must permanently reside in the U.S. or its territories;
- Applicants must receive regular dialysis treatment for ESKD in the U.S. or its territories;
- Patients receiving dialysis for acute kidney injury (AKI) **are not** eligible for assistance;

- Transplant patients seeking extended AKF assistance must have received support through the HIPP program for a minimum of three consecutive months prior to their transplant date, with that assistance specifically covering their insurance premium costs;
- Applicants must meet the eligibility qualifications of the insurance coverage for which premium assistance is being requested. AKF does not assist in determining eligibility for patients' insurance plans or choosing a plan;
- Applicants must meet AKF's financial eligibility criteria. Qualified patients may not exceed a household pretax (gross) income of **500%** of the Federal Poverty Level (FPL) and liquid assets (excluding retirement accounts) may not exceed \$30,000.
- More information regarding FPL guidelines may be found here:
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
- Patients will need to provide proof of income via **one** of the following three methods:
 1. Patients already enrolled in Low-Income Home Energy Assistance Program (LIHEAP), Temporary Assistance for Needy Families (TANF), HUD housing assistance, or Supplemental Nutritional Assistance Program (SNAP) can provide a copy of their approval for one of these programs, OR
 2. If a patient is not enrolled in one of the programs in the previous bullet, AKF will require a copy of their most recent tax return or other financial documents, such as two recent pay stubs dated within the last 90 days, OR
 3. Patients can complete an Income Exception Attestation Form to show there are extenuating circumstances for being unable to provide the documentation from the above, which is available on their GMS profile.
- AKF reserves the right to request additional information and documentation for any reason and at any time, the receipt of which may affect future assistance from AKF.
- AKF reserves the right to change HIPP financial eligibility thresholds at any time.

- Continued eligibility for HIPP assistance is reviewed annually, or more frequently, as determined by AKF. To continue receiving HIPP assistance, patients must meet the HIPP qualifying criteria that are in effect at the time of the review and must recertify their treatment status through GMS at a regular interval determined by AKF; and
- 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.

Insurance Eligibility

Prior to applying for HIPP assistance, 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. They should also review all available assistance for paying health insurance premiums (Medicaid, state and local assistance, family members, charitable organizations) and select the combination that best serves their specific medical condition and financial needs.

HIPP does not assist with temporary “gap” insurance, employer funded Health Saving Accounts (HSAs) plans, or Health Reimbursement Arrangements (HRAs) where the employer assumes funds and the risk for paying health claims.

HIPP 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.

HIPP 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 is available when it is included as part of the patient’s major medical insurance policy.

SECTION 3: PATIENT RESPONSIBILITY

- The patient is responsible for requesting HIPP assistance. Only the patient or caregiver can request a grant and sign HIPP forms or communicate with AKF about grant requests. A caregiver is defined as a person who can attest under penalty that they have no financial incentive to assist the applicant/patient and are either a (i) family member or (ii) legal guardian with power of attorney (and can present AKF with written documentation upon request). In addition, 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 ESKD and is receiving dialysis treatment.
- The receipt of financial assistance from HIPP does not alter the fact that health insurance coverage is a contractual relationship solely between the patient and his or her health insurance plan, not between AKF and the health insurance plan. AKF is providing a charitable grant to the patient so they can pay for 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 family, 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 outstanding premium balances proceeding the date of a grant request that amount to more than six months' worth of premiums.
- AKF will not issue a grant request to reimburse premiums already paid by the patient or another source (including family/friends). 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. Patients who have a bank draft set up with their insurer are not required to switch to direct billing. Patients in this situation must contact AKF and provide documentation showing an automatic bank draft option has been set up. AKF will activate the alternate payee option to select the patient as a payee; the patient may only request the premium from AKF for the current calendar month and subsequent months. If the grant is sent to the patient, the patient is responsible for ensuring that their

address is complete and accurate within the GMS system. The patient may only request the premium from AKF for the current calendar month and subsequent months. 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 **Consent Forms** must be signed by the patient who is requesting HIPP assistance. (Parents/legal guardians should sign for minors under the age of 18.) If the patient is unable to sign the form, a legally authorized representative of the patient with a Power of Attorney document (POA) 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 creates a profile in GMS (or recertifies their GMS profile), a signed General and HIPP Consent form no older than 180 days (6 months) must be uploaded, the patient or legal representative must sign consent forms in writing. An electronic signature can only be accepted if the patient does it in GMS through their patient GMS access. Typed initials or signatures will not be accepted. 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 refunds or rebates connected with any HIPP-funded 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. Failure to do so may result in the loss of financial assistance through all AKF programs.
- 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 billing (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 paid by the patient or another source (including family/friends) prior to requesting assistance from HIPP will not be reimbursed.

Supporting documents referencing an Income-Related Monthly Adjustment Amount (IRMAA) -related adjustment must include a current tax form. This applies only to cases where the patient is subject to IRMAA charges in addition to the standard premium rate, and not to late enrollment penalties.

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

What is GMS?

GMS is an easy-to-use, online portal for managing AKF patient assistance grant applications.

Who may register to use GMS?

GMS may be used by patients, family/authorized 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. We recommend not using a third-party email address or work email address. If your social worker or renal professional has already created a profile for you in GMS, you will need your PIN from your profile to register. Your social worker or renal professional can give this number to you, or you can use the virtual assistant located by the login on the GMS landing page to request it. 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.

When a patient claims their account, their social worker or renal professional is still able to assist the patient with submitting their personal information and grant requests. The patient and their social worker/renal professional should have a conversation regarding who will oversee submissions.

For caregivers:

A caregiver is a person who can attest under penalty that they have no financial incentive to assist the applicant/patient and are either a (i) family member or (ii) legal guardian with power of attorney and can present AKF with written documentation upon request and is listed in the General Consent Form's Caregiver or Legal Representative Designation section.

Caregivers may enter requests on behalf of a patient and check the status of that

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

Use of an unauthorized caregiver is prohibited and may lead to revocation of future HIPP eligibility.

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 their company and usually end in some form of their company name.

Additionally, a shared, general, corporate email account may not be used; the email account must be specifically assigned to the renal professional. Personal email accounts associated with publicly available Internet access (such as, but not limited to, Gmail, Yahoo, AOL, etc.) may not be used by renal professionals in GMS. These rules are designed to help protect the confidentiality and security of patient information.

For security reasons, a renal professional is affiliated with more than one dialysis or transplant company will need to register for two separate GMS renal professional accounts using the two separate corporate email addresses associated with the companies. The renal professional will only have access to patients at the associated treatment facilities.

Through GMS, Caregivers, Patients, and Renal Professionals can:

- Assist patients with their GMS Patient Profiles, including required financial eligibility and consent document submission. Get profile and grant request status updates and patient grant payment information such as check numbers, debit card tracking numbers, direct deposit information, and histories;
- Upload required income and grant request related documents;
- Receive automated alert emails when a patient profile has been verified or grant request requires attention;
- Access grant status and payment history; and
- Receive and send important communication regarding AKF financial assistance programs.

SECTION 5: APPLICATION PROCESS

There are two primary steps to requesting assistance through HIPP: (i) completing a **patient profile** to determine eligibility and (ii) submitting **grant requests** to AKF. AKF will **only** accept grant requests submitted **online** via GMS.

Patient Profile Submission

A patient must first complete and verify their profile, by providing supporting financial documentation, through AKF's GMS to be able to submit grant requests for HIPP assistance. A patient profile is also the way for patients to apply for other available AKF patient assistance programs. The profile will indicate which programs the patient is eligible for and provides the associated access link.

Patients may start the grant process on their own by registering for GMS and creating a patient profile. A patient may also work through their treatment center social worker or other renal professional for online submission or designate a caregiver (again, a person who can attest under penalty that they have no financial incentive to assist the applicant/patient and are either a (i) family member or (ii) legal guardian with power of attorney and can present AKF with written documentation upon request) 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 with a copy of AKF's **HIPP Guidelines** and/or **HIPP Patient Handbook**. When the patient signs their **General and HIPP Consent Forms**, the patient confirms that he or she has read and understands these documents. All documents mentioned above may be found within the "Learning Center" 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 ESKD (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).

Required Profile Documents

After completing all the requested profile information (Patient Name/Address/Date of Birth, Health, Financial, Insurance, Facility Name/Contact), patients will need to upload the following documents when applying for assistance:

- Consent Forms; **AND**

One of the following proof of income documents:

- Current letter to document enrollment in **one** of the following programs:
 - Low-Income Home Energy Assistance Program (LIHEAP)
 - Temporary Assistance for Needy Families (TANF)
 - HUD housing assistance
 - Supplemental Nutritional Assistance Program (SNAP);

OR

- **Most recent household** tax forms (Household income includes all forms of taxable income of anyone listed on the patient's tax form as a dependent or spouse who is contributing to the household.) or 2 current pay stubs matching the indicated pretax (gross) yearly income;

OR

- AKF Income Exception Attestation Form (available on patient's individual profile in GMS).

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, received verification from AKF, and are eligible for HIPP may enter a HIPP grant requests.

Patients will remain eligible to do so for a full coverage period year (usually a calendar 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. Once a patient is no longer eligible for AKF assistance based on recertification updates, active grants and payments will need to be cancelled by an external user (patient, caregiver, or renal professional), as the patient is no longer eligible. AKF will conduct audits throughout the year to ensure that this rule is being followed.

GMS will calculate recurring payments for the same amount of dollars for up to 12 months from the starting date, after which a new request must be entered for the next plan period. These recurring requests will still need to be confirmed each time before AKF will issue another grant payment, and can be confirmed only 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.

Patients must affirm that they have verified the information being provided to AKF is true and accurate as of the date provided and understand that they may lose future assistance and need to repay any assistance already provided if found to be false, inaccurate, or misleading.

Grant Request Documentation Requirements

Grant requests must be accompanied by a current insurance bill, payment coupon, statement or insurance application 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 (about 3 months) 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, payment frequency and coverage period. This information must match the online payment request. Name, policy number, remittance address, payment frequency, and coverage period must be printed by the insurance provider and cannot be handwritten;
- 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 (about 3 months) 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 coverage date 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 18, in the "Grant Request Review & Processing" section;
- When requesting a grant to reinstate 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. Medicare reinstatements must follow the process below;
- When requesting a grant to reinstate a Medicare policy, a patient will first need to go through the Good-Cause reinstatement process directly through Medicare

(Medicare.gov or 1-800-MEDICARE) to obtain the correct documentation to submit to AKF. AKF will not accept reinstatement documentation from a local SSA office for Medicare plans. HIPP can only accept a current CMS-500 bill and a reinstatement letter;

- A grant request will not be processed if at the time the grant is being reviewed by AKF, the bill shows a termination date in the past;
- 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. If a patient has applied online and a signed application form is not available, a copy of the application confirmation page (with patients identifying information (name/policy number, etc.) indicated) may be submitted in its place. All premium rate and coverage period information should be included;
- AKF will provide post-transplant HIPP assistance for the remainder of the patient's current insurance plan year. If a patient transplants in the final quarter of their current plan year, then AKF will continue HIPP assistance for the subsequent plan year in addition to the remainder of that final quarter. AKF will always assume that the patient's plan year is based on the calendar year unless documents presented indicate a different timeframe;
- For dialysis patients, before entering a grant request, we ask that you check your Insurance Plan Year within your GMS Patient Profile to ensure that the listed dates are correct. Accurately entered plan 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 policy plan year may cause an error in the amount and length of time of post-transplant assistance the patient receives. AKF reserves the right to request additional written documentation when needed; and
- Rate change statements/notifications cannot be accepted as billing unless they are accompanied by a bill dated within the last 90 days (about 3 months) or payment history that verifies that the plan is still active with the most recent coverage period paid.

Required Documents for Employer Group Health Plans (EGHPs)

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 Human Resources (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, NOTE: 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 current paystub (no older than 30 days from the submitted grant request);
- A written or typed breakdown of the total requested amount should be provided on the rate sheet or paystub. In case of a family policy, AKF will only issue grants for the patient's individual rate. 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; and
- If the patient is the employee's spouse, AKF will only pay the spouse's premium amount.

For Patients on a Leave of Absence or Family Medical Leave:

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.

If 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 the following documents:

- A completed (signed and dated) election form; **OR**
- A letter from the COBRA administrator containing **all** the following information:
 - Dated within last 60 days,
 - Amount of the monthly or quarterly premium
 - Number of members covered on the plan
 - Payment/remittance address.

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 plan year. This assistance must be for the same insurance policy or policies in which the patient was enrolled prior to the transplant, if that same insurance policy is available to the patient. The application 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. AKF will provide post-transplant HIPP assistance for the remainder of the patient's current insurance plan year. If a patient transplants in the final quarter of their current plan year, then AKF will continue HIPP assistance for the subsequent plan year in addition to the remainder of that final quarter. AKF will always assume that the patient's plan year is based on the calendar year unless documents presented indicate a different timeframe. COBRA plans are limited to 12 months of assistance. End of year or COBRA plan, whichever comes first.

To be eligible to receive post-transplant assistance, an individual **must have received support through the HIPP program for a minimum of three consecutive months prior to their transplant date, with that assistance specifically covering their insurance premium costs.** Grants approved in error for transplant patients that do not meet this prerequisite for continued assistance will be cancelled, and all future payments will also be cancelled. Regular audits of post-transplant assistance are run to ensure that all patients receiving assistance are eligible for assistance.

To receive extended HIPP assistance post-transplant, patients must update their transplant date in their GMS profile within 180 days (about 6 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 GMS profile by the patient, their caregiver, or their renal professional. We also request 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 or transplant center social worker, or they may update their profile themselves by claiming their GMS account (explained below) and making changes into their treatment status.

If a transplant facility prefers not to assist patients in GMS, the patient must act and claim their account in GMS to ensure they have access to their profile and update the information in GMS. To complete the Facility contact information, Patients must download the Treatment Center Verification Form (TCVF) from their GMS profile or request the form from AKF. The form must be completed by a renal professional at the transplant center and sent via email to registration@kidneyfund.org. The TCVF form will allow 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 Grant Services Department by calling 1-800-795-3226 to request this TCVF form. It can be also downloaded from the Documentation & GMS Agreements tile of the patient's profile.

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.

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, whether they are a 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.

- 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 recurring grants have been submitted; or
 - A one-time grant check has been issued within the last three months.
- If the rate has changed during a plan year, or more grant payments are needed to finish out the patient's post-transplant HIPP eligibility period, they may enter a new request.
- If the grant payment address needs to be changed, pending payment must be cancelled and a new request will need to be submitted with correct remittance address.

Changes in Patient Status

AKF must be notified through the patient's profile as soon as possible of any patient status change (such as change in address; termination or lapse of insurance plan; transplant; or death). Any financial information update is not required until the next anniversary date. All status updates should be managed through GMS by updating the patient's profile.

SECTION 6: GRANT PAYMENTS

Grant Request Review & Processing

- 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 (see below).
- Although AKF provides grants to cover premiums, it remains the patient's responsibility to fulfill all the terms of his or her health insurance contract.
- 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 program's urgent criteria. Payments are mailed using USPS and overnight mail service is not available. If a grant is to be sent directly to the patient, providing the patient's ACH direct deposit savings or checking information when prompted during grant entry will provide a quicker grant delivery.
- When possible, payments may be issued as early as 40 days prior to the coverage period start date, based upon funding availability.
- 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, with the exception of submitting a payment update request in cases where the rate or policy information changes mid-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 (Affordable Care Act) plans must be updated during Open Enrollment at the end of each calendar year due to frequent changes in premiums and policy numbers.

- GMS sets up recurring grant payments for a 12-month period or until the end of the plan year. AKF won't issue a payment automatically; patients, caregivers, or renal professional representatives are required to confirm the need for all subsequent payments by pressing the confirm button on the payment in their GMS patient profile before AKF issues a grant (subject always to the continued availability of funds and other restrictions noted above). 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 first of month of the payment coverage period, which is generally 31 days past the payment due date. Please contact AKF, if you have questions about this process.
- 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). After the grant is approved, 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 (Debit cards issued for Medicare reimbursement are valid for 2 years.) If a grant check or debit card is not used, the grant will be voided and automatically marked in GMS as expired, and the money will be returned to the HIPP pool. Not all payment methods may be available for every grant program type. GMS will provide the available choices at the time grant request.

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.

While AKF seeks to issue grants to patients or the patient's insurance carrier on or before the policy's due dates or termination dates, due to fluctuations in availability of HIPP 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 or semi-annually) of the patient's plan. The insurer's billing schedule determines the payment frequency that you can request in GMS. AKF prefers to issue payments on a quarterly basis, ideally based on calendar quarters (i.e., Jan-Mar; Apr-June, etc.). Patients, caregivers, and renal professionals may 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.

Confirmed recurring payments will not be paid earlier than 40 days from the beginning of the premium coverage period and are issued on a first-come, first-served basis. Their payment status will remain payment-pending until that time. Failure to confirm the payment in a timely manner may delay the payment to be issued within the grace period.

Grant Payment Types

AKF issues four types of grant payments:

- Checks payable to insurance companies, COBRA administrators or employers;
- Checks payable to the patient, sent to their home address or in care of their treatment facility;
- ACH payments (direct deposit) sent to the patient's bank account (savings or checking). (The patient's personal email address must be included in their GMS profile in order to receive direct deposit;) and
- Debit cards are sent by priority mail 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.

Refunds should be mailed to the American Kidney Fund's office at 11921 Rockville Pike, Suite 300, Rockville, MD 20852. Please mark "HIPP refund" on the memo line of personal checks.

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. AKF is not responsible for fees incurred by depositing a voided or expired check.

- When a patient, caregiver, or renal professional requests that a grant check be voided, AKF requires a written reason to be included. If 30 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 if submitting as a transplant patient or a void replacement request if submitting as a dialysis patient to replace the payment.
- If a grant check has not been received or cashed, please contact an AKF representative via GMS Messaging for further assistance. A new grant request may be submitted at the time the GMS Message is sent to AKF staff to void the payment, but the payment must be voided prior to the new grant request being processed.
- 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 60 days of the void/expiration date.
- If 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 amount within the one-time grant cannot exceed 6 months' worth of premium costs and must be accompanied by documentation showing the policy is still active. The replacement grant must be submitted within 60 days after the replacement confirmation deadline (90 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 must be submitted for the balance due amount for that coverage period for transplant patients and a payment update request for dialysis patients.

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. Grant check copies may be requested by messaging AKF within GMS and must include a signed, written request from the insurance company or the patient.

Debit Card Payments

AKF issues some HIPP grants in the form of debit cards. Debit cards are usually provided to patients to pay their insurance premiums and may not be used for any other purpose. In most cases, the card is programmed to only be accepted for payment of insurance premiums, and the patient must use the card to directly pay their insurance premium to their insurer.

In some cases, when a premium has already been withdrawn from a patient's check, the card is not programmed with these restrictions and is intended to reimburse the patient. (e.g., Medicare premium reimbursement) Instructions are included with the card as to how it can be used or if there are restrictions.

With each grant payment, patients will receive a physical 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 instructions included. Questions about a debit card-related grant (including lost or cards not received) should be directed to AKF by using the GMS messaging system, setting up a phone appointment at gmsassist.com or by calling 1-800-795-3226 during normal business hours. Priority mail tracking information is available with the payment information within the patient's GMS account.

Requesting a Replacement Debit Card

- AKF does not automatically issue replacements for unused debit cards. Debit cards intended to pay the insurance directly are automatically voided 120 days after they have been issued. Cards provided to reimburse the patient for Medicare premiums expire after 2 years.
- If a patient does not receive a debit card issued by AKF, or if they lose it, the patient, their caregiver, or their renal professional may contact AKF via GMS message 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 by priority mail to the patient's home or treatment facility. The new grant request must be entered within 60 days of the card being voided.
- AKF does not have access to the debit card information (full 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, by submitting in GMS a payment update or Grant request. 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 is payable to 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 when a patient's grant request is submitted. To do this, the patient must have their bank routing and account numbers available when the grant request is made. A personal email address for the patient must also be added to their GMS profile, otherwise the patient's bank account information cannot be added.

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. A trace number is included with the GMS grant payment information in the event that the patient does not feel that the payment was sent to their account properly. This can be provided to their bank for researching direct deposits.

AKF CONTACT INFORMATION

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

BY PHONE - During business hours, you may call 1.800.795.3226 to speak with a live representative. Please note that voicemails are not accepted or responded to. Please do not leave messages or contact AKF staff directly.

GMS ASSIST - Visit GMSassist.com to make a phone appointment at a time that is convenient for you; messages, voicemails, or emails sent to other departments or to Grant Services requesting a call back will not be processed.

THROUGH GMS – Please message us through your GMS user account at gms.kidneyfund.org. Be sure to also check the LEARNING CENTER and FAQ sections of your account for up-to-date information. (gms.kidneyfund.org). You may also use the GMS Virtual Assistant found at gms.kidneyfund.org. This Virtual Assistant provides FAQ information and the ability to add tickets for help within GMS.

ONLINE – Visit KidneyFund.org to learn more about AKF's patient financial assistance programs.

GMS REGISTRATION ISSUES? Please email us at registration@kidneyfund.org or use our virtual assistant located on the main GMS login page gms.kidneyfund.org.

If you are a CMS-certified dialysis center or transplant center 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 Grant 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 Advisory Opinion (AO) 97-1, AKF established HIPP for the purpose of helping low-income end stage kidney disease (ESKD) 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 ESKD patients from charitable contributions we receive from dialysis providers. We provide grants to patients with ESKD on a first come first served basis 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.

To learn more about our OIG Compliance program please-1 visit our website at <https://www.kidneyfund.org/assets/pdf/financial-assistance/akf-oig-compliance-policy.pdf>

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 in its sole discretion. 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 applicant profile creations are irrevocably deemed submitted with the full acceptance of the foregoing by the patient.

APPENDIX 3: PATIENT RIGHTS AND RESPONSIBILITIES

Since 1971, AKF has helped more than 1.7 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.

Please note, if you are unable to act in accordance with your responsibilities outlined below, then AKF may suspend or revoke your future access to HIPP at its sole discretion.

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 or any other health care provider** and keep your HIPP eligibility. If you move to another provider, you are still approved for grant assistance for your current, full policy plan year. AKF will always assume that the patient's plan year is based on the calendar year unless otherwise notified by the patient. 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 or transplant 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 or transplant 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 Grant Services staff member. You may contact us via GMS Messages, by calling 800.795.3226 or make an appointment at gmsassist.com for a representative to call you.

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 renal professional or caregiver to update your GMS profile information.
2. If you change dialysis providers or receive a kidney transplant, 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 must 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 Grant Services department. It is your responsibility to ask questions about anything that you do not understand. These documents are also available online: KidneyFund.org

6. You are responsible for obtaining your health insurance coverage and making 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. HIPP assistance may be limited.
7. AKF will provide post-transplant HIPP assistance for the remainder of the patient's current insurance plan year. If a patient transplants in the final quarter of their current plan year, then AKF will continue HIPP assistance for the subsequent plan year in addition to the remainder of that final quarter. AKF will always assume that the patient's plan year is based on the calendar year unless otherwise notified by the patient.
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 and update the facility and contact information within three months of your transplant.
9. You are responsible for maintaining your health insurance plan(s). 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 or an insurance company provides a rebate and that overpayment/rebate is sent to you, you must send that amount to AKF so that we may place these funds in the HIPP pool to assist other eligible patients.
11. AKF may need to contact you for additional information and/or documentation. 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 AKF 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.

APPENDIX 4: PROVIDER CODE OF CONDUCT

Provider Code of Conduct

The American Kidney Fund, Inc. (“AKF”) operates its Health Insurance Premium Program (“HIPP”) and all its other programs in compliance with all applicable laws and regulations, with the highest standards of ethics and accountability, and with the primary mission of serving patients. It is our expectation that renal companies and professionals that assist patients in obtaining AKF assistance adhere to these same standards and abide by the Provider Code of Conduct (the “Code of Conduct”) outlined below.

All current and future referring providers to the HIPP program must have an authorized representative of the company (the “Company”) read and sign this Code of Conduct on behalf of the Company.

1. We will always keep the best interests of our patients in mind when providing patients with information about HIPP eligibility, benefits, conditions, and related information, and when assisting patients in applying for HIPP or other assistance from AKF.
2. We will ensure that all patients applying for HIPP assistance receive AKF’s “Patient Rights and Responsibilities”.
3. We will ensure that patients applying for HIPP assistance are given a copy of, and the patients will acknowledge in writing their receipt of, AKF’s HIPP Guidelines or Patient Handbook.
4. We will provide accurate, and impartial information designed to enable patients to make informed decisions about their health insurance coverage choice. Where applicable, such information will include financial implications associated with the choice of a particular coverage option to the extent such information is available. For example, the information provided (while not a required or exhaustive list) may include items such as:
 - a. Out-of-pocket expenses (co-pays, deductibles, uncovered costs, etc.);
 - b. Reenrollment requirements;
 - c. Potential Medicare late enrollment penalties, if any; and
 - d. Recommendation that the patient review with their transplant center the impact, if any, of their health care coverage choice on transplant status.
5. It is each patient’s responsibility to provide complete and accurate information as part of the grant application process, and we will require that each patient sign, as part of the application, AKF’s attestation that they have provided complete and accurate information, and that the plan selected is the patient’s choice.

6. We will remind patients that they are the ones who should make any decisions concerning their HIPP assistance, including applying for, changing, stopping, or reenrolling in healthcare coverage.
7. We will take reasonable steps to overcome education, language, and/or cultural barriers in informing patients about their health insurance options.
8. We will regularly review messages posted on AKF's online Grants Management System ("GMS") and, where appropriate, share such information with patients in a timely manner.
9. We will encourage patients to register with GMS so that patients may be informed about the status of their applications and grants from AKF.
10. We understand that if AKF has reason to suspect any of your employees of violating this Code of Conduct, AKF will immediately notify the Company's compliance officer. In the event the Company learns that information provided by a patient in a grant application was materially inaccurate when provided, the Company will promptly communicate this inaccuracy to AKF and assist in remedying such inaccuracy. In the event the company identifies activity by any of its employees that fails to meet the standards set forth in this Code of Conduct, the matter will be referred to the Company's Chief Compliance Officer ("CCO") for investigation and appropriate corrective action. To the extent the CCO determines that the employees' failure to meet the standards set forth in this Code of Conduct may require action by AKF, the CCO will also notify AKF.
11. The Company understands that AKF maintains the right to suspend or terminate a Company employee's rights to submit grant requests to the HIPP program in the event the employee is found in violation of this Code of Conduct.

This Code of Conduct is signed on behalf of (Company name). I acknowledge that I have read and understand this Code of Conduct and that I will ensure that all of our employees who are authorized to use GMS are informed of the conditions in this agreement. I will inform these employees that a copy of the Code of Conduct can be found on AKF's website and within AKF's grants management system.

Signature of the Company's Authorized Representative

Date

Printed Name of the Company's Authorized Representative

Title



**Have questions? Need assistance?
Call 800.795.3226**

KidneyFund.org