



# **PATIENT HANDBOOK**

## **HEALTH INSURANCE PREMIUM PROGRAM**

January 1, 2025



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## ABOUT THE AMERICAN KIDNEY FUND

The American Kidney Fund (AKF) fights kidney disease on all fronts as the nonprofit with the greatest direct impact on people with kidney disease. AKF works on behalf 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 through transplant.

With programs of prevention, early detection, financial support, disease management, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF. One out of every 8 people on dialysis cannot afford the cost of care, and AKF is there for them, providing lifesaving treatment-related financial assistance. AKF fights for kidney health for all through disease management education, award-winning public and professional health education materials, courses and webinars. AKF drives innovation through strategic partnerships and investment in clinical research to improve patient outcomes, and fights tirelessly for legislation and public policies to improve the lives of people living with kidney disease and living organ donors. AKF's KidneyNation online fundraising community unites Americans in support of AKF's mission.

Our lifesaving treatment-related financial assistance includes our Health Insurance Premium Program (HIPP), our Safety Net Program, and our rapid-response Disaster Relief Program. In 2024, our financial assistance programs assisted nearly 70,000 low-income dialysis and transplant patients in all 50 states, the District of Columbia and every U.S. territory. AKF's financial assistance makes about 7% of all kidney transplants possible in the United States each year.

Our independent national Board of Trustees is a group of volunteers with a broad range of talents and professional backgrounds who are dedicated to AKF's mission. These Board members include philanthropists, business leaders, attorneys, certified public accountants, renal professionals and kidney patients. Our full Board listing can be found at [KidneyFund.org](https://www.kidneyfund.org).

## 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 profile and 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 Learning Center of our Grants Management System at [gms.kidneyfund.org](https://gms.kidneyfund.org), as well as in the "Get assistance" section of our primary website, [www.kidneyfund.org](https://www.kidneyfund.org).

You have the option to apply through your dialysis team, through an authorized caregiver, or on your own.

Note: 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.

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

## 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/recertify your profile;
- Submit/monitor grant requests, or have an authorized caregiver submit grant requests on your behalf;
- Monitor grant payments;
- Send messages or requests to AKF;
- Read important documents and forms;
- Find educational info;
- Get important program updates;
- Find instruction guides, how-to videos, and FAQs to submit requests and other actions (confirm or cancel payments) under the Learning Center in GMS; and
- Submit updates to forms.

To register in GMS, you must have a personal email account. Please visit [gms.kidneyfund.org](https://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 1.7 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

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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 or transplant center so they can update the profile for you or contact AKF directly if employees at your new dialysis clinic or transplant center cannot assist you; patients in this situation must manage their own profiles. 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](https://gms.kidneyfund.org)). If you have questions about registering, please contact [registration@kidneyfund.org](mailto:registration@kidneyfund.org). You have the right to **see a copy of your records** in GMS (grant request, supporting documents and grant history).
7. You have the right to **report to AKF any concerns about the application or grant process** without fear of retribution.
8. As a HIPP grant recipient or applicant, you have the right to **get answers to your questions directly from an AKF Patient Support staff member**. You may contact us via GMS Messages, by calling 800.795.3226 or by making an appointment at [gmsassist.com](https://gmsassist.com) for a representative to call you.

## Your Responsibilities

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1. 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.
2. You are responsible for providing 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, dialysis provider or facility. Any change to your financial status that may impact your eligibility for HIPP must be updated by your anniversary date. At any time, you may update your patient profile online through GMS, or you may work with your social worker or caregiver to update your GMS profile information.
3. 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.
4. You are responsible for reviewing 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.
5. You have the responsibility to make sure that a grant request using 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.
6. You are responsible for reading the HIPP Guidelines, Patient Handbook, and patient information materials provided by AKF. These materials are available through GMS and may also be obtained through your renal professional. It is your responsibility to ask questions about anything that you do not understand. These documents are also available online: [KidneyFund.org](http://KidneyFund.org).
7. 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.
8. 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 of the year in which the transplant surgery occurs. AKF will always assume that the patient's plan year is based on the calendar year unless documents are presented indicate a different timeframe.
9. 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 six months of your transplant.

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. 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 are responsible for promptly informing your treatment center staff and/or AKF if you believe any of these rights have been violated. You may reach AKF by calling 800.795.3226, by sending a message in GMS, or using the virtual assistant located by the login on the GMS landing page.



## 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 end-stage renal disease and those who may be fortunate to receive a kidney transplant. 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 ACA/Marketplace plans);
- Employer Group Health Plans (EGHP); and
- COBRA plans.

### HIPP Grants Do Not:

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- Help with out-of-pocket expenses such as copays, coinsurance, cost-sharing, spend-downs, or medical device purchases;
- Help you locate a dialysis facility or health care provider;
- Recommend the type of insurance policy that is best for you and your family;
- 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 individual coverage;
- Assist with dental and vision insurance or pay for prescription drug coverage, including Medicare Part D, unless such coverage is part of a comprehensive medical insurance plan;
- Cover union dues or reimburse for a premium already paid by the patient or family member;
- Pay for any outstanding premium balances currently six months older than the grant request date; and/or
- Reimburse premiums deducted from patient or family member 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). Patients with a diagnosis of Acute Kidney Injury (AKI) are not eligible to receive HIPP Assistance;
- Be currently enrolled in or applying for health insurance coverage;
- Live in the U.S. or its territories;
- Show that you 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. Patients will need to provide proof of income via **one** of the following three methods.
    - 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) will provide a copy of their approval letter from one of these programs; or
    - If a patient is not enrolled in one of the programs in the previous bullet, we will require a copy of their most recent tax return or other financial documents such as 2 recent consecutive pay stubs; or
    - Complete the Income Exception Attestation Form attesting that there are extenuating circumstances for being unable to provide the documentation from the above;
- Carefully review all forms of health insurance coverage (Medicare Part B, Medicare Advantage, Medicaid, Medigap, COBRA, EGHP, and commercial insurance), as well as 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;
- 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, not AKF; and
- You must affirm that you have verified the information being provided to AKF is true and accurate as of the date provided and understand that you may lose future assistance and need to repay any assistance already provided if found to be false, inaccurate or misleading.

### Patients Who Receive a Kidney Transplant:

**If you get a kidney transplant you may be eligible for continued assistance for the remainder of the current year based on the following:**

- Post-transplant patients seeking extended help must have been receiving HIPP assistance that covered the premium cost at least three consecutive months immediately preceding their kidney transplant;
- You must update your GMS profile with your transplant date within 180 days of receiving your transplant; and
- 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 AKF Patient Support department for assistance.**

### Additional Items to Note:

- AKF reserves the right to request additional information and documentation for program integrity purposes. AKF also 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, the patient 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.

For more HIPP information and rules, please review the **HIPP Guidelines**, which are available in the “**Learning Center**” section of GMS (Please refer to the Learning Center on the “Frequently Asked Questions about HIPP within this manual) or through your dialysis team.

**IMPORTANT NOTE:** AKF may not provide assistance in jurisdictions where state and/or 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](https://gms.kidneyfund.org), or you can allow your renal professional or a caregiver to create an eligibility profile for you.

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

The patient profile must first be completed and verified by supporting financial documentation through AKF's GMS to be able to apply for HIPP assistance. It is also the way to apply for other available AKF patient assistance programs. The profile will indicate which programs the patient is eligible for and provide the associated link.

Note - Patient profiles must be recertified once every year by the Profile anniversary date. The recertification process must be completed by a Renal Professional, caregiver or patient. The updated information will determine the eligibility of the patient for a new period. This date can be found on your GMS record.

### 1. HIPP Eligibility Application

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AKF uses the GMS patient profile to help determine if you are eligible for financial help from AKF. You can complete the application (i) by yourself or you can allow (ii) your renal professional or (iii) a caregiver to create an eligibility profile for you.

- i. 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 renal team about anything that you do not understand;
  - Go to [gms.kidneyfund.org](https://gms.kidneyfund.org) and click on the Register button. Follow the steps on the webpage. A detailed registration guide can be found at the end of this Handbook ([Appendix 1](#)); and
  - Read, sign, initial and date the HIPP consent form (and upload it to your profile within the Documentation and GMS Agreements tile).
- ii. 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, initial and date the AKF General and HIPP Consent Forms; and
  - Give the worksheet and consent form(s) to your renal professional to start the application process.

- iii. If you allow your family/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 family caregiver. The worksheet requires financial, medical, and other information about you, which your family/caregiver may use to fill out your GMS patient profile. AKF does not accept submissions of paper worksheets;
  - Read, sign, initial and date the AKF Patient Consent Form and the HIPP-specific Patient Authorization Form;
  - Provide your family/caregiver's name and signature on the consent form;
  - Give the worksheet and consent form(s) to your caregiver to start the application process; and
  - Your family/caregiver can start the registration and profile creation process at [gms.kidneyfund.org](https://gms.kidneyfund.org).

## 2. HIPP Grant Requests

Once you finish entering your patient profile information and AKF reviews and verifies, based in your household pretax (gross) income, that you are eligible for a grant, 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.

- i. If you wish to enter your own grant request, please complete the following steps:
- After your household pretax (gross) income in the profile is verified in GMS, click on Grant Programs or click Add Grant Request from your dashboard. It is also the way to apply for other available AKF patient assistance programs. The profile will indicate which programs the patient is eligible for and provides the associated link;
  - 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; and
  - Follow the steps within the grant request process (instructions are available under the "Learning Center" tab within your GMS account). Please note that you will need to upload your current insurance bill, enter your standard rate and payment start date, for which you are requesting assistance.
- ii. 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; and
  - Your renal professional will enter the grant request into GMS.

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

- Provide your family/caregiver with a health insurance bill or statement dated within the last three months; and
- Your family/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, depending on available funding. There may be instances when there are insufficient HIPP funds and issuance of your grant may take longer. Please log onto GMS to see the status of your grant.

# REQUIRED DOCUMENTATION

If you are financially eligible for HIPP, AKF requires that you provide proof of income and a current insurance bill to process your grant request.

## Required Profile Documents

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After completing all of 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:

■ Grant Authorization & 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 or 2 current consecutive pay stubs matching the indicated pretax (gross) yearly income

**OR**

■ AKF Income Exception Attestation Form noting your extenuating circumstance (e.g., no income, destroyed documents, etc.) available on patient's individual profile in GMS.

## Insurance Billing Requirements:

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### Medigap, Commercial, Exchange/ Off-Exchange/Medicaid

- A bill dated within 3 months of grant submission; and
- Must indicate the patient's name, policy ID, amount due, coverage period, billing frequency, and remittance address.

### Employer Group Health Plan (EGHP)

A letter from the employer or a rate sheet (either must be on company letterhead) that includes:

- Monthly, bimonthly, biweekly, or weekly amount for Patient’s medical portion;
- Name of employee;
- Name of patient (if not employee and indicate the relationship of patient to employee), AKF will only issue grants for the individual rate for the patient; and
- A paystub dated no older than 30 days.

**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.**

### Annuity Plan

- Document that shows an amount taken out of the patient’s retirement/annuity fund for health insurance, if the document does not specify the patient’s individual portion, then a rate sheet must be included to verify the patient’s individual portion, AKF will only issue grants for the individual rate for the patient; and
- The document 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 (on company letterhead) 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 the current plan year).
  - Termination Letter (within 30 days of the letter's issue date).\*
  
  - \*Please note if your policy is terminated, you must contact 1800-MEDICARE to reinstate your policy. You must then provide the updated bill to AKF before requesting grant assistance.
  - 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; and
- SSA Award letter (for Medicare reimbursement).

## Things to Remember:

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- All bills/invoices/other accepted documents must be dated no older than 90 days from the grant request date and must reference the insured's name, policy number and coverage period. This information must match the grant payment request. Name, policy number, remittance address, payment frequency must be printed by the insurance and cannot be handwritten;
- If you change insurance, 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. Be sure to cancel existing recurring grant payments;
- If your premium increases or decreases, you (or your caregiver or renal professional) must update your grant request in GMS. This will require a new insurance application or bill; and
- A breakdown of the coverage period and amount requested must be typed or written on the bill if the information is not included within the document (for EGHP and balance due requests).

## 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 your grant 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 25 days after the issue date and per written request from you or your renal professional.

In cases where a payment needs to be voided, 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.

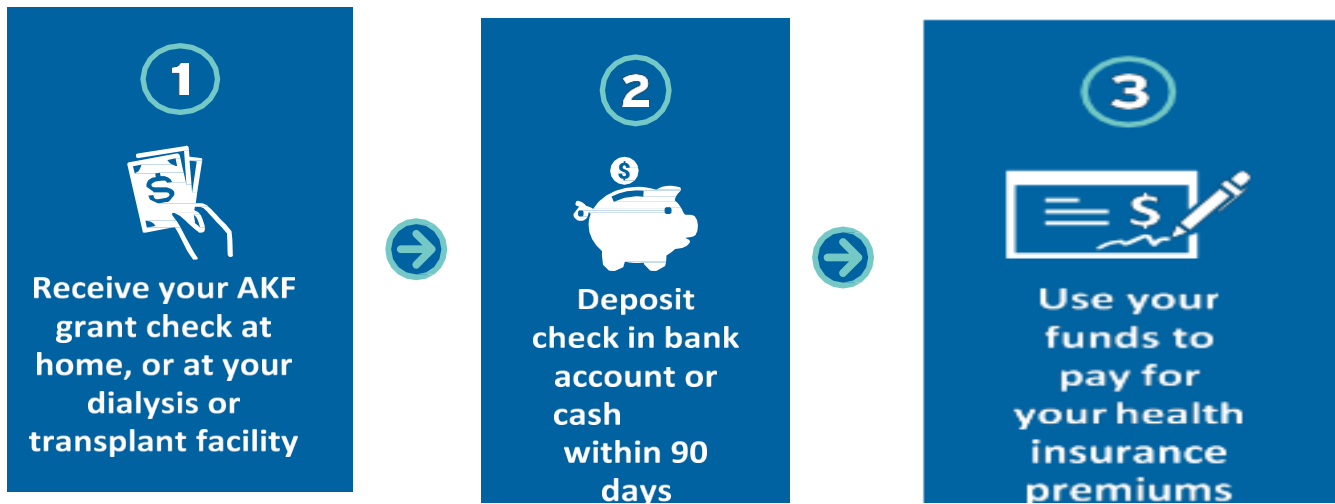
If an insurance company does not accept checks from AKF or debit card payments, we recommend you select direct deposit over a check as the grant payment type. Having a direct deposit eliminates issues with mail delivery and the time to receive your grant. You or your representative will be prompted to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

When possible, payments are processed as early as 40 days before the start of the coverage period. Depending on funding available, the payment could be processed within the grace period of the insurer. In those cases, the payments will be delayed and AKF will prioritize grants where the patient's plan is facing termination. Payments are mailed using USPS and overnight mail service is not available.

Not all payment methods may be available for all grant program types. GMS will provide the available choices at the time grant request.

## GRANT PAYMENTS: 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:



## GRANT PAYMENTS: 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.** Attempting to use an AKF-issued debit card for any other purpose may result in AKF terminating HIPP assistance.

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.

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

- You must activate the debit card before using it.
- The PIN number is the same as patient's month and day of birth using the format MMDD. Example: October 12 would be 1012.

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



## What will I receive?

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- A physical 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?

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- Cards are valid for 120 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 or payment update 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?

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

## GRANT PAYMENTS: DIRECT DEPOSIT

In cases where an insurance company does not accept third-party payments and AKF is issuing the grant to you, AKF recommends you receive your HIPP grant by ACH (direct deposit) to your bank account. **You must have an email address added to your profile before requesting direct deposit otherwise the patient's bank account information cannot be added.**

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. Providing invalid bank information will delay the receipt of your grant.

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.

### How does AKF define a patient's household income?

Household income includes the taxable income of anyone listed on the patient's tax form as a dependent or spouse who is contributing to the household.

### Can AKF pay health insurance premiums for more than two health insurance plans?

No. AKF only provides premium assistance for a maximum of two health insurance policies.

### I'm receiving HIPP grants and I just received a kidney transplant; can I still receive HIPP assistance?

Yes—after a kidney transplant, AKF will provide post-transplant HIPP assistance for the remainder of the patient's current insurance plan year, if you received the kidney transplant in the final quarter of the insurance 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 show a different plan year. timeframe.: For example, based on a calendar year:

- If you have a kidney transplant on April 2 your grant assistance will end on December 31; and
- If you have a kidney transplant on October 31, AKF would continue your assistance for the remainder of that year as well as for the following year.

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 that covered at least the three consecutive months immediately preceding your kidney transplant. It is your responsibility to enter your transplant date into your GMS profile and update facility and contact information within 180 days of receiving your 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. Please check with your insurance plan to see if a grace period is allowed.

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 or insurance rebate 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 until the end of the insurance plan year. 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](mailto: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 through GMS messages.



### How do I edit my profile or grant request?

Please refer to the Learning Center 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. If you are having issues accessing GMS, you may [use](#) the virtual assistant located by the login on the GMS landing page.

### 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?

AKF will always assume that the patient's plan year is based on the calendar year unless documents presented indicate a different plan year. For more detailed information on how Insurance Plan Years work, please consult the Learning Center 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 my bill when it is submitted to AKF?

Your 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. Name, policy number, remittance address, payment frequency must be printed by the insurance and cannot be handwritten.

### How can I get help from AKF if my insurance has terminated?

- If your insurance has terminated, 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 review and approval 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 less than ten business days, assuming there is funding in the HIPP pool. In the case where you have a payment due, it is your responsibility to maintain your health insurance coverage. AKF will not process grant requests out of order. 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.

### **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 insurance types can debit cards be used for?**

The debit cards can be used for Medicare, Medicare Advantage, Medigap, and Off-Exchange/Exchange insurance plans.

### **How do I confirm future payments?**

Please refer to the “How to Confirm a Payments” instruction guide under the Learning Center in GMS.

### **What type of insurance do I have and how is it billed?**

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 Learning Center 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; and
5. Compose your email and send.

### How long will it take for my grant to be processed?

Please allow at least 10-14 business days for pending grant requests to be processed. Grant payments will be issued anywhere from 2 to 14 business days after approval.

### What other expenses does AKF assist with?

AKF assists with transportation costs to and from medical appointments, over-the-counter medicines, co-payments; and other needs such as dentures through the Safety Net Program.

Go to [www.kidneyfund.org](http://www.kidneyfund.org) to review our other available financial assistance programs.

### Do you help international patients?

AKF assists all eligible patients who reside and dialyze 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. Please note that the patient's profile will not be complete if the facility and contact information is missing.

### How often do I need to submit a HIPP grant request?

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 insurance policy has changed. Transplant patients may submit a balance due grant to complete their insurance plan year.

### How often do I need to update my patient profile?

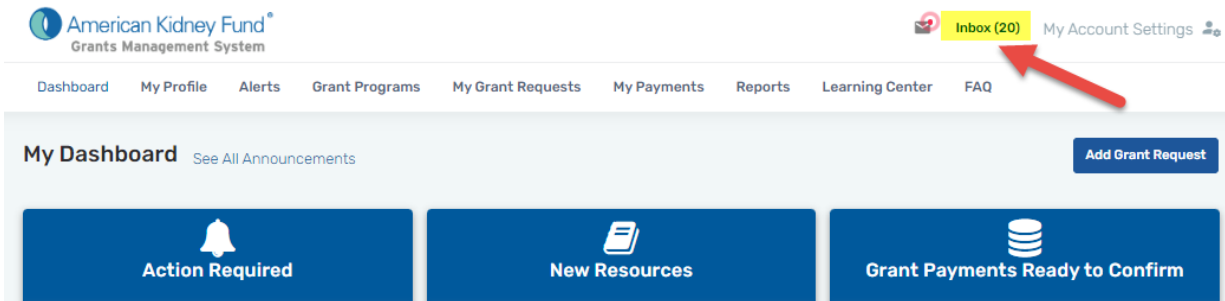
All profiles must be certified once a year by the anniversary date. You can contact your Dialysis/Transplant facility or AKF to obtain your anniversary date or you can see your anniversary date in your account if you have access to it.

### 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](mailto: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.

### How do I send a message within GMS system?

You can send a message to AKF with your request or inquiry by clicking the inbox in your dashboard once you log in GMS (see image).

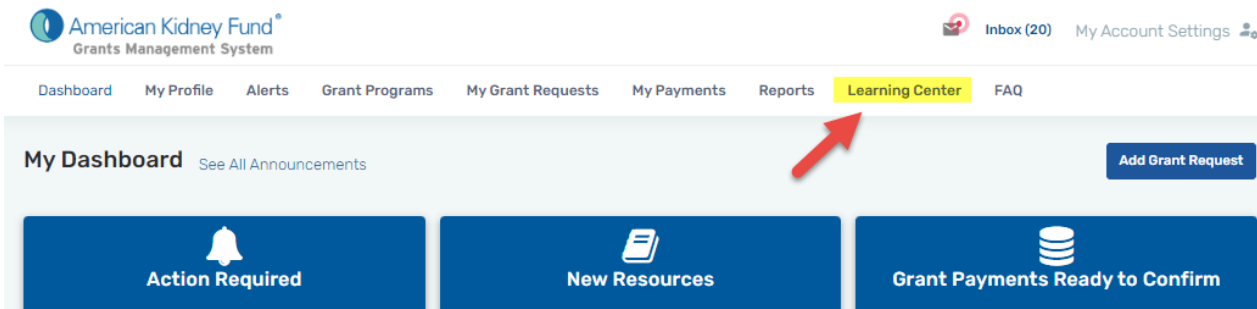


### How do I submit a Grant Request in GMS?

You can find instructions for submitting a grant request and other actions in GMS under the “Learning Center” once you log into GMS.

### Where do I find the “Learning Center” in GMS?

You can locate the Learning Center once you log into GMS at [gms.kidneyfund.org](https://gms.kidneyfund.org) (see image).



### What if my payment becomes lost in the mail?

A GMS message must be sent to void the payment 25 days after the issued date in GMS if the payment becomes lost in the mail. A grant request will need to be submitted for the same coverage period and amount within 60 days from the void date.

### Can an expired payment be reissued automatically?

No, if a payment has expired, it may be eligible for replacement if a new Grant Request is submitted in GMS for the same coverage period and amount within 60 days from the expiration date.

### What if a payment was cancelled because it was not confirmed on time in GMS?

A payment that was not confirmed on time and is cancelled in GMS is eligible for replacement if a new grant request is submitted in GMS within 90 days from the start coverage date.

**What does “Re-certify” mean and what do I need to do?**

Once a year the patient’s profile must be reviewed (re-certified) by the profile anniversary date. Information including health and financial status must be re-entered in GMS for purposes of eligibility for AKF programs. Your anniversary date can be found at the top of your profile page.

# APPENDIX 1: GMS PATIENT PROFILE REGISTRATION GUIDE

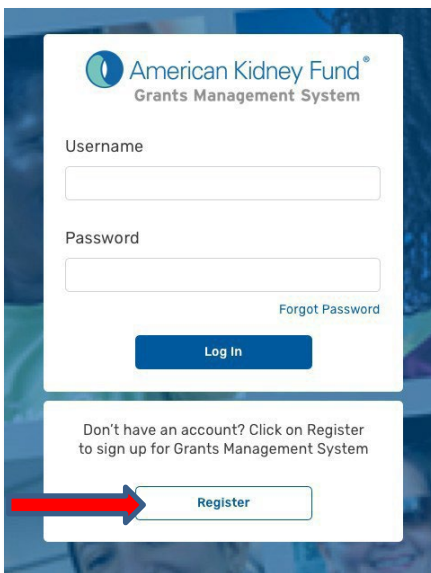
Please be sure you do not already have an existing profile created by your social worker. You will only need to claim that profile and a new profile does not need to be created (see instructions on page 28).

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](mailto:registration@kidneyfund.org) or call 1-800-795-3226.

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Please note that once you finish registration, the email address used can't be changed. Make sure to use a personal email address. We highly recommend not to use a work email address.

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




The image shows a screenshot of the American Kidney Fund Grants Management System login and registration interface. At the top, the logo for the American Kidney Fund is displayed. Below the logo, there are two input fields: 'Username' and 'Password'. To the right of the 'Password' field is a link that says 'Forgot Password'. Below these fields is a blue 'Log In' button. Underneath the 'Log In' button, there is a text prompt: 'Don't have an account? Click on Register to sign up for Grants Management System'. At the bottom of this section is a white 'Register' button, which is highlighted by a red arrow pointing to it from the left.

**Step Two:** Click **I am a Patient** to start the registration process:

First, please tell us which of the following best describes you.

I am a...

<p><b>Renal Professional</b></p> <p>Renal Professionals are individuals who work at facilities; providing treatment to Dialysis and / or Transplant Patients.</p> <p><b>I am a Renal Professional</b></p>	<p><b>Patient</b></p> <p>Patients are individuals undergoing dialysis treatment and/or post transplant.</p> <p>I have a PIN to claim my account</p> <p><b>I am a Patient</b></p>	<p><b>Caregiver</b></p> <p>Caregivers are family members over the age of 18 or legal representatives assisting Patients in requesting financial assistance.</p> <p><b>I am a Caregiver</b></p>
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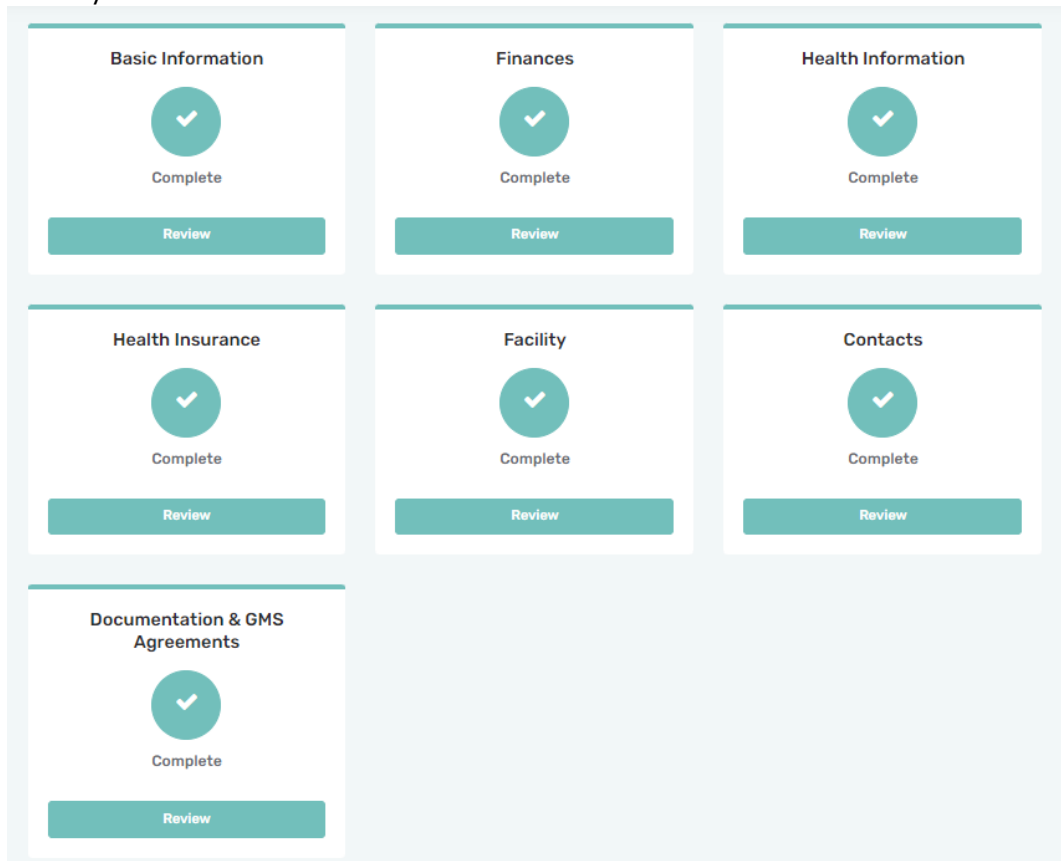
**Step Three:**

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, household finances, dialysis facility information, contact information, and important/relevant documents.

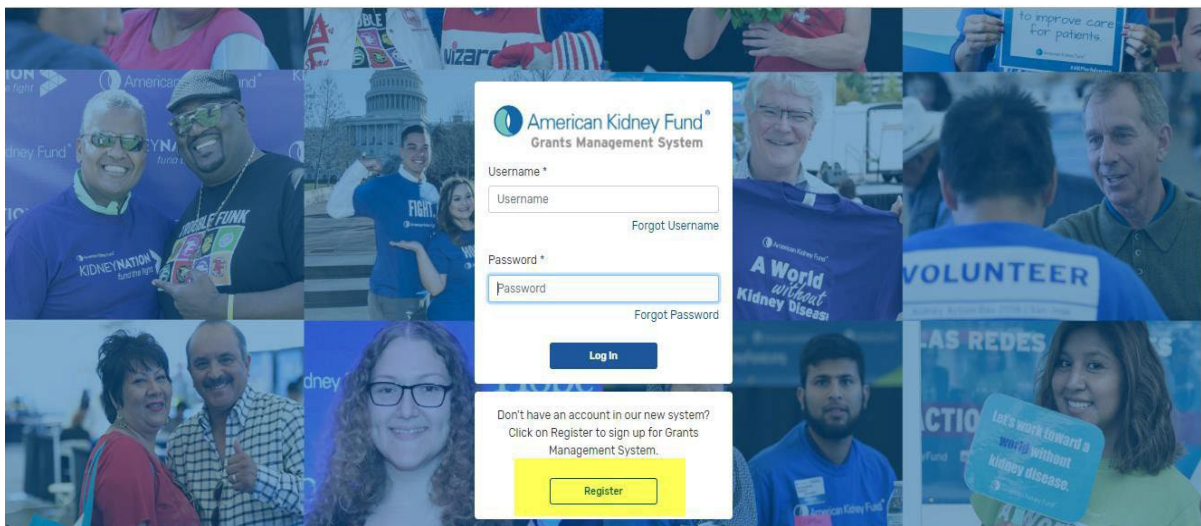




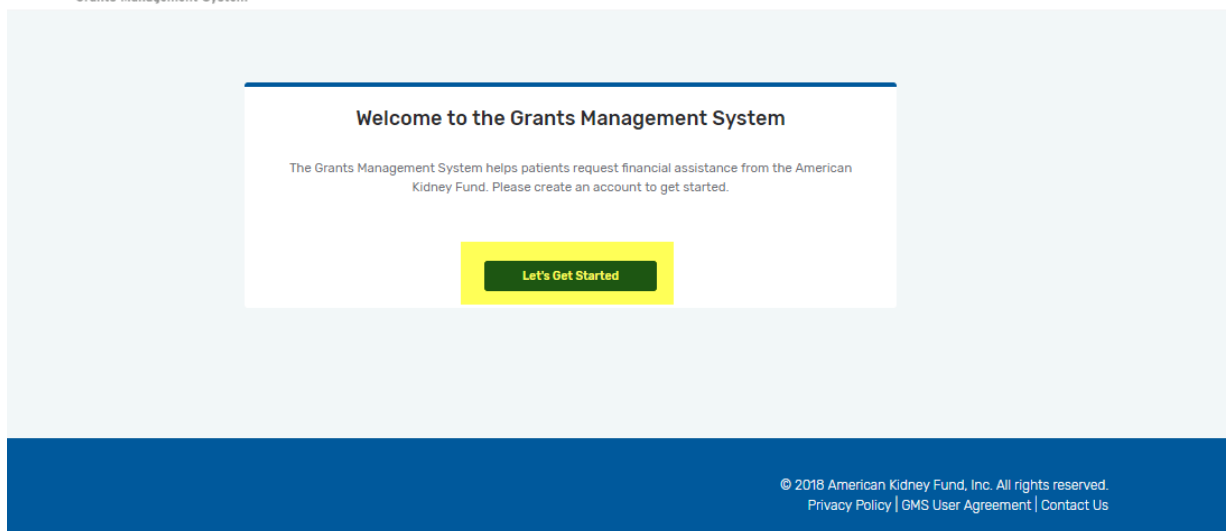
If you have an **existing profile**, please follow the below steps to claim the profile and gain access to GMS:

Please note that once you finish registration, the email address used can't be changed. Make sure to use a personal email address. We highly recommend not to use a work email address.

- **Step 1:** Contact your dialysis renal professional or contact AKF by calling 800-795-3226 or emailing [registration@kidneyfund.org](mailto: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](https://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”.

American Kidney Fund®  
Grants Management System

First, please tell us which of the following best describes you.

I am a...

Renal Professional	Patient	Caregiver
Renal Professionals are individuals who work at facilities; providing treatment to Dialysis and / or Transplant Patients.	Patients are individuals undergoing dialysis treatment and/or post transplant. <b>I have a PIN to claim my account</b>	Caregivers are family members over the age of 18 or legal representatives assisting Patients in requesting financial assistance.
<a href="#">I am a Renal Professional</a>	<a href="#">I am a Patient</a>	<a href="#">I am a Caregiver</a>

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**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.



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

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

**[KidneyFund.org](http://KidneyFund.org)**