

Exhibit B



HIP

Health Insurance Premium Program

TABLE OF CONTENTS

INTRODUCTION	3
SECTION 1: HIPPI BASICS	
<i>What is HIPPI?</i>	4
<i>How HIPPI Works</i>	4
<i>The HIPPI Honor System</i>	5
<i>The Value of HIPPI</i>	5
<i>Provider Utilization Rules and Best Practices</i>	6
<i>Program Eligibility</i>	6
SECTION 2: APPLICATION PROCESS	
<i>Application Submission</i>	8
<i>Payment Processing</i>	10
<i>Checking the Status of a Request</i>	11
<i>Requesting Check Reissue</i>	11
SECTION 3: GRANTS MANAGEMENT SYSTEM (GMS)	
<i>What is GMS?</i>	12
<i>Who May Register to Use GMS?</i>	12
<i>How to Obtain a Corporate Email Account?</i>	12
SECTION 4: ADDITIONAL INFORMATION	
<i>Contact Information</i>	13
<i>Frequently Asked Questions</i>	14

HEALTH INSURANCE PREMIUM PROGRAM (HIPP) GUIDELINES, RULES AND PROCEDURES

INTRODUCTION

The mission of the American Kidney Fund is to fight kidney disease through direct financial support to patients in need; health education; and prevention efforts. The American Kidney Fund leads the nation in providing charitable assistance to dialysis patients who need help with the costs associated with treating kidney failure. Last year, more than 87,000 people—1 out of every 5 dialysis patients in the United States—received assistance from the American Kidney Fund for health insurance premiums and other treatment-related expenses. Millions of people nationwide benefit annually from the American Kidney Fund’s efforts to fight kidney disease through health education and prevention efforts. The American Kidney Fund offers free kidney health screenings in communities nationwide, as well as extensive online health education materials and courses and a toll-free health information HelpLine (866.300.2900).

As a 12-time recipient of the top “Four Star” rating from Charity Navigator, the American Kidney Fund is ranked among the top 1 percent of charities nationwide for fiscal accountability. In addition, the American Kidney Fund holds an A+ rating from the American Institute of Philanthropy; adheres to the National Health Council Standards of Excellence; and is a member of the Better Business Bureau Wise Giving Alliance. For more information, visit www.KidneyFund.org.

SECTION 1: HIPD BASICS

WHAT IS HIPD?

In 1997, AKF collaborated with the renal community to establish and administer the Health Insurance Premium Program (HIPD). HIPD is 100% funded by voluntary contributions from the dialysis community. Today, through HIPD, AKF provides assistance to more than 60,000 dialysis patients annually. AKF pays Part B Medicare, Medigap, commercial, EGHP, and COBRA premiums for dialysis patients who lack the resources to pay for them. The financial assistance provided by HIPD enables patients to maintain their health insurance coverage, thus providing continued access to vital health care. HIPD serves as a “last resort” for financial assistance to dialysis patients who have no other means or other sources of financial assistance to pay health insurance premiums.

Assistance is available to all eligible patients on an equal basis. In general, eligibility for participation in HIPD requires a signed grant application by a social worker employed by or an administrator of a dialysis provider. The grant application requires the patient to provide detailed financial information for his or her entire household. Applications must be submitted on the patient’s behalf by a social worker employed by or an administrator of a dialysis provider.

Following receipt by AKF of the patient’s application, an AKF employee assigned to HIPD reviews the application, gathers additional information, if necessary, and makes an evaluation as to the disposition of the application based upon AKF’s needs assessment and eligibility criteria. All determinations are made by AKF employees who have no financial interests in dialysis providers. Such determinations are solely based upon AKF’s assessment that the applicant is in financial need and meets HIPD eligibility criteria.

Because of limited financial resources, HIPD insurance premium assistance is provided only for a specific time period. Upon expiration of the period, the patient must submit another grant application for assistance. Grant requests are reviewed on a “first-come, first-served” basis, subject to the availability of funds in the HIPD “pool.”

HOW HIPD WORKS

In 1997, the U.S. Department of Health and Human Services Office of Inspector General issued a written opinion (Advisory Opinion 97-1) that enabled AKF to establish HIPD. AKF operates HIPD strictly in accordance with the guidelines set forth in Advisory Opinion 97-1. A hallmark of HIPD is that AKF carefully evaluates each patient’s application and provides assistance based solely on the patient’s financial need, without regard to the facility where the patient is receiving dialysis. Another hallmark of HIPD is that dialysis providers make voluntary contributions (including an AKF programmatic fee) to the HIPD pool. Such voluntary contributions make it possible for AKF to have the resources to pay premiums that keep in force health insurance for the neediest patients. Providers which contribute are conclusively deemed to have knowledge of these Guidelines and Procedures, including, but not limited to, that AKF invariably will ignore any “earmarking” of any funds for the patients of any provider. All contributions to AKF are subject to these Guidelines and Procedures.

THE HIPPA HONOR SYSTEM

In order for this program to work for patients and dialysis providers, each referring dialysis provider should make equitable contributions to the HIPPA pool. A facility can reasonably determine its “fair share” contribution to the pool by considering the number of patients it refers to HIPPA. Without an effort on the part of all providers to contribute equitably to the program, HIPPA cannot continue to help existing and newly qualified patients who need assistance. We believe all facilities share a common ethical obligation to contribute their respective “fair share” to ensure that the HIPPA pool is adequately funded. This is essential in order for AKF to have the resources to help dialysis patients who need premium assistance in order to keep in force their health insurance. We regard this as a mutual honor system. It is the only way in which HIPPA can continue to help patients in need.

We know that your focus, like ours, is on assisting patients. Working together and with your company making its fair and equitable share to the HIPPA pool, we can assure that patients in need continue to receive the assistance that they need to obtain and maintain health insurance. Please discuss this with your management and finance staff and contact us immediately if you require additional information.

All contributions are, of course, voluntary and there is no “earmarking” of contributions to specific patients within the HIPPA pool. As you should be aware, AKF operates the HIPPA program under the auspices of the Office of Inspector General's Opinion 97-1 and AKF focuses solely on patients' needs without considering the facility where they are receiving dialysis (reference the enclosed Guidelines). Nonetheless, it should be obvious to all facilities that if each one does not contribute its fair share, the HIPPA pool cannot continue to help all patients who need assistance.

If your company cannot make fair and equitable contributions, we respectfully request that your organization not refer patients to the HIPPA program in order that we may preserve this important program for the tens of thousands of patients nationwide who are currently enrolled in HIPPA to maintain their insurance coverage.

THE VALUE OF HIPPA

1. HIPPA ensures that dialysis patients maintain coverage under the spectrum of insurance modalities: Medicare Part B, Medigap, COBRA and commercial (including policies purchased via the ACA marketplace exchanges) and EGHP plans.
2. AKF provides a quick turnaround (10 to 14 business days, on average) for HIPPA applications that are fully and correctly completed and provides expedited handling for urgent requests that meet HIPPA guidelines.
3. AKF provides “troubleshooting” with Medicare and private insurance carriers.
4. Through HIPPA, patients maintain health insurance coverage and have access to comprehensive medical care.
5. AKF helps patients maintain continued access to comprehensive quality dialysis and healthcare which enhances treatment outcomes and reduces hospitalizations.

PROVIDER UTILIZATION RULES AND BEST PRACTICES

1. Provider must assign a corporate representative to be the principal HIPP liaison.
2. Provider must assign a corporate Finance Administrator (separate from HIPP liaison) to be the financial contact to AKF. The corporate Finance Administrator must have the financial authority from the Provider to make contributions to AKF's HIPP program.
3. Complete required training orientation in order to activate / sustain an account:
 - Both the HIPP liaison and the corporate Finance Administrator **must complete** orientation and/or additional training with AKF prior to submitting any grant application. Follow-up / additional training may be required, if deemed necessary by AKF. AKF reserves the right to require providers to complete training before submitting applications via GMS for new patients. AKF reserves the right to deny access for failure to complete required training and/or a failure to follow guidelines.
 - HIPP liaison and corporate Finance Administrator completes online course in GMS (training tab) within 90 days of account activation.
 - Corporate Finance Liaison: completes a "phone call" orientation with AKF's Director of Financial Analysis (301-984-6633) prior to the HIPP liaison account activation / sustainment.
4. Provider must use AKF's Grants Management System (GMS) at www.gms.kidneyfund.org for application submission.
5. Encourage your facility to make equitable contributions to AKF.

PROGRAM ELIGIBILITY

1. Applicants must reside and dialyze in the United States or its territories.
2. Applicants must meet the eligibility qualifications of the insurance policy for which premium assistance is being requested.
3. Transplant patients are not eligible for HIPP. Due to limited funding, HIPP enrollees are not eligible for premium assistance after they receive a kidney transplant.
4. Applicants must be verified and referred to AKF by a renal professional assigned to a Medicare certified dialysis provider/center. Patients are not permitted to apply directly to AKF for a grant. A renal professional must apply on their behalf.
5. HIPP is a "last resort" source of assistance. It is restricted to patients who have limited means of paying health insurance premiums (based on income-to-debt ratio) and who would forego coverage in the absence of assistance from HIPP. Alternative programs that pay for primary or secondary health coverage or provide financial assistance grants, and for which the patient is eligible, such as Medicaid, state renal programs, other organizations, etc. **must** be utilized first. Premiums deducted from income sources such as Social Security checks cannot be reimbursed.
6. AKF does not represent that a properly completed application will be approved or, if approved, that insurance premium assistance from HIPP will be ongoing. To the contrary, the decision to provide assistance in response to any given application or request is at all times subject to the sole and absolute

discretion of AKF. HIPP is not an entitlement program. There is no “right” to a grant or financial assistance, either initially or for any given period. AKF 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 give rise to entitlement to financial assistance which, upon other variables, depends on available funds in the HIPP pool. AKF reserves the right, exercisable in its sole and absolute discretion, to revise eligibility criteria, from time to time, and make such changes effective as of any date selected by AKF. AKF neither warrants nor represent 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 checks or other forms of payments. Under no event shall AKF be liable for damages alleged to have been caused by denials of applications, errors or delays in the review of applications, errors or delays in the issuance of checks or other forms of payments or delays in the U.S. postal system or commercial delivery services. All applications to HIPP are irrevocably deemed submitted with the full acceptance of the foregoing both by the Provider and by the dialysis patient.

7. Applicants must demonstrate that they cannot afford health coverage. Monthly household income may not exceed reasonable monthly expenses by more than \$600. If there is no income at the time of application, you will be required to provide an explanation. Total liquid assets, such as savings accounts and stocks/bonds may not exceed \$7,000. (IRAs and other retirement accounts are excluded and will not be counted toward this amount.) AKF reserves the right to request additional information and documentation, as it relates to reported income, expenditures and all reported application information.
8. Savings up to \$1,500 formally set aside for burial expenses in a bank account, other financial instrument or prepaid burial arrangement will be exempted as an asset. (This criterion was adopted from the Social Security Administration, which uses it for the purpose of Supplemental Security Income eligibility.)
9. HIPP only provides premium assistance in connection with primary and secondary insurance coverage. HIPP does not assist with tertiary coverage of any kind.
10. In some situations, AKF may choose to institute a premium cap. AKF currently has a cap on Medigap premiums at \$550 per month. Before submitting an application, please contact AKF directly to obtain specific capped amounts and possible exceptions, due to transplant list status. AKF reserves the right to institute changes to grant maximums. Proper advance notice will be provided.

SECTION 2: APPLICATION PROCESS

APPLICATION SUBMISSION

1. AKF will **ONLY** accept applications submitted **ONLINE** via the Grants Management System (GMS). Online applications may be submitted either as a “one-time” request or as recurring request.
2. AKF reserves the right to request additional backup documentation to validate application information.
3. AKF reserves the right to require new annual applications for all enrollees to ensure system accuracy and applicant eligibility.
4. All new applicants to HIPP shall be provided a copy of *HIPP Procedures and Guidelines*, along with the application. Confirmation of guideline receipt is included as a part of the patient’s consent form. Copies are available through AKF’s Grant Management System, our website at www.KidneyFund.org or by calling AKF.

This procedure is intended to ensure that all prospective recipients of assistance from HIPP understand the benefits, responsibilities **and** limitations of “enrollment” in HIPP. Most importantly, patients need to be informed that HIPP assistance is limited to those receiving dialysis treatment. It is especially critical that HIPP enrollees who may be candidates for a kidney transplant understand this aspect of HIPP.

5. Once the patient is enrolled in the program through an online GMS submission and the premium amount and payee remain the same you **will not** have to provide another premium bill to AKF until the beginning of the next calendar year. Payments will automatically be issued by AKF through the end of the calendar year. **Note:** HIPP liaisons are required to approve and release all subsequent payments before AKF issues a grant check. This will help mitigate the possibility of making payments that are not needed.
6. You must submit a new online request and bill if your patient has **any** changes in insurance coverage or premium amount. This will update the automated payment information. Please also notify AKF immediately if your patient dies, transfers or receives a transplant, so that his or her record can be updated.
7. A new online application is required if your patient changes dialysis providers.
8. HIPP payment requests must be accompanied by an insurance bill or coupon when applying initially or if the request is modified thereafter. Please follow the following guidelines for bill submission:
 - Only bills/coupons from the current year will be accepted for the initial request. Subsequent requests may not be older than three (3) months from the payment request submission date.
 - All bills/invoices must reference the insured’s name, policy number and coverage period. This information must match the payment request.
 - Original bills are always the best choice, but due to time constraints, you may change the dates and/or amounts to match your payment request. However, **do not** “white out” the original information. Simply draw one line through it and add your new information.

- Insurance bills showing a “zero balance” or a credit balance will be accepted as long as you have verified the patient’s current coverage is up-to-date. You must indicate the date through which the policy is paid.
 - When requesting the reinstatement of a policy, or as a last resort, you may submit a letter signed by an authorized agent of the insurer. The letter must be on the letterhead stationery of the insurer. Also acceptable are letters from insurance agents and brokers. These letters similarly must be signed and printed on the letterhead stationery of the signer’s company. In all cases, the letter must reference the insured’s name, policy amount and coverage period. You must provide an actual current bill for the next payment request year.
 - If the request is for assistance in connection with a new insurance policy, a copy of the application for the insurance is required.
9. Payments will be issued, based upon the billing schedule (monthly, bi-monthly, quarterly, semi-annual and annual) of the patient’s insurer. AKF prefers to issue payments on a quarterly basis, ideally on the basis of the calendar quarters (i.e., Jan thru Mar; Apr thru June, etc.) Do not, however, attempt to force a payment request to conform to a calendar quarter, if it is not normally billed in this manner. Some insurance companies bill bi-monthly. In this case, please request either a 2- or 4-month payment.
10. All applications must be signed by the patient on whose behalf HIPP assistance is requested. If the patient is unable to sign the Consent Form, it is permissible for a legally authorized representative of the patient (e.g., a person who has a power-of-attorney) to sign on behalf of the patient. The signed Consent Form cannot be older than 60 days of the application submission date.
- If the employer is deducting from the patient’s paycheck, annuity or retirement check an amount equal to the premium paid to the insurer, it is permissible to request that the check be made payable to the patient (instead of to the insurer). However, in such case, the following procedures must be followed: The patient must request his or her employer to bill the patient directly. If the employer is not willing to do so, the employer must so state in writing. This written statement must be provided to HIPP.
 - This written communication from the employer should accompany the most current pay stubs for the current period requested, and indicate the individual medical portion of that patient’s insurance that is being deducted.
 - A rate sheet may be included to confirm the amount, but will not be considered as a bill individually. This information is needed when initially requesting assistance through HIPP. If a rate sheet is not available, you may submit a letter from the employer’s H.R. department indicating the individual premium amount on company letterhead.
 - It is also advisable to submit a copy of the insurance application when requesting assistance with a new policy for which a premium invoice has not yet been issued.
 - New HIPP applicants requesting assistance with policies where payment must be made payable to the patient, may only request assistance for the current calendar month and subsequent months. Requests for previous months will be denied.
11. **The policy holder is solely responsible for paying his or her insurance premiums** in a timely manner. While HIPP makes every effort to pay premiums on or before due dates, AKF is not liable if insurance coverage is terminated. (Please see #6 under Program Eligibility)

12. Urgent requests will be considered, based on the following rules:

- Have a termination date that will occur within 10-14 days of the request date **AND/OR**
- Have no grace period **AND** are within 5-7 days of the due date. AKF reserves the right to verify all information.

13. It is important that all HIPP enrollees be informed that any refund check from a health insurance policy paid from HIPP fund is the property of AKF and promptly must be returned to AKF. These refunds are deposited in the HIPP “funding pool” to support the program. When a HIPP enrollee expires, the insurance company should be notified and a request made by the patient and/or provider to refund any unused portion of the premium payment to AKF. Some companies refund checks directly to the patient’s estate. In this case, please notify the patient’s family or estate representative that the funds belong to the HIPP Program and should be returned to AKF

GRANT PREMIUM PAYMENT PROCESSING

1. Please allow AKF at least 2 weeks to process and mail premium payments. Most requests, if correctly submitted, are processed within 10-14 days. You may track its progress through GMS. Patients whose payment requests are submitted online and are approved will have their premiums automatically paid through the end of the calendar year, subject to available funds in the HIPP pool and the other criteria set forth above. Reoccurring payments must be approved and released to AKF by the HIPP liaison in order for any subsequent (reoccurring) payment to be issued by AKF.
2. To have payments made for the following year, the applicant must submit a new payment request for such year with appropriate documentation, as set forth above.
3. Most premium payments are paid directly to patients' insurance carriers. There are some insurance companies that do not accept third-party checks. In these situations premiums will be mailed payable to the patient in care of their dialysis center’s social workers to ensure the grant is used for its intended purpose. A list of insurance companies which do not accept third party payment directly from AKF is available for download on the GMS messages board.
4. If the insurance company does accept third party payments and the patient is having the premium deducted from their bank account, AKF requires that the patient arrange for direct billing prior to requesting assistance from HIPP so that the payment can be paid directly to the insurance carrier.
5. HIPP payments cannot be requested to cover Medicaid spend downs or Share of Cost.
6. Vision, “smoker’s surcharges,” and dental premiums cannot be requested unless they are a part of a “bundled” insurance premium that cannot be itemized. Prescription coverage premiums that are a part of policy will be considered, as long as they are not a Medicare Part D plan.
7. Premiums that have been paid by the patient prior to requesting assistance from HIPP cannot be reimbursed.
8. No payments from HIPP will be made in connection with the premiums of a deceased patient, even if the invoice for the premium predates the death of the patient. Renal professionals should notify AKF and/or update GMS (upon change occurrence) to indicate the death of a patient who was enrolled in HIPP. If a dialysis provider is in receipt of a HIPP grant for a patient who has died, the grant should be returned promptly to AKF. The same is true with respect to any refund from an insurance company for a deceased patient who was enrolled in HIPP. These funds are added back to the HIPP pool.

CHECKING THE STATUS OF A REQUEST

You must register to use AKF's Grants Management System (GMS) to check the "real-time" status of pending, incomplete and approved requests. Patient grant histories are also available. Information may also be obtained by contacting your HIPP liaison or AKF associate.

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

REQUESTING A CHECK REISSUE OR COPY

- To avoid incurring bank fees, AKF generally will not reissue checks unless at least 45 days has elapsed from the date of issuance.
- Your GMS online dashboard will indicate the check number, mailing address, status of the check sent to the insurance company, whether it has been cashed and the date it was cleared. This information is also available by contacting your AKF representative.
- In the event a check has not been cashed, you should contact your AKF representative for further assistance. Please do not reenter a new/duplicate payment request to request a reissue, unless it is requested by an AKF representative.
- AKF does not automatically reissue un-cashed checks. Reissues must be specifically requested. Be sure to return the check to AKF or your HIPP liaison, if it has been returned to you. Un-cashed checks are automatically voided after 180 days.
- If you find that the insurance company has not properly credited the account and the check has been cashed, AKF can provide a copy of the cancelled check. Please allow at least 10 business days from the date of issuance of the check before requesting a copy.

SECTION 3: AKF'S ONLINE GRANTS MANAGEMENT SYSTEM (GMS)



WHAT IS GMS?

This online portal allows renal professionals to log in to submit grant requests, obtain real-time grant application status updates and patient grant histories, and upload required HIPPA back-up documents. GMS also will generate automated e-mails to registered renal professionals and alert them when a grant application is incomplete or requires attention.

WHO MAY REGISTER TO USE GMS?

GMS may be used by both renal professionals and patients.

AKF is empowering patients by allowing them to register as a GMS user so they can track their own grant requests online. However, in keeping with longstanding AKF policy, patients are not permitted to apply directly for a grant. As noted above, a renal professional must apply on behalf of the patient. GMS will enable patients to view “real-time” status updates, make sure their applications are complete and obtain grant history information.

In order to use this service, renal professionals must have a valid individual corporate email account. Email accounts associated with publicly available Internet access (such as, but not limited to Yahoo, AOL, Gmail, etc.) may **not** be used in connection with GMS. Corporate email accounts are email accounts that are restricted only to users (e.g., employees) authorized by your company and usually end in some form of your company name. They may not be shared universal accounts. This rule is designed to help protect the confidentiality of patient information.

HOW TO OBTAIN A CORPORATE EMAIL ACCOUNT

First check to see if your company offers a corporate email account you can use. If it does not, there are several hosted email providers available to choose from. Either your office manager or your company's IT staff should be able to set up one of these hosted email providers for you to use.

At the link below is one email provider who offers corporate email at a nominal price:

<http://www.microsoft.com/exchange/en-us/exchange-online-hosted-email.aspx>

AKF is not partial nor do we endorse any specific email provider.

If you have any questions please feel free to contact our support staff at helpdesk@kidneyfund.org

SECTION 4: ADDITIONAL INFORMATION

CONTACT INFORMATION

For more information or to learn about GMS, log onto AKF's website at www.KidneyFund.org.

You may contact AKF's HIPP Team at 1-800-795-3226 or email us at patientservice@kidneyfund.org.

For assistance with GMS, please contact GMS Support by calling 1-800-795-3226 or email: GMSsupport@kidneyfund.org.

If you are a new company applying to utilize HIPP, you need to complete orientation training by contacting the AKF Director of Financial Analysis by calling 301-984-6633.

FREQUENTLY ASKED QUESTIONS ABOUT HIPP:

Q. What OIG opinion governs the administration of HIPP?

A: AKF operates HIPP strictly in accordance with the guidelines set forth in Advisory Opinion 97-1.

Q. Why does AKF require that insurance bills be no more than three months old and from the submission date of the request?

A: This requirement is intended to protect the HIPP program and the continuation of health insurance coverage of enrollees. AKF wants to make sure the amount paid is the correct premium amount, in order that coverage is not cancelled by the insurer. This is why it requires “current” premium invoices, which AKF defines as not more than three months old. Original billing statements are always the best choice, when possible. If the enrollee becomes aware of any change in the premium amount within the three month “window,” you must provide this information promptly to AKF.

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

A: HIPP liaisons are employees of dialysis providers who coordinate HIPP communications between the company’s social workers, financial caseworkers and insurance coordinators and AKF. HIPP liaisons track the progress of each patient’s grant request from the time it is submitted to AKF to the time a grant payment is issued so that patients and their social workers are kept informed. They also help educate social workers about the HIPP program and “trouble-shoot” problems that arise.

Q. Why doesn’t AKF reimburse patients who have their health insurance premiums deducted from Social Security checks or have already paid the premium?

A: HIPP is not intended to be an insurance premium reimbursement program. Eligibility is restricted to financially qualified patients who have no alternative means for paying their health insurance premiums and who would not have insurance coverage unless HIPP provided financial assistance. Individuals whose Medicare premiums are deducted automatically from their Social Security checks have a mechanism for guaranteeing premium payment. Patients (or family members) who have already paid an insurance premium are also considered to be a source of assistance.

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

A: It is important that all HIPP enrollees be informed that any refund check from a health insurance policy paid from HIPP funds is the property of AKF and promptly must be returned to AKF. These refunds are deposited into the HIPP “funding pool” to support the program. When a HIPP enrollee dies, the insurance company should be notified and a request made to refund any unused portion of the premium payment to AKF. Some companies refund checks directly to the patient’s estate. In this case, please notify the patient’s family or estate representative that the funds belong to the HIPP Program and should be returned to AKF.

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

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

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

A: According to its Advisory Opinion (97-1), the American Kidney Fund is obliged to handle premium requests on a first-come, first-served basis. Your best assurance of timely payment is timely submission. Please pay close attention to the billing cycles, coverage, grace periods and termination policies of the health insurers of patients enrolled in HIPP.

In addition, AKF strongly recommends that you submit your premium requests early and that you prioritize them according to “time-sensitivity.” COBRA policies usually are most time-sensitive; if you have a choice, submit them first. Generally speaking, Medigap premiums are less time-sensitive than COBRA and Medicare premiums are the least time-sensitive. However, many insurers do not provide grace periods or do not provide benefits during the grace period. Please inform AKF of any policy changes by the insurance company. In most situations changes in policy are usually sent directly to the insured.

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

A: HIPP pays for Medicare Part B, COBRA, Medigap, EGHP and commercial policies.

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

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

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

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

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

A: The American Kidney Fund has supported dialysis patients since its inception in 1971. AKF has limited resources and cannot cover every need. HIPP is a very expensive program, currently serving over 66,000 dialysis patients nationwide on an ongoing basis. The program is 100% funded by voluntary contributions.

Q. What happens if the patient receives a kidney transplant while receiving premium assistance through HIPP?

A: Dialysis patients enrolled in HIPP are not eligible to continue receiving assistance once they receive a kidney transplant. However, HIPP will provide assistance for one month post-transplant.

Q. What if a patient has had his Medicare Part B policy terminated or no bill has been received?

A: If no bill has been received they may contact 1-800-Medicare to confirm their current status and billing address or go to their local Social Security (SSA) Field Office and request a copy of a CMS500 or SSA 2458, provided their Medicare Part B is still active.

If the Part B Medicare plan has been terminated for more than 1 month, they should bring a letter of "good cause" (SSA 795) to be filed at the SSA field office requesting reinstatement. Per CMS, once filed, the patient will **not** receive automatic reinstatement of their Part B.

They will have a wait of approximately 4-6 weeks for a decision on their status in the form of the Medicare Award Letter or a new CMS500 premium bill. A request for assistance through HIPP should not be filed until written notification of reinstatement has been received. Contact you AKF HIPP Representative for further assistance.

Q. What if current HIPP payments are coming to the patient but he or she is now on a Leave of Absence or on FMLA?

A: A letter from the company on its letterhead explaining the date that the patient begins a Leave of Absence (LOA) or FMLA is required. You may alternatively submit the approved H.R. form(s) with the patient's signature indicated on the document. This should be entered as a one-time request in GMS, due to the uncertainty of the length of the patient's FMLA or LOA.

Q. Can a letter from the insurance company or agent be accepted in place of a premium bill?

A: A current premium bill is the preferred choice for all requests, but due to time constraints, a letter from the insurance company will be accepted as a one-time request only. The letter must be written on letterhead, include the name of the patient/insured requesting assistance, policy number, current premium amount for medical portion only, and payment remittance address. A new premium bill must be submitted when requesting future recurring payment requests.

Q. I currently have Medicare as my primary insurance, but do not have a secondary insurance, can AKF get insurance for me?

A: AKF is not a referral agency for insurers and does not offer advice as to insurance policies. You should contact your social worker or renal professional, the insurance commission in your state, and/or an independent insurance broker.

Q. Are health insurance policies purchased through the Affordable Care Act (ACA) marketplace exchanges eligible for HIPP grant assistance with respect to premiums?

A. Yes, health insurance policies purchased through ACA exchanges are eligible for HIPP assistance in connection with premiums.

HAVE QUESTIONS? NEED ASSISTANCE?

PLEASE CONTACT THE AMERICAN KIDNEY FUND:

1.800.638.8299

OR BY EMAIL:

patientservice@kidneyfund.org



11921 Rockville Pike | Suite 300 | Rockville, MD 20852
www.KidneyFund.org