



Summary of Guideline Changes

EFFECTIVE 03.01.24

Previous Version

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I.A.	<p>A. Healthcare Sharing</p> <p>Impact Health Sharing is a not-for-profit healthcare sharing organization that facilitates the sharing/payment of one another's medical bills.</p> <p>This program is designed for sharing of medical expenses related to new conditions related to illness, injury or accident.</p> <p>To participate, members contribute a monthly share amount that is applied to the eligible medical bills of other members. The monthly share amount is based on the age of the oldest member in the household, the number of people applying (1, 2, or 3 or more), and choice of Primary Responsibility Amount. If certain criteria is met, a Body Mass Index (BMI) Assessment of \$125 per month will also be applied.</p>	I.A.	<p>A. Healthcare Sharing is Voluntary</p> <p>Healthcare sharing is a voluntary sharing arrangement that brings together individuals and families in the Impact community in voluntary acts of common good, consistent with our community's statement of shared beliefs.</p> <p>To understand the voluntary nature of healthcare sharing, please watch this video explanation by Impact's CEO, Phil Chrysler.</p> <p>Impact Health Sharing is not insurance, and these Sharing Guidelines are not a contract for insurance.</p> <p>The funds used to pay sharing requests belong to the collective Impact membership—not to Impact itself. Therefore, Impact must be a good steward of these funds: approving individual sharing requests that fall within these Guidelines, but not approving sharing requests that fall outside the Guidelines.</p>
I.B.	<p>B. Primary Responsibility Amount (PRA)</p> <p>The Primary Responsibility Amount (PRA) is the dollar amount a Household must pay toward their own Eligible Medical Bills during a 12-month period before their Eligible Medical Bills can be published and shared by the membership.</p> <p>All Eligible Medical Bills are subject to the annual PRA and co-share except the annual/well office visit and lab allowance as detailed in section III. D.</p> <p>The PRA 12-month period begins on the Membership Date.</p> <p>The PRA resets on the anniversary of your Membership Date. Your Membership Date is the date that your membership in the Impact Sharing Plan started.</p> <p>A member can change their PRA amount on the anniversary of their Membership Date.</p>	I.B.	<p>B. Eligible for Sharing—the General Case</p> <p>Generally, medical bills related to a new condition, injury or illness are eligible for sharing, subject to a Member's PRA and co-share amounts, subject to other limitations and exclusions set out in these guidelines.</p>
I.E.	<p>Telemedicine is shared on equal footing with all other medical expenses, but with a \$0 provider fee at the time of service. Telemedicine is subject to all other limitations of health sharing costs and is not a promise to pay or provide that service by either Impact or its membership. As with all other medical costs and expenses, contribution to Telemedicine remains voluntary.</p>	I.B.16	<p>Urgent Care Telemedicine</p> <p>Urgent care telemedicine conducted using our approved telehealth provider (found in the Member Center) has a \$0 provider fee at the time of service. Telemedicine is subject to all other limitations of health sharing costs and is not a promise to pay or provide that service by either Impact or its membership. As with all other medical costs and expenses, contribution to Telemedicine remains voluntary.</p> <p>Virtual Mental Health Care is eligible for sharing through a teletherapy provider approved by Impact (found in the Member Center).</p> <p>Members must pay 100% of the session consult fee at the time of service and may submit proper receipts to Impact for processing via the Medical Expense Form. Virtual Mental Health is considered a Specialist for provider fee purposes and subject to the PRA and co-share.</p>

III.E.

E. Not Eligible for Sharing

Bills related to the following are not eligible for sharing:

- Treatment that is in violation of the Statement of Beliefs and Ethics including illness or injury arising from grossly negligent acts, use of illegal drugs, abuse of alcohol or any illegal activity, whether or not an arrest is made, charges are filed, or a conviction results.
- Treatment related to current use of illegal drugs
- Residential drug/alcohol treatment
- Procedures or surgery that is not medically necessary
- Prophylactic (treatment intended to prevent disease) and preventive surgery without personal history of diagnosis and a doctor's recommendation
- Inpatient rehab
- Inpatient and Outpatient drug/alcohol rehabilitation
- Inpatient mental health services
- Nutrition services
- Alternative or naturopathic treatment
- Experimental treatment
- Genetic testing not required for treatment of an existing condition
- Hearing aids
- Non-prescription (over-the-counter) drugs and medical supplies/equipment
- Fertility/infertility treatment
- Direct Primary Care costs
- Medical marijuana
- Routine or preventive care not listed in Section D. above
- Sleep studies not related to a specific disease or disorder
- Treatment related to genetic defects, hereditary diseases, or congenital conditions present before membership
- Weight management treatment or procedures
- Dental or Vision services not related to a medical injury or illness.
- Orthotics are not eligible for sharing.
- Transportation to appointments
- Cosmetic, Transgender, or voluntary treatment or surgery
- Psychotropic medication
- Birth control
- Vaccinations and / or immunizations
- Treatment for members age 65 or older that is not Medicare-eligible
- Pre-Existing Medical Conditions (*See section III.E. below for changes to Pre-Existing Medical Conditions*).

I.D

D. Not Eligible for Sharing

Medical bills related to the following conditions are not eligible for sharing:

- Treatment that is in violation of the Statement of Beliefs and Ethics including illness or injury arising from grossly negligent acts, use of illegal drugs, abuse of alcohol or any illegal activity, whether or not an arrest is made, charges are filed, or a conviction results;
- Treatment related to current use of illegal drugs;
- Residential drug/alcohol treatment;
- Procedures or surgery that is not medically necessary;
- Prophylactic (treatment intended to prevent disease) and preventive surgery without personal history of diagnosis and a doctor's recommendation;
- Inpatient rehab;
- Inpatient and Outpatient drug/alcohol rehabilitation;
- Inpatient mental health services;
- Nutrition services;
- Alternative or naturopathic treatment;
- Experimental treatment;
- Genetic testing not required for treatment of an existing condition;
- Hearing aids;
- Non-prescription (over-the-counter) drugs and medical supplies/equipment;
- Fertility/infertility treatment;
- Direct Primary Care costs;
- Medical marijuana;
- Routine or preventive care not listed in the "Preventative Screening" or "Wellness" sections, above;
- Sleep studies not related to a specific disease or disorder;
- Treatment related to genetic defects, hereditary diseases, or congenital conditions present before membership;
- Weight management treatment or procedures;
- Dental or Vision services not related to a medical injury or illness;
- Orthotics;
- Transportation to appointments;
- Cosmetic, Transgender, or voluntary treatment or surgery;
- Psychotropic medication;
- Birth control;
- Vaccinations and / or immunizations;
- Treatment for members aged 65 or older that is not Medicare-eligible.
- Treatments, procedures, medications that are not FDA and CMS approved.

<p>IV.D.</p>	<p>D. Sharing Appeal</p> <p>A member can appeal bill-sharing decisions with which they disagree if he or she believes:</p> <ul style="list-style-type: none"> • the medical records were misread, or • the Guidelines were misapplied. <p>After a review by Impact Health Sharing, if the member disagrees with Impact Health Sharing's decision, the member has 90 days to request a review by a Seven Member Appeal Panel established by Impact Health Sharing. Impact Health Sharing and the member will both submit a written position statement to the panel. A teleconference will be held where the panel can ask questions of both the member and Impact Health Sharing. A simple majority vote (four out of seven) will carry the decision to share or not.</p>	<p>I.E.</p> <p>E. Discretionary Review of Sharing Requests</p> <p>Impact evaluates each sharing request under these Guidelines. At times, the validity of a Member's request may be unclear. In these situations, Impact must then exercise discretionary judgment, on behalf of the entire Impact membership, to evaluate the request, using common sense and fairness as a guide. Medical records may also be required to aid in determining if sharing is eligible.</p> <p>Impact is likely to deny a sharing request, and possibly cancel membership, where any of the following occurs:</p> <ul style="list-style-type: none"> • Pre-existing conditions were not fairly disclosed during the application process; • Relevant information appears to be obfuscated or changed during the sharing request process; • A member is abusive to Impact staff during the processing of a sharing request; • Failure to obtain requested medical records, and/or purposely withholding certain portions of medical records; • Violation of the guidelines, indicating that intent was apparently not accidental; or • Pre-approval for treatment for certain conditions was not obtained, where required.
<p>III.G.</p>	<p>G. Pre-Notification</p> <p>Members or providers are required to pre-notify Impact for any of the following treatments to be eligible for sharing:</p> <ul style="list-style-type: none"> • Cancer Treatment • Elective Cardiac Procedures • Inpatient/outpatient surgery • Non-emergency hospital/facility admission • Organ/Tissue Transplant Services • Maternity <p>Providers pre-notify by calling (855) 378-6777. Pre-notification of medical bills does not guarantee eligibility or sharing.</p> <p>Pre-notification enables Impact to inform the member about provider options and potential incentives available. If a member or their provider does not pre-notify Impact the member is subject to an additional co-pay of \$1,000 for the illness or event.</p>	<p>I.G.</p> <p>G. When Pre-Eligibility is Required</p> <p>Pre-eligibility is required for any of the following treatments to be eligible for sharing:</p> <ul style="list-style-type: none"> • Cancer Treatment • Elective Cardiac Procedures • Non-emergency inpatient/outpatient surgery • Organ/Tissue Transplant Services • Maternity • Imaging: MRIs and Nuclear Imaging (i.e. PET scans) <p>3-5 business day notice required, expedited review on a case-by-case basis. Medical records are required to determine pre-eligibility and failure to provide requested records for review will result in the bill being ineligible for sharing.</p> <p>Providers may request pre-eligibility by calling (855) 378-6777.</p> <p>Prepayment</p> <p>When pre-payment is requested, Impact will make every effort to negotiate with the provider/facility to ensure that we obtain a rate that is consistent with our permitted sharing level (120-160% of the The Centers for Medicare & Medicaid Services [CMS] rate). If the provider/facility is unable to provide a rate that meets our permitted sharing level, Impact will make every effort to find a provider/facility whose fees are closer to our permitted sharing level. The member can choose to see the provider of their choosing, but if the rate is more than our permitted sharing level, then prepayment and sharing will be limited to 200% of the CMS rate, and the member will be responsible for the remaining balance.</p> <p>Any bills paid in full by the member will be shared based off what was paid.</p>

<p>III.E.</p> <ul style="list-style-type: none"> • Pre-Existing Medical Conditions are conditions in which known signs, symptoms, testing, diagnosis, treatment, or use of medication occurred within 36 months prior to membership (based on medical records). <p>A known sign is any abnormality indicative of disease, discovered on examination/diagnostic testing before joining membership.</p> <p>A symptom is any subjective evidence of disease. In contrast, a sign is objective.</p> <p>A Pre-Existing Medical Condition is eligible for sharing after the condition has gone 36 consecutive months without known signs, symptoms, testing, diagnosis, treatment, or medication (based on medical records).</p> <p>If you have been diagnosed with cancer that is in complete remission, and you are only undergoing testing for surveillance purposes, then bills related to those services will not be eligible for sharing for the first 36 months of membership.</p> <p>If after 36 months you are without signs, symptoms, testing (other than surveillance testing), diagnosis, or treatment (medication), medical expenses related to that cancer diagnosis will be eligible for sharing.</p> <p>High blood pressure or high cholesterol that is controlled through medication will not be considered a Pre-Existing Medical Condition for purposes of determining eligibility for future vascular or cardiac events.</p> <p>The Pre-Existing Medical Condition limitations do not apply to members 65 years old and older.</p> <p>Please be aware that the 36-month pre-existing condition timeframe is based on the membership start date.</p>	<p>II.F.</p> <p>F. Preexisting Conditions</p> <p>Pre-Existing Medical Conditions are conditions in which known signs, symptoms, testing, diagnosis, treatment, or use of medication occurred within 36 months prior to membership (based on medical records). A known sign is any abnormality indicative of disease, discovered on examination/diagnostic testing before joining membership.</p> <p>A symptom is any subjective evidence of disease. In contrast, a sign is objective.</p> <p>A Pre-Existing Medical Condition is eligible for sharing after the condition has gone 36 consecutive months without known signs, symptoms, testing, diagnosis, treatment, or medication (based on medical records).</p> <p>If you have been diagnosed with cancer that is in complete remission, and you are only undergoing testing for surveillance purposes, then bills related to those services will not be eligible for sharing for the first 36 months of membership. If after 36 months you are without signs, symptoms, testing (other than surveillance testing), diagnosis, or treatment (medication), medical expenses related to that cancer diagnosis will be eligible for sharing.</p> <p>High blood pressure or high cholesterol that is controlled through medication will not be considered a Pre-Existing Medical Condition for purposes of determining eligibility for future vascular or cardiac events.</p> <p>The Pre-Existing Medical Condition limitations do not apply to members 65 years old and older.</p> <p>Take our quick and easy quiz to understand your pre-existing conditions and their impact on your membership.</p>
	<p>III.I.</p> <p>I. Pilot Programs</p> <p>Impact may, in its sole discretion, offer Pilot Programs to any segment or group of Members to test feasibility of new proposals and programs. The benefits offered in a Pilot Program may not be available to the entire Membership.</p> <p>Members not selected for participation in a Pilot Program are not entitled to the benefits of the Program unless and until Impact opens the Pilot Program to the entire Membership. Further, Members who receive benefits through a Pilot Program will no longer be entitled to those benefits once a Pilot Program has completed/ended.</p> <p>Participation in a Pilot Program is entirely voluntary.</p> <p>Any Pilot Program that is eventually opened to the entire Membership may also be ended by Impact without notice.</p>

		<p>IV.F. F. Late Fees and Cancellation Policy for Failure to Deposit Monthly Share</p> <p>A \$25 late fee will be assessed if a Member does not deposit the Monthly Share within 30 days after the due date. Membership will be cancelled if a Member does not deposit the Monthly Share within 60 days after the due date. The Cancellation Date will be retroactive to the last day of the month for which the last Monthly Share was deposited. Only Eligible Medical Bills incurred on or before the Cancellation Date will be considered for sharing.</p>
		<p>IV.G. G. Third Party Fiduciary Assessment Fee</p> <p>Member share payments are deposited into member-owned, not Impact-owned, bank accounts opened by the member at enrollment with our third-party fiduciary, America's Christian Credit Union. To complete the account setup, ACCU requires verification of identity. If the documents provided at enrollment do not meet ACCU's requirements, the member will be notified by Impact and will have 30 days to provide the identity verification documents. After 30 days, a \$100 assessment fee will be applied to the monthly share amount until the requested identity verification documents have either been emailed to info@impacthealthsharing.com or uploaded by the member in their member portal. Note: Impact will refund the assessment fee or fees once the member provides the requested documents.</p>
		<p>V.F. F. Negotiated Settlement Agreements</p> <p>On rare occasions, a provider and/or its billing agent may require impact to enter a negotiated settlement agreement to fully clear an outstanding bill incurred by a Member. In such cases, Impact will pay a specific amount toward the outstanding bill as per our guidelines and the settlement agreement, and the Member will be required to pay the remaining balance that represents the Member's Personal Responsibility Amount (PRA) and co-share. In such a case, Impact will be unable to release funds to the provider until the Member has fully paid his or her PRA/co-share in the amount specified in the negotiated settlement agreement. Failure by the Member to produce these funds in the timeline outlined in the settlement agreement can result in the settlement agreement being null and void by the provider and/or its billing agent. If the agreement is null and void and a new settlement agreement must be made, Impact will only share the lesser amount of the agreements, and the remaining balance will be the Member's responsibility.</p>