

## Katie Beckett Health Insurance Premium Assistance (HIPA)

### What is it?

This service is designed to reimburse your child's medical portion of your health insurance. This **does not** include reimbursement for the child's dental or vision plans. This service is only for Part B families.

### How does it work?

This is a **reimbursement service** meaning **YOU pay for it** up front and then Consumer Direct Tennessee (CDTN) will mail you a check OR issue a direct deposit (into your bank account).

**Tip:** You might be waiting a minute for the reimbursement check based on family feedback.

Consumer Direct Tennessee (CDTN) is the agency the Department of Disability and Aging pays to administer this service. You can visit their website here: <https://www.consumerdirecttn.com>

### Documentation needed to set up the service:

- Paystubs or documentation showing the monthly **medical** premium amount.
- Number of people covered under the monthly **medical** premium

### What to expect when setting up the service:

Your case manager will need to complete a HIPA budget worksheet to determine how much money you need to use to cover this service for the year.

This is how they determine that number and a template to help you prepare:

#### Template:

**Who pays** for the health insurance each month: **[Insert Parent Name]**

**How often** does [Insert Parent Name] pay for the health insurance (*medical only*): **Biweekly (twice a month)**

**How much** does [Insert Parent Name] pay for the health insurance (*medical only*) from *each paycheck*: **\$100**

**How many** people are on the health insurance plan: **4**

- Total cost of health insurance (*medical only*) each month: **\$200**
- Total number of people on the plan: **4**

- Child's portion of the health insurance (*medical only*) plan: \$200 (*total amount*) **divided by 4** (*total number of people on the plan*) = **\$50**

**Short version:** The parent will be *reimbursed* \$50 per month for this service if they submit the correct documents below to Consumer Direct Tennessee (CDTN).

### **Documentation needed to submit monthly:**

- **Proof that you paid for the health insurance each month**
  - This might be a copy of your paystub (if you pay it through your job)
  - This might be a receipt (if you pay for it a different way)
- **Reimbursement Form**
  - Here is a [fillable PDF version](#) of the form
  - Here is a [video](#) that explains how to fill out the form

*If your **premium changes** for any reason, including increase/decrease in price, birth of a child, marriage/divorce, etc. you will need to notify your case manager immediately to update your service plan.*

### **Got questions?**

**If interested in the service:** Contact your Department of Disability and Aging (DDA) or provider agency case manager. If you are unsure who your case manager is, you can contact the regional office in your area:

- **West Tennessee Regional Office:** (866) 372-5709
- **Middle Tennessee Regional Office:** (800) 654-4839
- **East Tennessee Regional Office:** (888) 531-9876

**If enrolled in the service:** CDTN's customer service team may be reached at [InfoCDTN@consumerdirectcare.com](mailto:InfoCDTN@consumerdirectcare.com) or **888-450-3242** to assist with questions regarding enrollment forms and payment information for consumer-directed services.