

REFERRAL FOR COST-SHARING PROTECTIONS¹

For individuals enrolled in a health insurance plan through the Health Insurance Marketplace with comprehensive cost-sharing protections under 45 CFR § 156.410(b)(2) or (3) (“zero cost-sharing variation” or “limited cost-sharing variation”).

1. This referral is being provided by [insert name of THO] Indian health program under the Purchased/Referred Care (aka contract health services) program for the following individual:

Patient Name: _____

Patient Date of Birth: _____

Date of Referral: _____

2. This referral is for the following covered items and services (**check one**):

All covered items and services: _____

All covered items and services pertaining to the following treatment / episode of care:

Specific items and services (list):

(1) _____

(2) _____

(3) _____

For information on this referral, please contact [INSERT NAME OF THO / INDIAN HEALTH PROGRAM] at [INSERT PHONE NUMBER, FAX NUMBER, AND / OR EMAIL ADDRESS OF THO].

NOTES TO PATIENT:

- ◇ **This referral does not serve as an authorization for payment by the Purchased/Referred Care Program (aka contract health services).**
- ◇ **A “plan referral” (e.g., prior authorization) may be required by the health plan prior to receiving an item or service. For questions on whether prior authorization is needed for a particular service, contact the health plan at: [INSERT PHONE NUMBER].**

¹ This referral meets the requirements under the Patient Protection and Affordable Care Act as specified in the FAQ document released by the Centers for Medicare and Medicaid Services on May 9, 2014.