



**MARTIN'S POINT®**  
HEALTHCARE

## Payment Policy

Policy Title: Acknowledgement and Financial Responsibility

Effective Date: 7/1/2022

Applies To: US Family Health Plan

### PURPOSE

This policy defines the limitations on billing a Martin's Point Health Care US Family Health Plan member and the process a provider must follow order to bill the beneficiary for Non-Covered Services.

### POLICY

Patients covered on TRICARE plans—like Martin's Point US Family Health Plan— must be held harmless for any additional charges above deductibles and other plan-determined cost shares (copayments/coinsurance) for covered services as outlined in the TRICARE Operations Manual. Beyond these member responsibilities, providers will look solely to the US Family Health Plan for payment for such covered services.

TRICARE outlines requirements for providers with TRICARE patients who are considering receiving services that are not covered. Providers must do the following to be able to assign financial liability to patients in the case of non-coverage:

1. Notify the Member in advance that services are not covered or, depending on a determination of medical necessity, may not be covered.
2. For services that may or may not be covered based on medical necessity provider should offer to submit an authorization request in advance of rendering services.
3. Member must agree in writing prior to services, acknowledging the that the services were noncovered or may not be covered and agree to pay for them. General agreements to pay, such as those signed by the beneficiary at the time of admission, are not evidence that the beneficiary knew specific services were excluded or excludable. Providers should complete the Martin's Point US Family Health Plan Patient Financial Responsibility or TRICARE Beneficiary Liability Form.

\*\*Provider who choose to use their own form and not the approved Martin's Point or TRICARE Beneficiary Liability Form may be held liable upon dispute. To prevent this Martin's Point strongly encourages the use of these forms.

## PROCEDURE

### Where to Find the Martin's Point US Family Health Plan Beneficiary Liability Form

Please go to: [https://martinspoint.org/-/media/Providers/Documents/Claims-and-Payments/US-Family-Health-Plan-Patient-Financial-Responsibility-Form\\_FHP.ashx](https://martinspoint.org/-/media/Providers/Documents/Claims-and-Payments/US-Family-Health-Plan-Patient-Financial-Responsibility-Form_FHP.ashx)

### How to Request a Medical Necessity Determination

Providers (the member's PCP or the servicing provider/facility) may request a preservice Medical Necessity Determination request through the TruCare ProAuth™ online authorization tool (Available at <https://martinspoint.org/For-Providers/Tools/Authorizations-and-Referrals>).

### How to Bill a Patient for Non-covered Services

If the patient has signed the US Family Health Plan Patient Financial Form acknowledging they were advised the service is not covered under the plan, the member will be financially responsible for charges at time of service. Contracted providers must submit a claim with the GY modifier appended to applicable non-covered line items. If a member elects to purchase a non-covered upgrade to the basic covered item, the providers must submit a claim with the basic code on line one and the deluxe features on subsequent lines with a GY modifier.

## SOURCES (Regulatory and Accreditation)

- TRICARE MANUALS
- CMS Claims Manuals

## REVIEW AND REVISION DATES

Approved by: Policy & Benefit Administration

Review Dates: 05/09/2022

Revision Dates: 05/09/2022, 11/29/2024