

Outpatient Reduced-Cost Simplified Application (ORSA)

Who is this program for?

ORSA will help pay for outpatient medical care at hospitals run by Los Angeles County, including emergency room visits, clinic visits, tests and medicines. Eligible patients may also use ORSA for care at County Comprehensive Health Centers (CHC), Health Centers (HC) and Multi-Service Ambulatory Care Centers (MACC) clinics.

What are the eligibility requirements?

Los Angeles County residents who are low income and do not have health insurance or a program that pays for outpatient medical care may be eligible for ORSA. Family income must be at or below 133% FIG in order to obtain no cost services. Those with incomes over 133% may still qualify by paying a liability (patients' portion of the cost) for visits. Applicants must provide acceptable proof of address to receive ORSA.

If individuals appear to be eligible for Medi-Cal, they must complete the Medi-Cal application and cooperate in the application process before they are able to apply for ORSA. If individuals appear to be eligible for Medi-Cal but do not want to apply, they will not be able to apply for ORSA. However, they may use the Pre-Payment Plan (see page 7-6).

Note: LA County uses the term Federal Poverty Level (FPL) to determine income guidelines for their programs; however the income amounts are equal to the FIG.

How does immigration status affect eligibility?

Satisfactory immigration status is not a requirement.

What benefits are covered?

ORSA covers outpatient medical care, tests, and medications at no-cost or low-cost. ORSA cannot be used for inpatient medical care.

How are services delivered?

Services are provided through Los Angeles County operated hospitals including emergency room visits, Comprehensive Health Centers, Health Centers and Multi-Service Ambulatory Care Centers. A copy of the ORSA agreement and clinic card is needed every time patient goes to a County hospital based clinic or any County clinic.

NOTE: Hospital emergency departments must provide emergency care to everyone regardless of immigration status or ability to pay.

What is the cost?

Under ORSA care is provided at no cost for individuals on General Relief (GR) or if, after income deductions, their monthly income is at or below 133% FIG, which is equal to \$1,207 per month for a family of one. If net income is greater than 133% FIG, the liability varies, depending on family size, resources, income and income deductions.

Are there resource limits?

Resources are items a family may own, such as cars, houses, jewelry, savings or checking accounts, etc. There are no resource limits; however, certain resources, (e.g., cash on hand, stocks, bonds, and checking/savings accounts, etc.) are counted to determine a liability if the net income is greater than 133% FIG.

What about other insurance?

Children and adults who have other coverage (e.g., Medi-Cal, Medicare, Healthy Families, private insurance, CCS, TRICARE, Family PACT, Cancer Detection Program Every Woman Counts, etc.) which pay for outpatient medical care are not eligible to ORSA.

NOTE: As of July 2009 Los Angeles County Residents receiving full-scope Medi-Cal may qualify for ORSA for those benefits Medi-Cal will no longer cover. These changes affect only the Multi-Service Ambulatory Care Centers (MACC), Comprehensive Health Care Centers (CHC) and Health Centers (HC).

How to apply:

County hospital or clinic financial staff can assist applicants with screening. Most applicants will only have to provide information about family size, income, and some of their expenses. The ORSA agreement is good for one year. At the end of one year, individuals will have to renew their coverage. Mail-in renewal is available. If eligible, applicants will be able to use ORSA at DHS facilities. Applicants who do not want Medi-Cal cannot apply for ORSA or the Public-Private Partnership (PPP) program described on page 7-5.

Contact/additional information:

Call 1-800-378-9919 or visit http://www.ladpss.org/dpss/health_care/pdf/ORSA-Centers.pdf to obtain names and locations of Los Angeles County DHS facilities where ORSA applications are taken. For more information visit: <http://www.ladhs.org>.



Assistor Tips!!!

- Most people will only have to provide verification information for family size, income and some expenses when applying for ORSA.
- Recipients must save income and expenses verification for six months from the month of application in the event that the applicant is randomly selected to provide verification.
- ORSA is good for one year. At the end of one year, the recipient will have to renew.
- Patients can apply for ORSA within one year of the time they receive outpatient medical care. If it has been longer than one year since they have received care and the bill has not been paid, ask clinic financial staff with help applying for Ability-to-Pay (ATP) to help pay for that bill (see page 7-3).