

Ability to Pay Plan (ATP)

Who is this program for?

ATP provides a range of medically necessary services, including inpatient, outpatient and medications, to low-income Los Angeles County residents at LA County hospitals or clinics.

What are the eligibility requirements?

ATP is for individuals and families who cannot afford to pay for their care and are not eligible for full-scope Medi-Cal. In addition, ATP can be a no cost or low cost way to pay for County hospital or clinic bills that are more than one year old and therefore would not be covered under ORSA. Applicants must be Los Angeles County residents.

NOTE: ATP can be used if applicants have other insurance that does not pay for certain needed services or if they have high deductibles under their insurance plans.

How does immigration status affect eligibility?

Satisfactory immigration status is not a requirement.

What benefits are covered?

ATP covers both inpatient and outpatient medically necessary services, including prenatal and maternity care and medications. If family members qualify for ATP at no cost, they can also get medications at no cost. If they qualify for ATP at a reduced cost, they can get medications at no extra cost.

How are services delivered?

Services are available at any LA County hospital or hospital-based clinic.

What is the cost?

Services under ATP are either no cost or reduced cost, depending on family size and income. The income requirements for hospitalizations are stricter than those for emergency and clinic care. Income is calculated after earned income deduction and other allowable deductions which include medical insurance, child care, and support payments. There is a separate charge for medications for patients who have a liability unless the prescriptions is filled on the same day as the clinic visit.

Are there resource limits?

Resources are items a family may own, such as cars, houses, jewelry, savings or checking accounts, etc. Resources do not count toward income for ATP (see chapter 2 page 8).

What about other insurance?

If patients have private insurance or outpatient Medicare, those would be used first before using ATP. ATP can be used to cover deductibles for private insurance but not for inpatient Medicare or Medi-Cal share-of-cost. Non-citizens on restricted Medi-Cal can use ATP for non-emergency care.

How to apply?

For inpatient hospital care, family members must apply each time they go to County hospitals. Approval is good for one month for inpatient care and one year for outpatient services. If a longer period of hospitalization is required, a new application is needed. Patients may be able to get an ATP screening appointment the same day as their visit, but urgent care cannot be delayed even if screening has not yet been completed. Application to ATP can be made at clinics (certain locations) or at County Hospitals or hospital-based clinics.

Contact information:

For a recorded message about Los Angeles County's low cost medical programs, call 1-800-378-9919 or visit <http://dhs.lacounty.gov>.



Assistor Tips!!!

- Enrollees need to report changes in income, resources and family size.
- In deciding which program is best suited to a family's situation, consider that ORSA covers outpatient care only, while ATP covers both outpatient and hospital services; however there is more paperwork and documentation required for ATP. Screeners at public health facilities can help patients decide which programs are most appropriate and should inform them if there may be a cost involved for each visit.
- Applicants need to re-apply every year.