



Ability-to-Pay Plan (ATP) & Pre-Payment

The ATP program assists individuals and families to obtain in-patient health care at County hospitals at no cost or at a lower cost, or to cover County hospital or clinic bills that are over 6 months old. The cost for services under ATP depends on the household's income and resources.

The Pre-payment Plan covers individuals and families who cannot afford the cost of their health care to obtain health care at County hospitals and clinics at a lower cost. The cost is from \$60 to \$400 for outpatient services at County clinics and County hospital outpatient departments depending on where, and what type of services are received.

For Pre-Payment:

- Families may use the "Prepayment" program for outpatient services and pay a fixed amount for services within seven days of receiving treatment. Families do not have to prove their income, resources or family size.
- Pre-Payment costs are: \$60 for clinic visits, \$80 for county hospital ambulatory care visits, \$80 for Comprehensive Health Center urgent care visits, \$120 for County Hospital emergency room visits, \$400 for Outpatient Surgery clinics. Prenatal services cost \$60 per visit for the first 7 visits (remaining visits are free) and \$2000 for the Child Delivery Plan.
 - ✓ **Note:** As of Oct. 1, 2003, only residents of Los Angeles County are eligible for the Prepayment and ATP programs. Legal U.S. residency status is not a factor, however, people with visas may not be considered L.A. County residents.

For ATP:

Who is eligible?

- Families unable to pay the full cost of their medical care may qualify for ATP with either no cost (see chart below) or at a reduced cost, depending on their income.
- ✓ **Note:** If the family has other health insurance that does not fully cover the cost of the services, or the type of services needed they could still be eligible for ATP services.

What are the income and resource limits?

- Resources are things that the family owns, any property (other than the home they live in), stocks, bonds, and bank accounts like a checking, savings, and money market accounts.
- A part of their resources count towards their income for the ATP program, resources do not count for the Prepayment Program.
- Family members can get old ATP outpatient bills covered at no cost if, after deductions (current taxes, medical insurance, child care, support payments, work transportation costs), their monthly income and resources are less than:

Family Size	Monthly Income Allowed
1	\$901
2	\$1,001
3	\$1,201
4	\$1,401
5	\$1,601
6	\$1,701

- For inpatient hospital care, family members must apply each time they go into a County hospital. However, approval is good for up to one month.
- Family members can get ATP inpatient care at no cost if, after deductions, their monthly income and resources are less than:

Family Size	Monthly Income Allowed
1	\$616
2	\$766
3	\$951
4	\$1,116
5	\$1,276
6	\$1,431

What services are offered?

- Under ATP people can get medical care and prenatal and maternity services. If they qualify for ATP with no cost, they also get medicines at no cost. If they qualify for ATP at a reduced cost, they get “critical” medicines at no extra cost.
 - Under Prepayment, people pay separately for medications, unless they are provided by the clinic where they are seen.

Does immigration status matter?

- No, but the family member seeking services must provide proof of an address in Los Angeles County.

What if I am not an L.A. County resident?

- If you do not live in L.A. County, or are here on a visa or work permit, you may qualify for the Out of County Discount Payment Plan. Patients with incomes below 350% FPL may qualify for a 5% discount on medical care received but would not have to pay more than what Medi-Cal would pay for the services received.

How/Where do people get services?

- Services are provided at any County hospital or clinic. Some clinics will schedule an ATP screening appointment on the same day someone sees a health care provider. However, if the person needs medical care, services cannot be delayed just because they have not had an ATP screening yet.

What if the family has health insurance?

- To qualify for ATP, family members must first use any medical benefits they have, such as private insurance or outpatient Medicare. ATP can cover a “deductible” for private insurance, but does not cover the inpatient Medicare deductible or any Medi-Cal Share-of-Cost obligation.

What papers are needed to apply?

- Families must request a financial screening appointment. They will need to show proof of address and identity, income, deductions, and resources. They could be asked to provide additional information.
- Families must report any changes in income, resources, or family size to the location where they had their appointment.

How do family members apply?

- Families may visit County hospitals and some clinics to start an application or they may call ahead to make an appointment. Call **800-378-9919** for the screening location that is most convenient.

What do people do if they have a problem getting services?

- If the ATP worker denies an application, or if the family does not agree with the fee, they should ask to meet with a supervisor, or the clinic administrator, or call 800-427-8700 to make a complaint.
- Families can also call the **Health Consumer Center of Los Angeles** at **800-896-3203** for additional help, including free legal assistance.