

**OLIVE VIEW-UCLA MEDICAL CENTER
PATIENT ACCESS
POLICY & PROCEDURE**

**NUMBER: 835
VERSION: 1**

**SUBJECT/TITLE: ABILITY TO PAY PLAN (ATP) PROCEDURES
POLICY:**

PURPOSE: To allow patients the opportunity to apply for the Ability To Pay (ATP) who are not linked or eligible for Medi-Cal and to ensure that appropriate referrals are made if linkage exists.

DEPARTMENTS: PATIENT FINANCIAL SERVICES

DEFINITIONS:

**PROCEDURE:
RESPONSIBILITY ACTION**

Financial
Screener/ATP
Worker

1. Briefly interview patient for third-party coverage (Medicare, Medi-Cal, Insurance, PHP, Champus, etc.)
2. Financially screen, verify the current address and identity per existing procedures.
3. Evaluate patient eligibility to Medi-Cal program by referring to the Medi-Cal Linkage and Referral Check List sheet (attachment I)
 - A. Circle applicable linkage and complete unemployed Parent Determination Worksheet when principal wage earner works over 100 hours, then refer potentially eligible patient to a Patient Financial Services Worker (PFSW).
 - B. If potential eligibility exists for Medi-Cal, explain that patient must apply and fully cooperate in the eligibility determination process.

NOTE: In order to be eligible for the ATP Program, Medi-Cal must not be denied for a reason of non-cooperation.

4. Evaluate patient status for ATP or ORSA eligibility, if they are not linked to Medi-Cal, by receiving the patient's visit through HIS.

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- A. Refer to Ability-To-Pay Plan Verification Checklist (attachment II)
 - B. Identify all documentation patient is required to bring to ATP application interview.
 - C. Inform patient that prior to processing the ATP contract, all required documentation must be obtained.
 - D. Inform patient that s/he has the primary responsibility for providing any required verification or clarification.
5. Sign patient in on the ATP Log, issue the next available number and instruct patient to wait in the Second Floor Lobby for number to be called to return to Office

NOTE: If patient does not have an OV card, instruct patient to obtain an OV ID card at the Boardwalk prior to waiting in lobby.

ATP Worker

1. Call next patient listed on the ATP Log to be interviewed for ATP Program.
2. Annotate ATP Log with worker's initials next to patient being interviewed and time patient was called. If patient does not answer, call patient three times and annotate the clock time on log.
3. Screen patient for eligibility to ATP program if patient presents one of the following documents.
 - a. Denial Notice of Action, MC 239 or other written proof of ineligible for Medi-Cal reasons other than failure to cooperate.
 - b. Approval Notice of Action for Emergency/Pregnancy related services, MC 239-LA.
 - c. Restricted Medi-Cal card.
4. Complete ATP Services Agreement, 6A11A, with patient (attachment III).
 - A. Note on Agreement if patient provided Denial Notice of Action MC 239 verifying Medi-Cal denial for reasons other than failure to cooperate.
 - B. Note on Agreement if patient provided notification of eligibility to restricted Medi-Cal benefits only.
5. Obtain LEADER printout reflecting denial code or eligibility to restricted

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Medi-Cal if Notice of Action unavailable.

6. Verify necessary documentation related to income, and/or property as required by ATP program.
7. Inform patient s/he has the responsibility to:
 - A. Make a diligent search to obtain the evidence necessary to verify or clarify the required items on the Services Agreement.
 - B. Make at a minimum, one contact with the appropriate person or organization from which the evidence is to be obtained.
 - C. Provide names and addresses of responsible relatives.
 - D. Provide acceptable address verification.
 - 1) California Driver's License
 - 2) California ID Card
 - 3) Current utility bill
 - 4) Postage paid letter addressed to patient
 - 5) Current rent receipt
 - E. Assign, where appropriate, all declared third-party coverage to the County of Los Angeles.
 - F. Complete and sign, under penalty of perjury, ATP Services Agreement.
 - G. Inform patient that ATP liability should be paid at time of each outpatient visit during period covered by ATP Services Agreement.
8. When applicant is cooperating in the verification process but has been unable to obtain evidence needed, initiate a request for verification to the person/organization utilizing a completed ABCDM 228, Applicant's Authorization for Release of Information.
9. If it has been determined that the requested evidence cannot be obtained by the applicant and it is decided that assistance should be extended, take the following action.
 - A. Document on the Services Agreement the reason why an affidavit is

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being used in lieu of other documentation, by listing all actions taken to obtain evidence required for verification.

- B. Secure from the applicant an affidavit dated and signed under penalty of perjury, which lists and describes the evidence in the same detail as, would be required of acceptable verification.

NOTE: Affidavits are to be used with constraint.

- 10. Certify eligibility period, if eligible, entering effective date as the date of the outpatient services.
- 11. Give patient copy of ATP Agreement.
- 12. Update clinic label and booklet with ATP eligibility period.
- 13. Enter all pertinent data related to ATP into HIS.
 - A. Depart patient from ATP Clinic per existing procedures.
 - B. Update address for patient visits as necessary.
 - C. Update carrier code to reflect ATP approval.
- 14. Submit completed agreement to supervisor for validation.
 - 1. Review ATP Agreement for accuracy and completeness.
 - 2. Verify inconsistencies.
 - 3. Authorize ATP Agreement as appropriate.

References:	
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