County of Los Angeles   **Department of Health Services**

OLIVE VIEW-UCLA MEDICAL CENTER
REVENUE MANAGEMENT
POLICY & PROCEDURE

<div align="right">

NUMBER: 869
VERSION: 1

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SUBJECT/TITLE: **THIRD PARTY LIABILITY / ACCIDENT PATIENTS**

POLICY: Identify and process cases involving possible compensation for treatment of patients that have been involved in an accident.

PURPOSE: To establish procedures for identifying and processing accident cases when a patient was involved in an accident that seems to be compensatory nature.

NOTE: "Accident" in this context refers to any injury or illness for which some other person or employer may be held liable under Civil Law".

DEPARTMENTS: **REVENUE MANAGEMENT**

DEFINITIONS:
I.   Industrial/Occupational injury.
II.   Auto Accident
III.   Injuries sustained in a public building/property or another person's home/property.
IV.   Medical malpractice.

PROCEDURE: **ADMITTING/PRESCREEN STAFF:**

I.   Interview and financially screen patients per existing Procedure

II.   Determine patient was involved in accident whereby they may be compensated for injuries incurred *(potential Third Party Liability TPL/Accident patient)* i.e.,
   A.   The Third Party has liability insurance or Workers Compensation Insurance *(Industrial Accident-IA)*.
   B.   Patient has filed or intends to file a claim or lawsuit.

III.   Obtain name, address, and telephone number of responsible party.

IV.   Identify patient as a Non-Medi-Cal recipient:
   A.   Complete Accident/Illness Data Report – PA 971, and Accident Lien – DC 83A, copy to patient and bank file.

V.   Identify patient as a Medi-Cal Beneficiary/Recipient:
   A.   Inform patient of Medi-Cal Regulations that require a patient to report accidents to DPSS Eligibility Worker or DHS PFSW.

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VI.   Document activity on Chron Log.
    A.   Name of Agency
    B.   Contact person, name and telephone number
    C.   Authorization number and any other information given by the contact person
    D.   Worker's name and title
    E.   Date and time of contact

VII.   Update patient demographic information in Online Real Time Centralized Health Information Database *(ORCHID)*.

VIII.   Complete admission process per existing procedure.

IX.   Review folders for accuracy, completeness, and place in file for review.

ADMITTING SUPERVISOR OR DESIGNATED WORKER:

I.   Review and submit folder per established procedures to Inpatient Financial Service for further financial follow up and final billing.

References:		
Approved by: Bonnie Bilitch (Chief Nursing Officer), Judith Maass (Chief Executive Officer), Rima Matevosian (Chief Medical Officer)		Date: 07/15/2019
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