DHCS LIEN PROCESS:
WORKER'S COMPENSATION

Injury is reported from the DIR or via Online Forms

DHCS checks for Medi-Cal eligibility

If ineligible, DHCS sends a "no eligibility letter" to the submitting party.

If eligible, a Personal Injury case is created

A DHCS Representative will contact the attorney, insurance, or beneficiary to request a filed complaint or written demand.

Final Date of Treatment (FDOT) or Settlement Date (SD) available?

If not, a DHCS Representative will contact the attorney, insurance, or review the Electronic Adjudication Management System (EAMS) for the FDOT/SD information.

Prior to ordering payment data DHCS will allow 120 days to pass from FDOT or SD, whichever occurred first.

Per Welfare & Institutions Code section 14115, **providers have up to one year** from the date of service to bill Medi-Cal. Providers typically bill Medi-Cal within four months of the date of service.

DHCS orders payment data from Managed Care Plan (MCP).

Data may be ordered from multiple MCPs if the beneficiary is enrolled in multiple plans during the treatment period.

MCPs usually respond to DHCS' request for records **within 120 days. However, additional time may be needed** when records need to be ordered from multiple Independent Physician Associations (IPAs).

Once payment data arrives, a DHCS Representative will review and create a lien, if applicable.

DHCS will send a "lien" or "no lien" letter to the appropriate parties and file applicable liens in EAMS.

COLOR KEY

- Attorney, Insurance, or Beneficiary
- DHCS Process
- Collection Representative

DHCS | Third Party Liability and Recovery Division