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State of California—Health and Human Services Agency
Department of Health Care Services



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GOVERNOR

April 6, 2017

Medi-Cal Eligibility Division Information Letter

No.: I 17-06

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: DHCS FORM 6168 MODIFICATION

The purpose of this Medi-Cal Eligibility Division Information Letter is to inform counties of an update to the submission process for potential third party liability notifications. The Department of Health Care Services (DHCS) has adopted a new method of accepting notifications for personal injury and workers compensation actions electronically through the DHCS website.

DHCS identifies funds which Medi-Cal paid on behalf of beneficiaries in personal injury and workers compensation actions. Therefore, if a Medi-Cal beneficiary filed, or plans to file, a lawsuit or insurance claim against a liable third party, DHCS must be notified of the matter pursuant to Welfare and Institutions Code Section 14124.70 et seq.

Previously, Form DHCS 6168, "*Potential Third Party Liability Notification*" was completed by the counties and sent to DHCS via U.S.mail. Form DHCS 6168 has been modified to inform users that such notifications can now be submitted electronically through the DHCS website at:

http://www.dhcs.ca.gov/services/Pages/TPLRD_PI_OnlineForms.aspx.

From this webpage, counties will need to select the appropriate option:

- PI - Step 1: Personal Injury Notification (New Case), or
- WC - Step 1: Workers' Compensation Notification (New Case).

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To fill out and submit the electronic form you will need to provide:

- Beneficiary's first and last name;
- Beneficiary's date of birth;
- Beneficiary's Medi-Cal number;
- Date of injury;
- Type of accident;
- Final date of treatment related to the injury with a Medi-Cal provider, if known;
- Beneficiary's attorney information, if applicable;
- Third Party Insurance (Causer's) information, if known;
- Date of settlement, if known.

The county representative should fill out the form completely; however, if any information is unknown the field should be left blank.

After receiving a notification, DHCS will review the form and verify eligibility. Once verified, the beneficiary (or his/her representative) and the insurer(s) will be notified that a case has been established. No other action or follow-up is required from county representatives.

Thank you for your attention to this matter. If you have any questions or comments, regarding the information in this letter, please visit <http://dhcs.ca.gov/PI>, or you may also call the forms support unit at (916) 445-9891.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division