



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

September 27, 2012

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 12-25
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: Workers' Compensation Recovery Program (WCRP) Reporting Requirements

The purpose of this letter is to clarify reporting requirements when it is determined that a Medi-Cal beneficiary has been involved in a work-related injury.

DEPARTMENT RECOVERY RIGHTS:

The Department of Health Care Services (DHCS) has statutory lien/claim rights in Workers' Compensation (WC) matters involving a Medi-Cal beneficiary pursuant to Welfare and Institutions Code Sections 14124.70-14124.79. DHCS retains sole lien/claim rights in all third party actions.

DHCS contracts out the identification and collection of WC cases, also known as the Medi-Cal WCRP. The Contractor acts on behalf of DHCS to recover Medi-Cal paid services from WC cases. The current WCRP contractor is Health Management Systems (HMS).

WORK RELATED INJURIES:

When an injury occurs at work, a claim can be made with the WC insurance carrier. If the carrier disputes the injury, a claim can be filed with the Workers' Compensation Appeals Board (WCAB). DHCS, through its Contractor, files a claim for reimbursement of Medi-Cal paid services relating to the injury.

COUNTY RESPONSIBILITIES REGARDING WORKERS' COMPENSATION CLAIMS:

Counties are required to notify DHCS within ten days of knowledge that a third party may be liable for payment of Medi-Cal paid services for a Medi-Cal beneficiary. For personal injury cases, the county is required to notify DHCS directly. For Medi-Cal paid treatments that involve a **work-related injury**, the county should notify HMS directly at the following address:

Health Management Systems
660 J Street #270
Sacramento, CA 95814
Telephone No. (916) 760-5100
Facsimile No. (916) 854-1850

Notices shall include the following:

- 1) Member's Name, Address, and Telephone Number
- 2) Medi-Cal Benefits Identification Card (BIC) number
- 3) Date of Injury
- 4) Type of injury
- 5) Attorney's Name, Address, and Telephone Number (if applicable)
- 6) Insurance Company's Name, Address, and Telephone Number (if applicable)
- 7) Employer's Name, Address, and Telephone Number
- 8) WCAB Number (if applicable and known)

Questions relating to the contents of this letter should be directed to Ms. D'Andria Anderson, WC Contract Manager, at (916) 650-6572.

Original Signed By

Azadeh Fares, Chief (Acting)
Medi-Cal Eligibility Division