DHCS Lien Flowchart:
Class Action

Attorney, Insurance, or Beneficiary
DHCS Process

Injury is reported to DHCS.

- In order to proceed with the lien process, the date of injury, primary injury, settlement date, and award value must be provided.

DHCS checks for Medi-Cal eligibility.

- Eligibility verification takes **30 days to complete. However, additional time may be needed** if Medi-Cal eligibility needs to be determined for multiple beneficiaries. Per Welfare and Institutions Code 14124.76, no settlement, judgement, or award is final until Medi-Cal has had a reasonable time to produce and satisfy the Medi-Cal lien.

If eligible, a Class Action case is established.

- If ineligible, DHCS will notify the submitting party.

Prior to ordering payment data, DHCS will allow 120 days to pass from the settlement date.

- Per Welfare and 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 servicess.
- By requesting payment data no earlier than 120 days after the settlement date, DHCS is allowing sufficient time for providers to bill Medi-Cal.

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

- Data may be ordered from multiple MCPs if the benficiary 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.** Records may need to be ordered from multiple Independent Physician Associations (IPAs).

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

- Reviewing the payment data usually takes **between 30 days and 60 days. However, additional time may be needed.**

DHCS will send a "lien" or "no lien" letter to the appropriate parties.