STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

May 19, 1988

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 88-34

SUBJECT: TO PROVIDE INSTRUCTIONS FOR IMPLEMENTATION OF A STANDARDIZED POTENTIAL THIRD PARTY LIABILITY FORM.

Background

Title 22 California Code of Regulations (CCR) Section 50771 (d) requires county welfare departments to provide information to the Department of Health Services when a beneficiary receives health care services as a result of an accident or injury caused by some other person's action or failure to act. Currently each of the 58 counties is using its own format for submitting third party liability information to the Casualty/Workers' Compensation Section. The information received is not always complete; and in other cases the reports contain superfluous information, or may be altogether inappropriate in situations where there is no potential for recovery from a liable third party.

Medi-Cal is currently recovering approximately $18 million annually from casualty and workers' compensation cases. It is expected that these savings can be increased and the county workload reduced by the use of a standardized format to report these cases.

Instructions

1. Reproduce copies of the attached Notification of Potential Third Party Liability as needed and distribute to appropriate county staff with instructions on its use.

2. Upon discovery that a Medi-Cal beneficiary received medical care services under the program as a result of an accident, injury or illness caused by a third person's acts or failure to act, and either (a) the beneficiary intends to file a claim or lawsuit against the liable third party or (b) the liable third party has insurance or Workers' Compensation, complete an original and one copy of the Notification of Potential Third Party Liability. Do not complete a form unless these conditions are present.

3. Mail the original form to the Casualty/Workers' Compensation Section on a flow basis as the information is discovered.

4. File the copy in the Medi-Cal beneficiary's case file.

You may contact Marcia Freer, Casualty/Workers' Compensation Section, Collection Support Group, at 323-0157 if you have any questions.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

Expiration Date: April 30, 1989

NOTIFICATION OF POTENTIAL THIRD PARTY LIABILITY

Date: _____

To: Department of Health Services
Casualty/Workers' Compensation Section
P. O. Box 2471
Sacramento, CA 95812-2471

From:
County Agency _____
Address _____
_____
_____

COMPLETE THIS FORM ONLY WHEN ONE OR MORE OF THE FOLLOWING APPLY

The county receives information that a Medi-Cal beneficiary has used or will use Medi-Cal for an injury or illness resulting from a potentially liable third party and:

1. The third party has liability insurance or Workers' Compensation insurance
2. The beneficiary has filed or intends to file a claim or lawsuit

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POTENTIAL THIRD PARTY LIABILITY INFORMATION

Medi-Cal beneficiary's name _____

Present address _____
_____

Medi-Cal identification number (14 digit) _/_/-_/_/-_/_/_/_/_/_/_/-_/_/_/

Social Security number _/_/_/-_/_/-_/_/_/_/

Date of Birth _____

Date of Injury _____

Beneficiary's attorney _____

Attorney's address _____
_____

Liable insurance carrier (if available)_____

Liable insurance carrier's address (if available)_____
_____

Workers' Compensation Case Number _____

Comments:

Eligibility Worker's Name	E. W.'s Number (if applicable)	Telephone Number