

MEDICARE

Beneficiary Name: _____

DOI: _____

DOB: _____

Date age 65: _____

2 yrs post DOI: _____

Is Patient Disabled? Yes No **SSDI:** Yes No **Medi-Cal:** Yes No Unk **Medicare:** Yes No Unk

MEDICARE

A. Giving Notice

		Yes	No
1.	Does client have Medicare? Medicare Number: _____		
2.	Contact Medicare Benefits Coordination & Recovery Center (BCRC) to report a liability, auto/no-fault, or workers compensation case (available from 8a to 8p Eastern time, except holidays, at: 1-855-798-2627.) Date BCRC contacted: _____		
3.	Provide proof of representation to Medicare. This may be accomplished by sending BCRC a copy of the signed and dated retainer agreement with the beneficiary. Date provided: _____		
4.	Calendar 30 days from date of contact (see #2) to receive the rights & responsibilities letter. 30 DAY DATE: _____		
5.	Rights & responsibilities letter received? Date received: _____		

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		Yes	No
6.	Calendar 65 days from receipt of the rights & responsibilities letter to receive the interim Conditional Payments Letter (CPL) and Payment Summary Form (PSF). 65 days: _____		
7.	CPL/PSF received? Date received: _____		

B. Obtaining the Lien – Upcoming Court or Mediation Date

		YES	NO
1.	Is there an upcoming court or mediation date? Date of hearing: _____		
2.	Contact BCRC (1-855-798-2627) to obtain current conditional payment data and to request updated conditional payment letter. Date called: _____ Conditional payment as of this date: _____		
3.	Updated conditional payment letter (CPL) and payment summary form (PSF) received Date received: _____		

D. Obtaining the Lien – Case Settled

MEDICARE

		YES	NO
1.	Has case settled? Date of settlement: _____		
2.	Notify Medicare of settlement. Fax Final Settlement Detail Document including itemization of costs to 1-405-869-3309, or submit via MSPRP portal. Date Final Settlement Detail Document submitted: _____		
3.	Calendar 30 days to receive Conditional Payment Notification (CPN) letter. This is not the final demand. 30 days: _____		
4.	Conditional payment notification received? Date received: _____		
5.	Calendar 30 calendar days from receipt of CPN to dispute any items, services, or claims that should not be included on the CPN. 30 day deadline to send written dispute of claims: _____		
6.	Were any claims disputed?		
7.	If claims disputed within 30 days of receipt of CPN, calendar 45 days for BCRC to make a determination of the dispute. 45 days from written dispute: _____		
8.	If no claims disputed , calendar 60 days from issuance of CPN to receive formal recovery demand letter (use date from #4 above). 60 days from receipt of CPN: _____		

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		YES	NO
9.	Recovery demand letter received? Date received: _____		
10.	Calendar 60 days from receipt for deadline to submit payment to Medicare. Interest is assessed after 60 days. 60 day payment deadline: _____		
11.	Was settlement check received within 60 days? Date received: _____		
12.	If yes to #11, issue check to Medicare. Date paid: _____		
13.	If no to #11, contact BCRC to advise of delayed receipt of settlement funds. Date notified: _____		
14.	Was settlement check received after 60 days? Date received: _____		
15.	If yes to #14, submit written Valid Documented Defense, e.g., request for reconsideration of assessment of interest, with copy of check showing date of check after 60 days from demand letter. Date valid documented defense sent: _____		

MEDI-CAL

Beneficiary Name: _____

DOI: _____

DOB: _____

Date age 65: _____

2 yrs post DOI: _____

Is Patient Disabled? Yes No **SSDI:** Yes No **Medi-Cal:** Yes No Unk **Medicare:** Yes No Unk

MEDI-CAL

A. Giving Notice (*Welfare & Institutions Code §14124.73*)

		Yes	No
1.	Does client have Medi-Cal? Medi-Cal Number: _____		
2.	Provided Medi-Cal written notice of litigation within 30 days of filing the action by using the Step 1: Personal Injury Notification (New Case) form on the online portal: www.dhcs.ca.gov/services/Pages/TPLRD_PI_OnlineForms.aspx Date notice was given: _____		
3.	Calendar 30 days to receive confirmation of notification from DHCS 30 DAY DATE: _____		
4.	Confirmation of notification received? Date received: _____		

B. Obtaining the Lien – Upcoming Court or Mediation Date

MEDI-CAL

		YES	NO
1.	Is there an upcoming court or mediation date? Date of hearing: _____		
2.	Alert Medi-Cal <u>immediately</u> of upcoming date and need for Medi-Cal lien. Use Step 2: Case Update or Additional Documentation (PI) form on the online portal: www.dhcs.ca.gov/services/Pages/TPLRD_PI_OnlineForms.aspx . Date alerted: _____		
3.	Follow up with Medi-Cal 30 days before court or mediation date if no lien received, and as needed thereafter until preliminary lien received: 30 days before: _____		
4.	Preliminary lien received: Date received: _____		

C. Obtaining the Lien – Client Completed Treatment

		YES	NO
1.	Has client completed treatment for the injury? Date treatment completed: _____		
2.	Notified Medi-Cal of treatment completion. Use Step 2: Case Update or Additional Documentation (PI) form on the online portal: www.dhcs.ca.gov/services/Pages/TPLRD_PI_OnlineForms.aspx Date Medi-Cal notified: _____		
3.	Calendar 150 days from notification to receive lien: 150 days: _____		
4.	Follow up <u>regularly</u> with Medi-Cal until lien received. Use Step 2: Case Update or Additional Documentation (PI) form on the online portal: www.dhcs.ca.gov/services/Pages/TPLRD_PI_OnlineForms.aspx Follow up date: _____ Follow up date: _____ Follow up date: _____		

D. Obtaining the Lien – Case Settled

		YES	NO

MEDI-CAL

1.	Has case settled? Date of settlement: _____		
2.	Notify Medi-Cal of settlement, fees, and costs. Use Step 2: Case Update or Additional Documentation (PI) form on the online portal: www.dhcs.ca.gov/services/Pages/TPLRD_PI_OnlineForms.aspx Date Medi-Cal notified: _____		
3.	Calendar 150 days from notification to receive lien: 150 days: _____		
4.	Follow up <u>regularly</u> with Medi-Cal until lien received. Use Step 2: Case Update or Additional Documentation (PI) form on the online portal: www.dhcs.ca.gov/services/Pages/TPLRD_PI_OnlineForms.aspx Follow up date: _____ Follow up date: _____ Follow up date: _____		

Marsha Barr-Fernandez is a partner at Heimberg Barr LLP. Since starting the practice of law in 1999, Marsha has maintained an active practice throughout California, representing consumers who have suffered catastrophic injuries. Marsha has negotiated hundreds of Medi-Cal and Medicare liens upon settlement of her cases.