

LIEN
RECOVERIES

1. To obtain information about a Medicaid member's enrollment status or an itemization of lien against a personal injury claim, the member or their authorized representative shall furnish DMAS or its designated representative with any information that DMAS or its designated representative shall request. DMAS or its designated representative shall determine the form of communication by which it will receive information. The following information is required to be furnished to DMAS or its designated representative:

- a. A letter of representation signed by the Medicaid member or their authorized representative and dated within the last twelve months (if the request is made by a representative).
- b. A HIPAA-compliant release form signed by the Member and dated within the last twelve months that authorizes both DMAS and the Office of the Attorney General (OAG) to disclose medical information to the member or their authorized representative and to any other third parties or contractors that are or will be involved with the lien.
- c. The full legal name of the Medicaid member.
- d. The full social security number of the Medicaid member.
- e. A copy of the front and back of the Medicaid member's health insurance card(s).
- f. A description of the member's injuries sustained as a result of the accident.
- g. An itemized statement of the Medicaid member's medical damages including providers and dates of service, along with copies of medical bills.
- h. The date and location of the accident, the identities of all parties involved in the accident, and a copy of the police report (if available).
- i. The full name, mailing address, telephone number, and email address of the authorized representative named in the HIPAA release to whom DMAS should direct communications about the Medicaid lien.
- j. If any of the required information changes after the date the information is submitted to DMAS, the member or their authorized representative shall notify DMAS of the change as soon as the new information is made available to the member or their authorized representative.

2. To make a request for a reduction of any portion of a Medicaid lien, the member or their authorized representative shall furnish DMAS or its designated representative with any information that DMAS or its designated representative shall request. . DMAS or its designated representative shall determine the form of communication by which it will receive information. The following information is required to be furnished to DMAS or its designated representative:

- a. The member's prognosis and anticipated future treatment expenses.
- b. If the member is permanently disabled as a result of the accident, the disability rating.
- c. The member's current income, financial resources, and employment status.
- d. The amount of all other liens or claims against the members personal injury claim.
- e. Whether any liability insurance policies are available, and if so, the amount paid by each, and the policyholder's name for each.
- f. If any settlements have occurred related to the accident, including the amount of the settlement, the terms, and a copy of the signed settlement agreement.
- g. If any lawsuits have been filed related to the accident, the jurisdiction and case number, a copy of the Complaint and any other filings.
- h. The amount of all medical reimbursement payments coverage related to the accident, such as Medical Payments Insurance, also known as "medpay."
- i. An itemized statement of all attorney's fees and costs and any voluntary reductions.
- j. A written explanation of why the request is being made, along with details about the compromise or waiver that is being requested and any other facts or documentation that are being relied upon to support the request.
- k. If any of the required information changes after the date the information is submitted to DMAS, the member or their authorized representative shall notify DMAS of the change as soon as the new information is made available to the member or their authorized representative.

3. To make a request to remove charges contained in DMAS's itemization of lien that are believed to be unrelated to the personal injury claim of the member, the member or their authorized representative shall furnish DMAS or its designated representative with any information that DMAS or its designated representative shall request. DMAS or its designated representative shall determine the form of communication by which it will receive information. The following information is required to be furnished to DMAS or its designated representative:

- a. A written statement detailing the specific charge(s) that the member or its authorized representative believes is unrelated to the personal injury claim.
- b. Any and all documentation from the member or its authorized representative to any third party detailing claimed medical damages, itemized medical bills, or other related information, including, but not limited to, demand package(s), list of medical specials, correspondence concerning medical damages, etc.
- c. Any and all documentation showing where the member or its authorized representative informed any third party that certain charges were unrelated.

4. To initiate and execute the lien process:

- a. DMAS is lawfully required to seek reimbursement from a responsible third party to recover medical costs paid on behalf of a Medicaid Member, due to injury. Ensuring that the responsible third party assumes liability and pays for the medical expenses, aims to protect state/federal funds, without impacting taxpayer dollars. The lien process is utilized when the injured individual is a current Medicaid Member; when the injury is due to the negligence of another party; and when the Medicaid Member seeks recompense/damages from the at-fault/third party.
- b. An injured Member, through their own power or via a legal representative, is legally obligated to inform DMAS of a personal injury claim filing. DMAS then pursues a lien against any prospective award, and that award represents the actual healthcare expenses that DMAS covered for the injury.
- c. Following the medical claim processing, the injured Member or their legal representative can seek a lien payoff from DMAS. To expedite the lien process, within 60 days of the injured Member's initial request, DMAS must provide an itemized expense listing and a final demand for payment.