

Casualty Recoveries by the Division of Third Party Liability Frequently Asked Questions

1. **My client keeps calling our office and demanding an update on their case, and we are waiting on DHS to provide a statement of claim. We are unsure of what to tell our client and now they are threatening to report the firm for neglecting their case. How could we get DHS to elevate the priority of our request if we have a “crisis” situation.**

If there is an emergency (extremely time-sensitive issue), you may email TPL to request consideration for the priority to be elevated. **Refer back to #7 on Requesting a statement of claim from DHS.**

An example of an emergency situation would be if arbitration is scheduled in less than 1 week and you just found out, or Medicare has provided their claim and the 30-day clock is set in motion before additional interest will be deducted from the settlement.

2. **My client is calling me about a “Medical Services Questionnaire” form that was received from DHS. What is this form?**

[Medical Services Questionnaire](#)

All states are mandated under Federal law to insure Medicaid is the payer of last resort and to establish a Trauma Code Tracking (TCT) process. The medical services questionnaires (MSQ) are sent to MA recipients for aggregated paid claims containing trauma diagnosis codes.

All MSQs include a self-addressed, postage paid envelope for ease in returning the completed form. TCT keeps an aggregated claim amount based on the MA amount paid on each claim line.

The first MSQ is sent for aggregated paid claims of \$250 or more, requesting information on any third party. This amount was established through a waiver received from the former Health Care Financing Administration (HCFA) now known as Centers for Medicare and Medicaid Services (CMS). The client has thirty (30) days from the date on the first MSQ to return it.

If no response is received within thirty (30) days of the date of the first MSQ and the aggregate claim amount reaches \$1,000 or more, a second MSQ is sent.

If no response from the second MSQ is received within thirty (30) days and the aggregate claim amount reaches \$5,000 or more, a third MSQ is sent to the client's Income Maintenance Caseworker (IMCW).

If the client is still active on MA, the IMCW contacts the client to secure details on any liable third party for payment of all aggregated paid claims. The IMCW interviews the client; then completes and returns the MSQ to contractor.

If the client does not respond to the IMCW, the IMCW initiates steps to close the client's

case. In the event the case is already closed the IMCW puts the MSQ in the client's file and enters a narrative on the case in the event the client reapplies at a later date for benefits

If the client reapplies at a later date to have their case reopened, the intake worker will see the MSQ in the file and ensure it is completed before reopening the case. TPL staff review the responses to determine liability. If liability exists, a case is opened and recovery is pursued. Liable third party information is verified by obtaining any missing data related to the parties identified on the MSQs.

3. What happens if my client is receiving Workers' Compensation?

The responsibility for recovery is dictated by the entity paying the claims. Claims paid by an MCO are pursued for recovery by the MCO. Fee-for-service claims that have been paid will be pursued by TPL.

If for any reason the MCO fails to respond to the attorney or issues a notice or statement to indicate they will not pursue, then the entire recovery will be handled by TPL.

The attorney must provide the name and address of the carrier so that DHS can put the carrier on notice of a claim. If there is a favorable decision from the Workers' Compensation judge or from a civil court judge, DHS is entitled to reimbursement. The carrier, which has been put on notice, is obligated to reimburse the DHS before distributing the money. Public Welfare Code (§§ 1401-1412), Title 23 P.S. § 4326 (g)(1) provides that "Every insurer doing business within this Commonwealth shall be obligated ... to make payment on such claims directly ... in the case of Medical Assistance patients, to the department."

4. Why does it take so long to get a response on a claim request?

DHS receives several hundred documents daily by letter, email and fax. If the request is not complete, e.g. the injuries are not included, and then staff will need to contact the requestor to obtain the missing information before proceeding with the casualty process. Please refer back to Step 1 above "Requesting a SOC." The SOC request form requests all the required information.