

MEDICARE LIEN CONTACTS

GENERAL CONTACT NUMBER:

1-866-677-7220

FOR LIEN INFORMATION

Call:

MEDICARE RECOVERY CONTRACTORS

1-800-999-1118

Or write to:

MEDICARE COORDINATION OF BENEFITS

P.O. Box 5041

New York, N.Y. 10274-5041

INCLUDE:

Name of beneficiary

Medicare number

Date of incident/accident

Nature of illness/injury

Name/address/policy number of additional insurance

Name/address of attorneys

Names of other Medicare beneficiaries involved

Human Resources Administration

Investigation Revenue and Enforcement
Administration

Division of Liens and Recovery

Human Resources Administration

Investigation Revenue and Enforcement Administration

Division of Liens and Recovery

Division of Liens and Recovery

- The Division of Liens and Recovery is responsible for:
 - Filing liens against Personal Injury Lawsuit settlements
 - Filing liens against property (homesteads) of applicants for Public (Cash) Assistance and Nursing Home care.
 - Monitoring the annual accounting submissions of Supplemental Needs Trusts

Division of Liens and Recovery Liens against personal injury lawsuit settlements

- The Division obtains information on personal injury lawsuits from various sources including:
 - New York State Office of Court Administration
 - New York State Personal Injury Clearinghouse File (Medicaid Inspector General's Office)

Division of Liens and Recovery Liens against personal injury lawsuit settlements

Process

- Letter mailed to plaintiff's law firm advising of HRA's interest in the case.

Division of Liens and Recovery
Liens against personal injury lawsuit settlements

Process

- Notice of lien with cover letter indicating medicaid and public assistance portion of lien mailed to:
 - Plaintiff law firm
 - Plaintiff
 - Defendant law firm(s)
 - Defendant (defendant copy sent to defendant attorney)
 - Insurance Company (if known)
 - NYC County Clerk (receives an electronic copy)

Division of Liens and Recovery
Liens against personal injury lawsuit settlements

Process

- The initial public assistance lien amount is accurate.

Division of Liens and Recovery
Liens against personal injury lawsuit settlements

Process

- The initial medicaid lien amount is a rough estimate. It reflects the total amount of medicaid expended from the date of incident forward one year (with some exceptions) An accurate medicaid lien amount would only reflect incident related expenditures from the date of incident to present.

Division of Liens and Recovery
Liens against personal injury lawsuit settlements

Process

- Updated/Final lien request fax forms are included in the mailings to firms. Firms are instructed to return the form to the Division via fax to obtain an "updated" lien amount that is precise and up to date. The same form is used to obtain a final lien amount that is provided when a lawsuit is settled and the total settlement amount is available. It will take up to 15 working days to obtain the precise amount of a lien, depending on the difficulty in obtaining necessary information. Some requests can be answered in 5 to 7 days.

Division of Liens and Recovery
Liens against personal injury lawsuit settlements

Process

- The medicaid portion of a lien must reflect incident related expenditures. If staff are unable to determine the incident related expenditures from the medicaid printouts, the Division' staff request a copy of the verified Bill of Particulars from the plaintiff's attorney. The Bill of Particulars usually provide the information needed to calculate a precise medicaid lien.

Division of Liens and Recovery
Liens against personal injury lawsuit settlements

Process

- Upon settlement of a lawsuit and obtainment of a final lien amount, law firms should contact the Division to make payment arrangements with one of the Division attorneys.

Division of Liens and Recovery
Liens against personal injury lawsuit settlements

Process

- NYC Related cases
 - Once a lien payment arrangement is made with HRA attorneys or their staff, HRA contacts NYC Finance directly to obtain payment. Plaintiff attorneys are sent copies of "bills" sent to NYC Finance.
- Non NYC Related cases
 - A "bill" is sent to the plaintiff's attorney unless arrangements are made for the defendant attorney or insurance company to pay.

Division of Liens and Recovery

■ Contact

- Phone: (212) 274-5892
- FAX: (212) 274-4988 or (212) 274-5603
- Mail: P.O. Box 3786
Church Street Station
New York, N.Y. 10008-3786
- Subpoenas: HRA Service Desk
180 Water Street – 17th floor
New York, N.Y. 10038

**HUMAN RESOURCES ADMINISTRATION
INVESTIGATION, REVENUE AND
ENFORCEMENT ADMINISTRATION
DIVISION OF LIENS AND RECOVERY
P.O. BOX 3786-CHURCH STREET STATION
NEW YORK, NY 10008-3786
Phone: (212) 274-5892 Fax: (212) 274-4988**



ROBERT DOAR
Administrator / Commissioner

JAMES MILONA
Director

070860000101

Case Name:

CIN: YS43358U

Case Number: 9477933

SSN:

Date of Accident/Incident: 20050926

April 11, 2007

Dear Sir or Madam:

Our records indicate that you represent the above-named plaintiff in connection with an action or claim for damages resulting from certain personal injuries suffered by said plaintiff.

Our records further show that your client is or has been a recipient of Public Assistance and/or Medical Assistance (Medicaid) and as such may have been receiving benefits on account of said personal injuries for which a third party may be liable.

The Department of Social Services has a right of recovery against the proceeds of any adjudication, or any settlement of any claim or demand prior to suit or action, respecting such injuries.

Your client has a duty to cooperate with the State or social services district in identifying third parties who may be liable to pay for care, and your client must provide information to assist the State in recovering from such third parties. In compliance with this duty, your client must promptly provide the Department's Division of Liens and Recovery, among other things, with the date and place of the occurrence, the name and address of each allegedly liable third party, their attorney and insurance company, the caption and index number of the personal injury lawsuit, and copy of the pleadings.

Thank you for your cooperation in this matter.

Yours truly,

Division of Liens and Recovery

070860000101



HUMAN RESOURCES ADMINISTRATION
INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION
DIVISION OF LIENS AND RECOVERY
P.O. BOX 3786-CHURCH STREET STATION
NEW YORK, NY 10008-3786

**UPDATED / FINAL LIEN REQUEST
FAX FORM**
Fax #: (212) 274-4988 or (212) 274-5603

Date: _____

I. Plaintiff Name: _____	
SSN: _____	Date of Birth: _____
Type of Injury: _____	Date of Incident: _____
Settlement Amount: _____	Settlement Date: _____
NYC File #(if action against NYC): _____	Case # or CIN: _____
Caption No. _____	
Index No. _____	
Type of Lien (check one):	
<input type="checkbox"/> Updated	<input type="checkbox"/> Final
II. Attorney requesting Lien represents: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	
Firm Name: _____	
Firm Address: _____	
Telephone: _____	Fax: _____
Attorney Name: _____	Email: _____
Conference Date: _____	
III. If the requesting attorney represents the Plaintiff, please provide the Defendant's name, Defendant's attorney's name, address and phone number. If representing the Defendant, please provide the Plaintiff's name, Plaintiff's attorney's name, address and phone number.	
1. _____	
2. _____	
IV. Provide the Name and Address of each Insurance Company insuring each Defendant named above. Include Insurance Company Claim/File Number for each.	
1. _____	
2. _____	
V. Completed by: _____	Date: _____

Liens and Recovery Fact Sheet

The CITY of NEW YORK

Human Resources Administration
Investigation, Revenue &
Enforcement Administration
Division of Liens and Recovery

Definitions

UPDATED LIEN AMOUNT: Precise and up to date. Lawsuit/Action not settled.

FINAL LIEN AMOUNT: Precise and up to date. Lawsuit/Action settled.

Lien Request

To expedite requests for updated and final lien amounts, **fax** the request to:

(212) 274-4988 or (212) 274-5603

Please use the enclosed Client Information/Lien Request Fax Form.

Providing the following information will allow Liens and Recovery to calculate lien amounts in a timelier manner:

- Plaintiff's Name, Social Security Number, and Date of Birth
- Date of Occurrence-Place of Occurrence
- Nature of Injury
- Claim/File Number
- Name & address of each allegedly liable third party, their attorney & insurance co.
- Caption & Index No. of the personal injury lawsuit
- Copy of the pleadings

Subpoenas/Service of Process

HRA/Office of Legal Affairs
Service Desk
180 Water Street, 17th Floor
New York, NY 10038

Motions

HRA/Office of Legal Affairs
Civil Litigation Division
180 Water Street, 18th Floor
New York, NY 10038

The Division of Liens and Recovery **cannot** accept or endorse two-party checks for deposit.

For timely crediting of client's account mail all payments to lock box:

Division of Liens and Recovery

Box 4324

Church Street Station

N.Y., N.Y. 10261-4324