



New York State
Medical Indemnity Fund
Provider Handbook

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Information for Providers about the New York State Medical Indemnity Fund

1.0 What is the Medical Indemnity Fund and Why Was It Created?

The Medical Indemnity Fund (“Fund” or “MIF”) was established in 2011 to provide a funding source for future health care costs associated with birth-related neurological injuries. Enrollees of the Fund are plaintiffs in medical malpractice actions who have received either court-approved settlements or judgments deeming the plaintiffs’ neurological impairments to be birth-related.

The Fund’s purposes are to (1) pay or reimburse the costs necessary to meet the health care needs of qualified plaintiffs throughout the plaintiff’s lifetime and (2) lower the expenses associated with medical malpractice litigation throughout the healthcare system. To achieve its purposes, it is designed to pay the cost of all future health care needs of plaintiffs who have received either a court-approved settlement or a judgment as a result of a medical malpractice action alleging that the plaintiff’s neurological injuries were the result of medical malpractice during the delivery admission.

The Fund was created as an amendment to Article 29-D of the New York Public Health Law in 2011. Regulations governing the proper administration of the Fund are the responsibility of the Commissioner of Health. The regulations are set forth in 10 NYCRR Subpart 69-10.

Information about the Fund can be found on the DOH website at: www.health.ny.gov/mif

2.0 Who Is Eligible for Enrollment in the Fund?

Any person who has been deemed in a court-approved settlement or found in a judgment to have sustained a “birth-related neurological injury” as a result of medical malpractice or alleged medical malpractice is a “qualified plaintiff” for enrollment purposes.

3.0 What Costs Will the Fund Cover or Reimburse?

The Fund will pay or reimburse the cost of those health care services, supplies, equipment, and medications that the qualified plaintiff’s physician, physician assistant or nurse practitioner has determined are necessary to meet the qualified plaintiff’s health care needs. These can be found under section 69-10.1 (z) “Qualifying Health Care Costs” by clicking the link below:

[New York Codes, Rules and Regulations \(westlaw.com\)](http://www.westlaw.com)

Services, supplies or equipment provided to or available to enrollees under an individual Education Program, Preschool Supportive Health Services, and the Early Intervention Program or through any commercial insurance under which the enrollee is covered are not covered by the Fund.

4.0 Services Requiring Prior Approval

Some services will require approval before they can be provided and covered by the MIF. See below those services requiring prior approval and how to obtain prior approval.

5.0 Services Always Requiring Prior Approval

The following services will always require prior approval in accordance with MIF regulations:

- Environmental modifications
- Vehicle modifications
- Assistive technology
- Private duty nursing
- Certain types of transportation for medical care and services (including travel involving overnight accommodations)
- Treatment with a specialty drug
- Experimental treatment

- Myo-electric limbs
- Custom-made durable medical equipment
- Hearing Aids
- Over the counter medications and supplements

6.0 Services Requiring Prior Approval When Certain Limits Are Exceeded

The following services will require prior approval when defined limits are exceeded:

- More than 1,080 hours of respite care in a calendar year
- More than 16 hours a day for home health aide services

7.0 Non-Typical Services Requiring Prior Approval

Certain services that are non-typical medical services also require prior approval. Non-typical services may be supplies or therapy that may be determined medically necessary. Some common examples include but are not limited to:

- Hippotherapy
- Aqua therapy
- Equestrian therapy
- Formula
- Gloves
- Food items
- Miscellaneous codes
- Incontinence products

8.0 How to Obtain Prior Approval

You may start the Prior Approval process by submitting a PRIOR APPROVAL REQUEST FORM. In this form you will need to provide the following information:

- MIF Enrollee ID: NYS _____
- Name of Person(s) Submitting Request
- Signature of Person(s) Submitting Request
- Relationship to Enrollee
- Date Request Submitted
- Item and/or Services Requested: (services you are requesting)
- Provider(s) Supplying the item and/or Services Requested
- Reason for the Request

PRIOR APPROVAL REQUEST FORM can be found on the MIF website at: www.health.ny.gov/mif under **Fund Operations Forms and Instructions**. Once completed and signed, you can submit it by:

- Mail: MIF c/o PCG, PO Box 7315 Albany, NY 12224
- Fax: 518-344-1293
- Scan it and email to Enrollee's Case Manager

9.0 Minimum Required Documentation for Prior Approval or Authorization Processing

For services requiring prior approval or authorization, at a minimum, you will be required to submit the following information with your Prior Approval Request Form:

- A valid diagnosis (ICD-10 code); and
- A Letter of Medical Necessity: a physician signed letter specifically identifying the service or product needed and the medical reasons for the item(s)

AUTHORIZATION FORM can be found on the MIF website at: www.health.ny.gov/mif under **Fund Enrollment Forms**.

10.0 At What Reimbursement Rates Are Qualified Health Care Costs Paid by the Fund?

Qualifying health care services are reimbursed at the 80th percentile of the "usual and customary rate" for that type of practice in the geographic area in which the practice is located, as reported by Fair Health, Inc. Where no such rate exists, qualifying health care services are paid at the greater of 130% of

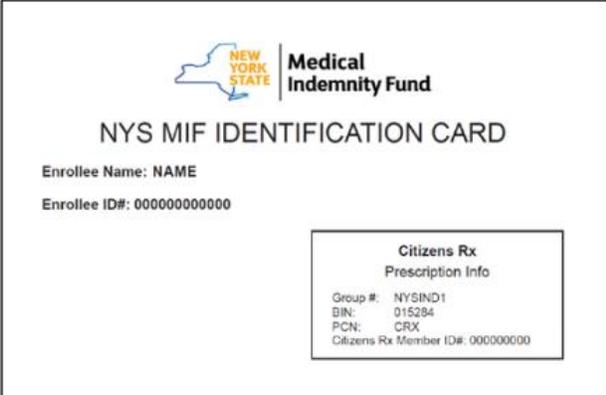
Medicaid, or the Medicare rate. Providers cannot bill the qualified plaintiff or persons authorized to act on behalf of the plaintiff for any additional amount beyond the amount covered by the Fund.

11.0 Who Administers the Fund?

The Fund is administered by the New York State Department of Health (DOH). DOH has contracted with Public Consulting Group Inc. (PCG) to administer healthcare and pharmacy benefit claims processing and day-to-day operations of the Fund.

12.0 MIF Identification Cards

Approved enrollees are issued NYS MIF Identification Cards (sample below).

 <p>The image shows a sample of a NYS MIF Identification Card. It features the New York State logo and the text 'Medical Indemnity Fund' and 'NYS MIF IDENTIFICATION CARD'. Below this, it lists 'Enrollee Name: NAME' and 'Enrollee ID#: 000000000000'. There is a small box for 'Citizens Rx Prescription Info' containing: Group #: NYSIND1, BIN: D15284, PCN: CRX, and Citizens Rx Member ID#: 00000000.</p>	<p style="text-align: center;"><u>Providers & Enrollee/Representative</u></p> <p>For eligibility, benefits, claims and case management inquiries, contact: NYS MIF Customer Service Toll Free at 855-NYMIF33 (855-696-4333) 8:30am to 5pm EST TTY: 711 (for hearing or speech impaired)</p> <p>For paper claim submission, obtain a claim form at www.health.ny.gov/mif and mail claims to: NYS MIF c/o Public Consulting Group, Inc. (PCG), P.O. Box 22008, Portsmouth, NH 03802-22008</p> <p>Report any Inpatient Admissions to your case manager within 24 hours.</p>
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13.0 Payment Request Submission Instruction

The New York Medical Indemnity Fund accepts both electronic and paper claims with industry standard diagnosis and procedure codes that comply with the Health Information Portability and Accountability Act (HIPAA) Transaction Set Standards. Providers seeking payment or reimbursement of qualifying health care costs may send completed CMS 1500 or UB 04 Forms to:

New York State Medical Indemnity Fund
c/o PCG
P.O. Box 784
Greenland, NH 03840-0784
Phone: (855) NYMIF33 | (855) 696-4333

The Fund offers two options for submitting Electronic Data Interchange (EDI) claims. With the appropriate option in place for your electronic workflow, electronic billing results in fewer errors, lower costs and increased efficiency for businesses on both ends of the transaction. These options are detailed below:

13.1 • Clearinghouse Submitters

Standard 837 file submission through a clearinghouse using the Fund's receiver ID, NYSDFS This PIN is the identifier at the Clearinghouse to route claims directly to the Claims Operation Department.

13.2 • Direct Submitters

This option is for providers who choose to create their own 837 file and submit that file directly to the MIF portal. If you wish to request online access, you can send a request via email with your Tax ID and group NPI to MIF@health.ny.gov

Claims must be submitted within 90 days of the date of service unless the provider obtains permission from the Fund to file a claim later than that date upon a showing of good cause for the delay. Providers must submit a W9 with their initial claim to avoid payment delay.

Call (Toll Free): 1-855-696-4333 (NYMIF33) with any questions



www.health.ny.gov/mif