



Medical Indemnity Fund

General Information about the New York State Medical Indemnity Fund for Providers

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

The Medical Indemnity Fund (“Fund”) was created as an amendment to Article 29-D of the New York Public Health Law in 2011. 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.

Information about the Fund can be found on the New York State Department of Financial Services (“DFS”) Fund web page. This information is also accessible by clicking on “Medical Indemnity Fund” under “Current Issues” on the New York State Department of Health home web page. A separate Fund website, mif.dfs.ny.gov, will be available in the near future.

Regulations governing the proper administration of the Fund are the responsibility of the Commissioner of Health in consultation with DFS. The regulations are set forth in 10 NYCRR Subpart 69-10.

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.

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. Such costs include those incurred for:

- Medical treatment
- Nursing care
- Prescription & non-prescription medication
- Assistive technology
- Other health care costs related to services, supplies, equipment and medication utilized by Fund enrollees.
- Hospital-based care, including surgical care
- Dental care
- Durable medical equipment
- Certain home & certain vehicle modifications

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.



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

Services provided in a private physician’s office 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. Other services and supplies, equipment and medications for which there is a Medicaid fee or rate will be paid at that fee or rate. Services or equipment that requires a prior approval will be paid in an amount established by the prior approval process. Providers cannot bill the qualified plaintiff or his or her family for any additional amount beyond the amount covered by the Fund.

Who Administers the Fund?

The Fund is administered by DFS. DFS has contracted with Alicare to administer the day-to-day operation of the Fund for its first year of operation.

**New York Medical Indemnity Fund
Payment Request Submission Instruction**

Approved enrollees are issued NY MID Identification Cards (sample below.)

FRONT	BACK
<div data-bbox="295 915 654 1014" style="text-align: center;">  </div> <p data-bbox="285 1020 670 1045" style="text-align: center;">NYS MIF IDENTIFICATION CARD</p> <p data-bbox="147 1077 310 1100">Enrollee Name:</p> <p data-bbox="147 1115 285 1138">Enrollee ID#:</p> <div data-bbox="451 1157 800 1316" style="border: 1px dashed black; padding: 5px; margin: 10px auto; width: fit-content;">  <p data-bbox="464 1241 617 1304"> Group #: NYSMIF BIN: 610014 Medco Member ID #: </p> </div>	<p data-bbox="959 915 1349 940" style="text-align: center;"><u>Providers & Enrollee/Representative:</u></p> <p data-bbox="837 947 1474 972">For eligibility, benefits, claims and case management inquiries, contact:</p> <p data-bbox="911 982 1398 1062" style="text-align: center;"> NYS MIF Customer Service Toll Free at 1-855-NYMIF33, (1-855-696-4333) from 8:30am to 5pm EST TTY: 711 (for hearing or speech impaired) </p> <p data-bbox="927 1062 1382 1087" style="text-align: center;">Pharmacist Questions Only Call: 1-800-922-1557</p> <p data-bbox="935 1089 1373 1115" style="text-align: center;">Medco Member Services Call: 1-800-631-7780</p> <p data-bbox="854 1136 1455 1184">For claim submission, obtain a claim form at www.dfs.ny.gov/mif and mail claims to:</p> <p data-bbox="979 1192 1328 1245" style="text-align: center;"> NYS MIF c/o AliCare, P.O. Box 5441 White Plains, NY 10602-5441 </p> <p data-bbox="854 1253 1455 1304" style="text-align: center;"> Report any Inpatient Admissions to your case manager within 24 hours </p>

At present, providers of the New York Medical Indemnity Fund seeking payment or reimbursement of qualifying health care costs may send a completed HCFA 1500 Form and submit to:

Via regular mail:

New York State Medical Indemnity Fund

c/o Alicare

P. O. Box 5441

White Plains, NY 10602-5441

Via facsimile: (212) 844-7796

Via Email: MIF@dfs.nys.gov

Via EDI: Please call 1-855-NYMIF33 (696-4333) to obtain the EDI number.

Claims must be submitted within ninety 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.

Feel Free to Call (Toll Free): 1-855-696-4333 with any questions you may have.