

MIF Claim Submission Guidance – Member Claims

Overview

Below are claim submission guidelines for members submitting claims to the Medical Indemnity Fund (MIF). Make sure you have already obtained any necessary authorization before submitting your claim.

If you have any questions about obtaining authorizations or submitting claims, please contact us:

MIF@health.ny.gov or call 1-855-NYMIF33 (1-855-696-4333).

Overall Submission requirements

When possible, we urge providers to submit claims directly to the MIF for reimbursement on behalf of members. We welcome questions from providers relating to MIF claim submission and have developed a separate set of MIF Claim Submission Guidelines for Providers available on the [MIF website](#). When claims are submitted by members, the MIF support team will help you to submit complete and accurate claims and supporting documentation. Please do not hesitate to contact us with any questions regarding the claim submission process.

Please note that all completed claims are required to be received by the MIF within 90 days from the date services are rendered or purchased.

Member Claims

You can submit your claims either by

- Mail: Medical Indemnity Fund c/o Public Consulting Group, Inc., P.O. Box 784, Greenland, NH 03840-0784
Phone: (855) NYMIF33 | (855) 696-4333 or
- Email: to NY_DOH_MIF@pcgus.com. Please note: Photographs and faxes of claims are not acceptable and will not be processed.

You can help the MIF process your claims quickly and accurately! This starts with a clear and legible [General Reimbursement Form](#) or [Travel Reimbursement Form](#) (whichever is applicable).

In addition to the standard form, for some claims additional information is needed from you to avoid unnecessary delays in reimbursement.

- **Respite Care**

Respite workers are encouraged to bill the MIF directly and can find the directions for claims submission under the provider section on the MIF website. The following requirements apply to all respite claims submitted by you:

- [GENERAL REIMBURSEMENT FORM](#)
- Requires prior authorization if more than 1,080 hours of respite care are provided in a calendar year
- Specific list of services provided during respite
- Dates of respite care
- Number of respite hours provided per day
- Name of respite worker
- Hourly rate charged and total billed amount
- **Supplies**
- [GENERAL REIMBURSEMENT FORM](#)
- List of specific supplies requested
- Copies of receipts for the items requested to include descriptions, amount paid for each item and the date paid
- **Non-Emergency Transportation and Travel Related Expenses (hotel, meals, airfare)**
- [TRAVEL REIMBURSEMENT FORM](#)
- All transportation (except for enrollee self-transportation) and travel related expenses (including hotel and airfare) require prior authorization
- Meal Reimbursement is provided for medical appointments over 50 miles from the home
- List of specific expenses requested for reimbursement
- Evidence of medical appointment associated with travel
- Copies of receipts for the items requested
- **Self-transportation including taxis, car services such as Uber/Lyft, and public transportation**
- [TRAVEL REIMBURSEMENT FORM](#)
- Meal Reimbursement is provided for medical appointments over 50 miles from the home
- List of specific expenses requested for reimbursement
- Evidence of medical appointment associated with travel
- Copies of receipts for the items requested: receipts for mileage, parking, tolls, public transit receipts, Uber/Lyft receipts
- **Mileage, Tolls, Parking**

- TRAVEL REIMBURSEMENT FORM
- Copies of receipts for expenses
- Evidence of medical appointment associated with mileage, tolls and parking
- Starting point address, destination address, ending address (mileage will be determined using MapQuest)
- **Office Visit Copays, Coinsurance and Deductibles**
- GENERAL REIMBURSEMENT FORM
- Copay receipts need to be on office or pharmacy letterhead and must include date of service, provider name, patient name, amount paid, indication that amount is a copayment
- Coinsurance and Deductibles from primary insurance carrier:
 - Enrollees should either give their MIF information to providers at the time of their visit and request they bill the MIF directly or obtain an itemized bill from the provider and submit to the MIF with a copy of primary insurance Explanation of Benefits (EOB) if applicable
- Balance Due or Credit Card Statements:
 - Balance due or credit card statements cannot be processed for reimbursement due to lack of information required to determine accurate reimbursement. Enrollees have two options: 1) they may supply their MIF information to providers and request they bill the MIF directly or, 2) they may obtain an itemized bill from the provider and submit to the MIF with a copy of primary insurance EOB if applicable.

Not sure what you should include with your claims?

Please contact us:

MIF@health.ny.gov or call 1-855-NYMIF33 (1-855-696-4333)

We are happy to assist you.