

POST-ACUTE AUTO INJURY PROVIDER RELIEF FUND APPLICATION CHECKLIST

Public Act 65 of 2021 requires a Post-Acute Auto Injury Provider Relief Fund application to be complete before it can be considered by the Department of Insurance and Financial Services. The checklist below is used by the Department to determine whether all statutorily required material has been submitted. Providers may use this checklist to help ensure that all statutorily required materials are included with your application.

I. PROVIDER INFORMATION	
Ensure that all of the following items are filled out properly on the application:	
<input type="checkbox"/>	Provider Name (name of physician, hospital, clinic, or other person or entity)
<input type="checkbox"/>	Authorized Provider Contact (name of individual completing this application)
<input type="checkbox"/>	National Provider Identifier (NPI)
<input type="checkbox"/>	Phone Number
<input type="checkbox"/>	SIGMA Vendor Customer ID Number
<input type="checkbox"/>	Address
<input type="checkbox"/>	Fax Number (if available)
<input type="checkbox"/>	Email Address
<input type="checkbox"/>	Confirm the provider has not received a distribution from the Fund of more than \$500,000 in a calendar year. (See Section 301(7)(k) of the Act.)
II. PROVIDER'S ELIGIBILITY	
Ensure that the provider meets the following eligibility criteria:	
<input type="checkbox"/>	a. Meets the definition of provider. "Provider" means a post-acute brain or spinal injury clinic or other person that renders treatment or training, or a post-acute brain or spinal injury attendant care provider. (See Section 201(12)(d) of the Act.)
<input type="checkbox"/>	b. Provider has not entered this state as a new licensee or reorganized, reincorporated, or otherwise reestablished itself in the same or similar business under a new name after January 1, 2019.
<input type="checkbox"/>	c. The fees under MCL 500.3157 have caused the provider to bill at rates that are below the cost of providing the service.
<input type="checkbox"/>	d. The application contains documentation, including full financial statements, indicating a systematic deficit caused by changes to charges, as required by MCL 500.3157, and payments received in response to those charges.
<input type="checkbox"/>	e. The application contains documentation indicating a good-faith effort to alter business practices to adhere to MCL 500.3157.
III. ADDITIONAL REQUIRED INFORMATION AND DOCUMENTATION	
Ensure that the following items have been included with the application:	
<input type="checkbox"/>	a. Total number of patients treated by the provider and the entities billed for each patient.
<input type="checkbox"/>	b. Full list of charges and payments received in response to those charges and supporting invoices for all charges that were charged to and paid by auto insurers for motor-vehicle-accident-related care in 2019.



Michigan Department of Insurance and Financial Services

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<input type="checkbox"/>	c. Full list of charges and payments received in response to those charges and supporting invoices for all charges that were charged to and paid by other forms of insurance or other entities for non-motor-vehicle-accident-related care in 2019.
<input type="checkbox"/>	d. Metrics on all charges and payments received in response to those charges under MCL 500.3157 that are believed to be "inadequate."
IV. ELIGIBLE PROVIDER'S CHARGES	
Ensure that all of the following items are included with the application:	
<input type="checkbox"/>	Table on page 5 of FIS 2371 form filled out for each charge.
<input type="checkbox"/>	a. Explanation addressing whether the charge for which a distribution from the Fund is being sought lacks a "Medicare code" and any supporting documentation.
<input type="checkbox"/>	b. Evidence demonstrating that the provider attempted to bill for a service that lacks a "Medicare code" and has not been paid at the charged rate or otherwise reimbursed.
<input type="checkbox"/>	c. Evidence submitted to demonstrate that adjustment has been upheld by DIFS during the Utilization Review process.
V. ACKNOWLEDGEMENTS AND SIGNATURE	
<input type="checkbox"/>	The application is signed and dated, name is printed, and email address is entered.



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