



VIRGINIA BIRTH-RELATED
NEUROLOGICAL INJURY
COMPENSATION PROGRAM

A lifetime of help

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Richmond, VA 23225

www.vabirthinjury.com

October 15, 2019

RE: State Mandated Assessment & Participation Fees

Dear Physician:

For 2020, as in recent years, the Virginia State Corporation Commission has determined that all applicable fees and assessments will be implemented to support the Virginia Birth-Related Neurological Injury Compensation Program. All physicians licensed in Virginia, regardless of specialty, are required to respond annually either by filing an exemption, payment of the non-participating assessment or participation in the Program.

NOTE: if you need to make a payment, you also have the option of doing so online at www.officialpayments.com. A convenience fee will be charged by the web site provider.

FOLLOWING ARE INSTRUCTIONS FOR EACH OF THE POSSIBLE RESPONSES.

OPTION 1: CERTIFY YOU ARE EXEMPT

New: You now have the option to submit an exemption completely online. Simply go to www.vabirthinjury.com, click on the *Physician Exemption* tab, then complete the online form. If you prefer to file a paper form follow the directions below.

State law allows a physician to be exempt from paying the mandated assessment if one of five criteria are met – they are listed below. Remember, qualification for one or more exemptions for 2020 is based on your status as of September 30, 2019. You may claim an exemption if on this date you were:

- Employed by the Commonwealth of Virginia or the federal government and income from professional fees from a source other than the Commonwealth of Virginia or the federal government is less than 10% of your annual salary.
- Enrolled in a full-time graduate medical education program accredited by the American Council for Graduate Medical Education.
- Retired from active clinical practice.
- Engaged in active clinical practice that was limited to the provision of services, voluntarily and without compensation, to any patient of any clinic organized in whole or in part for the delivery of health care services without charge.
- Not practicing medicine in Virginia (either not currently practicing or practicing in another state).

To file an exemption, complete the **green exemption form** and return it along with the invoice in the provided return envelope. Claiming an exemption for any assessment year(s) does not affect the status of your medical license.

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If you claimed an exemption for a previous year and still qualify under an allowable circumstance, you *must* complete the enclosed green affidavit and return it along with the invoice in the provided return envelope. Please note this form does not have to be notarized.

If you no longer qualify for one or more of the allowable exemptions, please refer to “Option 2”.

OPTION 2: SUBMIT THE ANNUAL NON-PARTICIPATING ASSESSMENT OF \$300

If you actively practice medicine in Virginia and do not qualify for an exemption or participate in the Birth Injury Program, you must submit the annual mandated assessment regardless of your specialty. Please note that paying the \$300 fee does not make you a participating provider.

To submit the mandated assessment fee, return the enclosed invoice with your check in the provided envelope.

OPTION 3: BECOME A PARTICIPATING PROVIDER – FOR PHYSICIANS AND MIDWIVES WHO DELIVER CHILDREN IN VIRGINIA

Along with providing you with the Program’s coverage, state law requires private malpractice insurance carriers to issue a reduction in premium to participating providers.

To become a participating provider, please complete the **yellow form** (participating agreement) and return it along with the invoice and your check in the reply envelope. **The 2020 participation fee is \$6,200.** Please note that full calendar year participation is only available during December of the prior year due to the required 30-day waiting period. However, a prorated fee is available for physicians and midwives participating for only a portion of the year. For details please contact Paula Ward, Provider Relations Coordinator, at **804-330-2471, ext. 3040**. Additional information on the benefits of being a participating provider is available on the included *Frequently Asked Questions* page and on our website at **www.vabirthinjury.com**.

The Birth-Injury Program was created in 1987 by the Virginia General Assembly to help relieve a crisis in malpractice coverage throughout the Commonwealth. Physicians, primarily obstetricians, were threatened with an inability to obtain malpractice coverage due to insurers leaving the state. Creation of the Program helped relieve the crisis. Utilizing a no-fault approach, children severely injured at birth and whose situation meets the legislative requirements are placed into the Program in lieu of seeking a tort remedy.

Thank you for taking the time to read and respond to this letter. Also enclosed is a page of *Frequently Asked Questions* that may be of assistance to you. If you need further information about the Virginia Birth-Related Neurological Injury Compensation Program please see our website at **www.vabirthinjury.com**. You can also call at **804-330-3021, ext. 3040**.

Thank you,

Virginia Birth-Related Neurological Injury Compensation Program

Virginia Birth-Related Neurological Injury Compensation Program

c/o P. O. Box 91739, Richmond, Virginia 23291-1739

804-330-3021

www.vabirthinjury.com

2020 PHYSICIAN ASSESSMENT INVOICE

Please check only **one** and note new fee amounts:

- I am exempt from the \$300 statutory assessment.
- Any physician claiming one or more of the exemptions in Va. Code § 38.2-5020 should complete the Exemption Form Affidavit and return it to the Fund at the address below.
 - **Qualification for one or more exemptions for 2020 is based on your status as of September 30, 2019**
- The \$300 assessment required by Virginia law for nonparticipating physicians is enclosed.
- Payable by check to "Birth-Related Injury Fund" **OR**
 - Payable online at www.officialpayments.com (a convenience fee will be charged by the website provider).
- I wish to be a Participating Physician
- Enclose a \$6200 check payable to "Birth-Related Injury Fund" **OR**
 - Payable online at www.officialpayments.com (a convenience fee will be charged by the website provider).
 - Enclose the signed and dated Participating Physician Agreement
 - **To become a participating provider effective January 1, 2020, your participating physician payment must be received by December 1, 2019.**

PLEASE NOTE: THE PROGRAM CANNOT ACCEPT CASH

Please enclose this invoice with all correspondence and payment to:

BIRTH-RELATED INJURY FUND
c/o SunTrust Bank
P. O. Box 91739
Richmond, Virginia 23291-1739

For address corrections, please fax requests to the Virginia Board of Medicine at (804)527-4426 including name and license number, e-mail medbd@dhp.virginia.gov or call (804)367-4600.



**Virginia Birth-Related Neurological Injury Compensation Program
2020 Participating Physician Agreement**

In consideration of the rights and benefits received from my participation in the Virginia Birth-Related Neurological Injury Compensation Program, and as required by §38.2-5001 of the *Code of Virginia* for my qualification as a "participating physician" in the Program, I hereby agree:

(1) To participate with the Commissioner of Health, or his designee, in the development of a program to provide obstetrical care, including prenatal care, labor and delivery services and postpartum care, to patients eligible for Medical Assistance Services ("Medicaid") and to patients who are indigent and, upon approval of this program by the Commissioner of Health, to participate in its implementation (this agreement does not require participation in the Medicaid program); and

(2) To submit to review by the Board of Medicine in its evaluation of claims submitted pursuant to §38.2-5004.

As to paragraph 1 above, the Commissioner of Health agrees to review the program described and, upon approval, provide for its implementation.

If payment is received by December 1, 2019 this agreement shall be effective from January 1, 2020 through December 31, 2020. For payments received after December 1, 2019, this agreement shall become effective 30 days after the Virginia Birth-Related Neurological Injury Compensation Program receives written notification from the physician.

Physician/Midwife Signature

Executed on (Date-Required)

Physician/Midwife Printed Name

VA Medical License Number (10 Digits)

Current Address

Telephone Number (with area code)

City, State, Zip Code

E-mail (Optional)

M. Norman Oliver MD

Commissioner of Health

Executed on (Date)

Allen L. Hays, MD

Executive Director, State Board of Medicine

Executed on (Date)

FOR PARTICIPATING RESIDENTS

Name of Medical School or Residency Facility

Program is: OB Family Practice Other



**Virginia Birth-Related Neurological Injury Compensation Program
2020 Exemption Form Affidavit**

This Affidavit should be completed only by physicians who claim an exemption from the assessment in Va. Code § 38.2-5020.

State of residence _____ City/County of residence _____

I, _____, certify that on September 30, 2019, I was the holder of a valid medical license issued by the Commonwealth of Virginia and, under oath, do hereby swear and affirm that I am a physician:

(Check only the boxes that apply)

1. who is employed by the Commonwealth of Virginia or the federal government and whose income from professional fees is less than 10% of my annual salary (you must be directly employed by the state or federal government).
2. who is enrolled in a full-time graduate medical education program accredited by the American Council for Graduate Medical Education.
Place of Medical Residency _____.
3. who has retired from active clinical practice
4. whose active clinical practice is limited to the provision of services, voluntarily and without compensation, to any patient of any clinic organized in whole or in part for the delivery of health care services without charge.
5. who does not practice medicine in Virginia.

I understand that this statement is given under oath for the purpose of obtaining an exemption from the payment to the Birth-Related Injury Fund of a \$300 assessment required by Va. Code § 38.2-5020 to be paid by all licensed physicians in Virginia who are not Participating Physicians. This Affidavit will be filed with the Virginia Birth-Related Injury Program to obtain the claimed exemption.

Physician Signature

Date

Physician Printed Name

VA Medical License Number (10 digits)

Current Address

Telephone Number (with area code)

City, State, Zip

E-Mail (Optional)