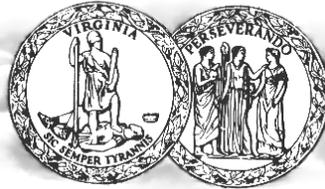


COMMONWEALTH OF VIRGINIA

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



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STATE CORPORATION COMMISSION BUREAU OF INSURANCE

March 12, 2015

ADMINISTRATIVE LETTER 2015-04

TO: All Insurers Licensed to Write Accident and Sickness Insurance in Virginia, and All Health Services Plans and Health Maintenance Organizations Licensed in Virginia

RE: 14VAC5-190-10 et seq.: Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers - 2014 Reporting Period

The purpose of this Administrative Letter is to assist carriers in the preparation of the Annual Report of Cost and Utilization Data relating to Mandated Benefits and Providers required pursuant to 14VAC5-190-10 *et seq.* and § 38.2-3419.1 of the Code of Virginia, and to remind all affected carriers of the reporting requirements applicable to mandated benefits and providers for the 2014 reporting year.

The *Virginia total annual written premiums for all accident and sickness policies or contracts* referenced in the regulation is the amount reported to the Commission on the company's Annual Statement for the year ending December 31, 2014. This is the amount used to determine if a report is required. If the total annual written premium reported to Virginia for all accident and sickness lines is less than \$500,000 or the company is licensed to issue only credit accident and sickness insurance, the company is **EXEMPT** from filing any information and a report is not required.

A company may be required to file a **COMPLETE** report or an **ABBREVIATED** report if the total annual written premium reported to Virginia for all accident and sickness lines is at least \$500,000 (excluding credit only accident and sickness). Carriers should refer to 14VAC 5-190-40 for an explanation of the circumstances under which a **COMPLETE** or an **ABBREVIATED** report must be filed.

Each affected carrier must submit a completed Form MB-1 to furnish the required information. It is not acceptable to submit more than one Form MB-1 for a single carrier or to consolidate information from different carriers on one form.

The completed Form MB-1 (cover sheet and sections) *is due on or before May 1, 2015* and may be submitted electronically. **The due date may not be extended for any reason**, including the inability to file the reports electronically. The instructions, representative CPT and ICD-9-CM codes, and forms for the 2014 reporting period are available on the Bureau of Insurance's website at:

<http://www.scc.virginia.gov/boi/co/health/mandben.aspx>

The instructions explain the type of information necessary to complete Form MB-1. All sources of information, including 14VAC5-190-10 *et seq.*, §§ 38.2-3408 through 38.2-3418.17, as applicable, § 38.2-4221, and CPT and ICD-9-CM codes, should be consulted in the preparation of this report.

Please note that the CPT and ICD-9-CM codes are not intended to exhaust all medical codes that may be used in collecting data for Form MB-1, but are representative of some of the more common codes associated with the mandated benefits.

Effective July 1, 2014, provisions relating to the conversion of health insurance coverage under a group policy to an individual policy upon termination of eligibility, and the mandated offer of coverage for the treatment of morbid obesity in the individual and small group markets were repealed. Beginning with the 2014 reporting period, data pertaining to these mandates will no longer be collected.

Carriers are reminded that failure to submit a substantially complete and accurate report pursuant to the provisions of 14VAC5-190-10 et seq., by May 1, 2015, may be considered a violation subject to a penalty as set forth in § 38.2-218 of the Code of Virginia. Lack of notice, lack of information, lack of means of producing the required data, or other such reasons will not be accepted for not submitting a complete and accurate report in a timely manner.

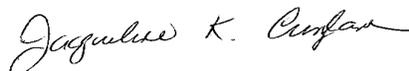
Correspondence regarding *reporting requirements* should be directed to:

Mary Ann Mason
Principal Insurance Market Examiner
Forms Section
Bureau of Insurance – Life and Health Division
P. O. Box 1157
Richmond, VA 23218
Telephone: (804) 371-9348
FAX: (804) 371-9944
Email Address: maryann.mason@scc.virginia.gov

System related questions or problems should be directed to:

Andrew Iverson
Insurance Analyst
Bureau of Insurance – Automated Systems
P. O. Box 1157
Richmond, VA 23218
Telephone: (804) 371-9851
FAX: (804) 371-9516
Email Address: andrew.iverson@scc.virginia.gov

Sincerely,



Jacqueline K. Cunningham
Commissioner of Insurance