

COMMONWEALTH OF VIRGINIA



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STATE CORPORATION COMMISSION BUREAU OF INSURANCE

November 13, 1990

Administrative Letter
1990-22

TO: ALL INSURERS LICENSED TO SELL ACCIDENT AND SICKNESS INSURANCE IN VIRGINIA, ALL LICENSED HEALTH SERVICES PLANS, AND ALL LICENSED HEALTH MAINTENANCE ORGANIZATIONS

RE: PROPOSED RULES GOVERNING PRIVATE REVIEW AGENTS

The State Corporation Commission, on October 23, 1990, issued an Order Setting Hearing for November 27, 1990 in the matter of adopting Rules Governing Private Review Agents. A copy of this Order, including a copy of the proposed regulation (No. 37) was forwarded on October 25, 1990 to each insurer, health services plan, and health maintenance organization licensed to sell accident and sickness coverage in Virginia.

The proposed regulation governs the certification and activities of entities providing utilization review services on a contract basis regarding Virginia insureds, and requires each such entity to apply for a certification in order to be permitted to provide such services after the effective date of the proposed regulation.

The Bureau of Insurance is requesting your assistance in developing a list of potential licensees so that we may contact these entities directly with regard to certification procedures and requirements once the final regulation has been adopted. In its proposed form, the regulation applies to:

"...all private review agents performing utilization review in this Commonwealth. [The regulation] does not apply to insurers, health services plans, hospital service corporations, preferred provider organizations, or health maintenance organizations conducting reviews

PRIVATE REVIEW AGENT SURVEY
Administrative Letter 1990 - 22

Name of Responding Company _____

NAIC Number _____

Address _____

Telephone # _____

Name and Title of Person Completing this form:

- 1) Does your company or a subsidiary or affiliate of your company perform utilization review activities that may be subject to proposed Regulation No. 37?

Yes [] No []

- a) If "yes" please provide the name and address of a contact person or unit to which we may direct future communications concerning this subject.

- 2) Does your company utilize the services of an unaffiliated Private Review Agent to perform Utilization Review regarding your Virginia insureds, subscribers, members, or enrollees?

Yes [] No []

- a) If "yes", please provide us with the name of such Private Review Agent, a mailing address, and, if possible, the name and telephone number of an individual contact person with whom the Bureau of Insurance may communicate directly in the future concerning this process.

We would appreciate your responses (even if both responses are negative) at your earliest convenience. Responses or inquiries may be addressed to:

Life and Health Research Section
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