

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.scc.virginia.gov>

March 25, 2005

ADMINISTRATIVE LETTER 2005-5

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: 14 VAC 5-190-10 et seq.: Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers - 2004 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 14 VAC 5-190-10 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 2004 reporting year. Each affected carrier must submit a report and it must be in the format prescribed for Form MB-1. 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, 2005* and may be submitted electronically. The instructions, representative CPT and ICD-9-CD codes and forms for the 2004 reporting period are available on the Bureau of Insurance's website at:

<http://www.scc.virginia.gov/division/boi/webpages/boimandatedforms.htm>

Carriers should refer to 14 VAC 5-190-40 for an explanation of the circumstances under which a full and complete or an abbreviated report must be filed, or under which a company may be exempt from filing a report. The **Virginia total annual written premium for all accident and sickness policies or contracts** referred to in this section is the amount reported to the Commission on the company's Annual Statement for the year ending December 31, 2004. This is the amount used to determine if a report is required.

The instructions explain the type of information necessary to complete Form MB-1, and serve to highlight frequent errors and omissions. All sources of information, including 14 VAC 5-190-10 et seq., §§ 38.2-3408 through 38.2-3418.14, 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.

Correspondence regarding *reporting requirements* should be directed to:

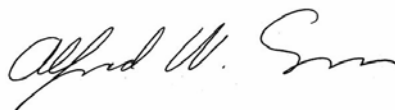
Mary Ann Mason
Senior Insurance Market Examiner
Forms and Rates Section
Bureau of Insurance - Life and Health Division
P.O. Box 1157
Richmond, VA 23218
Telephone: (804) 371-9348
FAX: (804) 371-9944

System related questions or problems should be directed to:

Robbie Wright
Microcomputer Systems Analyst
Bureau of Insurance - Life and Health Division
P.O. Box 1157
Richmond, VA 23218
Telephone: (804) 371-9992
FAX: (804) 225-5797

Carriers are reminded that failure to submit a substantially complete and accurate report pursuant to the provisions of 14 VAC 5-190-10 et seq. by May 1, 2005, 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.

Yours truly,



Alfred W. Gross
Commissioner of Insurance

AWG/mam