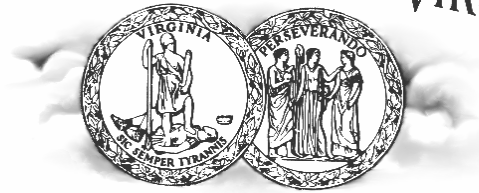


# COMMONWEALTH OF VIRGINIA

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COMMISSIONER OF INSURANCE



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## STATE CORPORATION COMMISSION BUREAU OF INSURANCE

March 7, 2007

### ADMINISTRATIVE LETTER 2007-2

- 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 - 2006 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 2006 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, 2007* and may be submitted electronically. The instructions, representative CPT and ICD-9-CM codes and forms for the 2006 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, 2006. 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. 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 – Agent Regulation & Administration  
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, 2007, 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/ds