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March 8, 2016

Administrative Letter 2016-01

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 - 2015 Reporting Period

The purpose of this Administrative Letter is to notify carriers of new procedures that the Bureau of Insurance (Bureau) will implement for the submission of cost and utilization data relating to mandated benefits and mandated providers for the 2015 reporting period. While the data to be reported remains essentially unchanged from that which was reported last year, some procedural changes will be made to facilitate the identification of carriers required to submit either complete or abbreviated reports and to address revisions made in 2015 to many of the codes associated with mandated benefit and provider procedures and services. All carriers should take note of the following important changes that will apply to the submission of cost and utilization data for the 2015 reporting period, due on or before May 1, 2016.

Through a review of applicable written premium information reported by carriers to the Commission in the carriers' annual statements, the Bureau will identify and notify any and all carriers that will be required to submit either a complete or an abbreviated report pursuant to 14 VAC 5-190-40. Notifications to carriers will be made on or before April 1, 2016.

In consideration of the fact that the ICD (International Classification of Diseases) Codes were revised and updated to version 10 effective October 1, 2015, the Bureau will collect mandated benefit and mandated provider data utilizing the ICD-9-CM codes only, inclusive of the first three quarters (January through September) of reporting year 2015. The applicable codes for each mandated benefit will be identified and available through a link on the Bureau's webpage, which will be provided with the carrier notifications as outlined above.

Except for the shortened time period addressed above for reporting year 2015, the type of data to be reported will be virtually identical to that which was reported for reporting year 2014.

Correspondence regarding *reporting requirements* should be directed to:

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System related questions or problems should be directed to:

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Sincerely,

Jacqueline K. Cunningham Commissioner of Insurance

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