

UWIN STANDARDS COMMITTEE

Transparency Administration Performance Standard

Version 1.5

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General

This Standard is compatible with state requirements set forth in the Utah Code Annotated 31A-2-216(2).

Purpose

To establish performance measures that report the average telephone answer time and claim turnaround time. Information derived from the Data will be shared as public record for display on the Utah Insurance Department's websites (insurance.utah.gov and healthrates.utah.gov).

Applicability¹

This standard applies to all health benefit plans issued or renewed on or after January 1, 2015 or otherwise defined by Utah Administrative Insurance Rule R590-271 Data Reporting for Consumer Quality Comparison rule can be found at <https://rules.utah.gov/publicat/code/r590/r590-271.htm>.

¹ This standard or rule may not apply to ERISA governed plans or self-insured plans as defined by the Utah Insurance Department rule, please consult with your legal department and the Utah Insurance Department for applicability.

Basic Concepts

Average Telephone Answer Time: The average number of seconds a customer must wait (starting at the Incoming Call Begin Point) before a representative answers an incoming telephone call.

Claim: An invoice or bill submitted to a payer for one or more medical services.

Claims Paid: Claims reported in a Remittance Advice.

Customer: Any individual, provider or member, who calls for customer service assistance.

Incoming Call Begin Point: The point in time when the final menu prompt has been selected and the caller is waiting to speak to a representative.

Measurement Periods: Quarterly and Annually.

Percent of Claims Paid in 15 days: The percentage of claims paid within 15 days.

Percent of Claims Paid in 30 days: The percentage of claims paid within 30 days.

SFTP: Secure File Transfer Protocol

Detail

This standard includes the following:

- The format in which a payer will provide the data to UHIN will be in a report form. Please see the Transparency Standards Reporting Worksheet for Administrative reporting on the UHIN website: <https://standards.uhin.org/>
 - **Average Telephone Reporting Time**
 - Total wait time divided by total customer calls (refer to customer definition)
 - Reporting Periods: Annually
 - **Count of Claims Paid within 15 Calendar Days (Includes days 1 through 15)**
 - Total count of claims within the reporting period that were paid within 15 days
 - This is measured from the date the claim is received to the date the claim is paid (check date)
 - Reporting Periods: Annually
 - **Count of Claims Paid within 30 Calendar Days (Includes days 1 through 30)**
 - Total count of claims within the Reporting period that were paid within 30 days

- This is measured from the date the claim is received to the date the claim is paid (check date)
- Reporting Periods: Annually
- **Total Count of Claims Paid**
 - Total count claims paid within the reporting period
 - Reporting Periods: Annually

Reporting timelines and submission times:

- Each insurer shall submit reports no later than April 1st for the preceding calendar year.

Implementation Considerations

General

- This information will be used by the public to compare Health Insurers and Health Benefit Plans.
- All data is reported at the company level for Utah business.
- The data submission will be sent through UHIN to be received by the Department of Insurance.
- This Standard was adopted into the Utah Insurance Department Administrative rule R590-271, effective June 22, 2015.
- A **Frequently Asked Questions for Transparency Reporting** document is available at <https://standards.uhin.org/>.

Senders

- Senders should contact UHIN to set up a submission connection. For connectivity questions or concerns contact UHIN Customer Service at 1-877-693-3071 (toll free) or 801-716-5901.
- Senders should contact Utah Insurance Department for questions and concerns regarding reporting acceptance, to Daron Funn at dfunn@utah.gov, or 801-538-3824.

Receiver

- The Utah Insurance Department is responsible for maintaining and receiving reports.

History

	Original	V1.2	V1.3
ORIGINATION DATE	1/2010	9/16/2014	11/30/2016
APPROVAL DATE	5/18/2011	5/6/2015	12/30/2016
EFFECTIVE DATE	6/18/2011	6/6/2015	2/28/2017

	V1.4	V1.5	V1.6
ORIGINATION DATE	10/16/2017	11/14/2018	
APPROVAL DATE	2/7/2018	1/2/2019	
EFFECTIVE DATE	3/7/2018	2/2/2019	