

UTAH PHARMACY PREMIUM IMPACT SURVEY INSTRUCTIONS

All health insurers issuing Comprehensive Hospital & Medical products in Utah's Individual, Small Group, or Large Group markets (see page 6 for definition) are required to complete and file this annual survey. All other insurers are exempt. Send the completed survey form to the Utah Insurance Department **by August 1, 2023**. Send all submissions to the Utah Insurance Department (UID) secure file upload website at <https://forms.uid.utah.gov/fileUploads/>. Any other forms of data submission are not acceptable. Failure to file by the deadline may subject your company to the enforcement penalties under Utah Code § 31A-2-308. Any questions on completing this survey form should be directed to the Research Assistant via email to uid.healthresearch@utah.gov.

This survey is designed to meet the statutory requirements of Utah Code § 31A-48-103(2). All data values reported on the survey form should represent the year-end totals of the report year (December 31st).

The purpose of this survey is to measure the impact of pharmacy drug costs on comprehensive hospital & medical premiums in Utah.

SIGNATURE FORM

The Utah Pharmacy Premium Impact Survey includes a business confidentiality signature form. The Utah Insurance Department collects the Utah Pharmacy Premium Impact Survey with the intent and understanding that these records are classified as protected records under § 63G-2-305(2). The Signature Form is being made available from the website along with the instructions and survey form. The Signature Form should be filed along with the survey. This signature form ensures that the data is properly classified as a protected record under § 63G-2-305(2). In order to ensure this data is properly classified, please sign and date the Signature Form and return it to the Utah Insurance Department. This year's signature form covers data your company may have sent to the Utah Insurance Department during 2022 for the Utah Pharmacy Premium Impact Survey and any data filed along with the survey.

A version of this signature form will be a standard part of the annual Utah Pharmacy Premium Impact Survey going forward. Any representative of your company can sign the form. Please sign the form and send an electronic copy (e.g., Adobe PDF format), along with the survey form to the Utah Insurance Department (see Secure Transmission of Survey Data). A copy will be kept on file along with your survey.

SECURE TRANSMISSION OF SURVEY DATA

In an effort to increase the security of electronic transmissions, the Utah Insurance Department requires all survey data to be submitted using an encrypted file upload site. All data sent in any other format will not be accepted. In order to use the UID secure file upload website, you will need to set up a UtahID user account. Go to <https://forms.uid.utah.gov/fileUploads/>. The first time you go to this site, you will be redirected to a login screen with the option to create a new account. Click on *Create Account* (see Figure 1).

Figure 1: Utah-ID Log In Screen

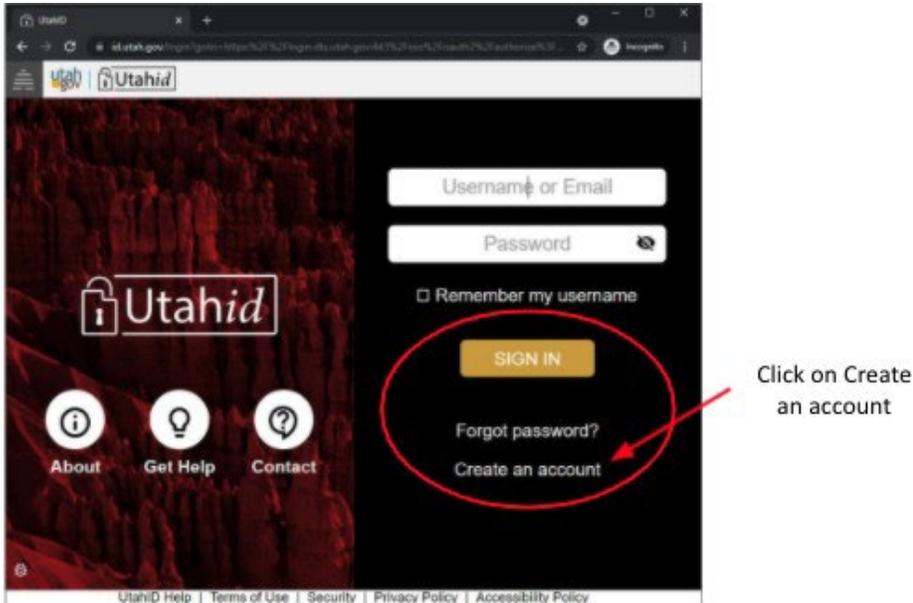
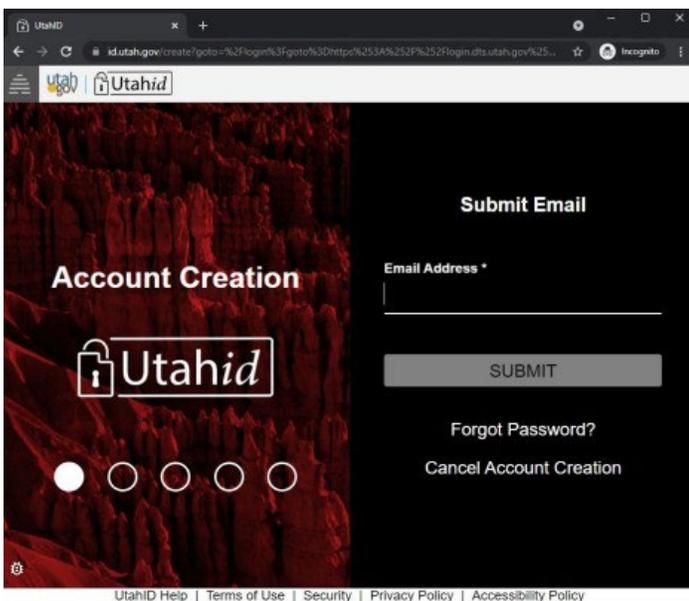


Figure 2: Utah-ID Creation Screen



Follow the prompts to create a new UtahID user account. Provide an email address for your new account (see Figure 2).

An email with a validation code will be sent to the email you provided. Open the email, copy the validation code, and paste it into the validation screen (see Figure 3). With your email validated, you'll be asked to provide your First Name, Last Name, and Username (see Figure 4).

Figure 3: Validate Email

Validate Email

An email has been sent to the email address you provided.

Please enter the code from the email into the space below to continue creating your UtahID account.

Code *

123456

SUBMIT

[Forgot Password?](#)

[Cancel Account Creation](#)

[Privacy Policy](#) | [Accessibility Policy](#)

Figure 4: Enter User Details

Enter User Details

First Name *

Last Name *

Username *

SUBMIT

[Forgot Password?](#)

[Privacy Policy](#) | [Accessibility Policy](#)

You'll be asked to create a password. Once all of the listed criteria have been met, you'll need to confirm the password (see Figure 5).

Once your UtahID account has been created, please return to the login screen by using the UID secure upload website address: <http://forms.uid.utah.gov/fileUploads/>. Enter your login information. It may take up to 15 minutes after activating your UtahID before you see the upload web page shown in Figure 6.

The State of Utah supports and recommends the use of Google Chrome web browser when accessing this site. If you have difficulties creating a UtahID, support is available by calling the Department of Technology Services at (801) 538-3440.

Figure 5: Create Password

Create Password

Password *

Password Requirements

- ✓ Must be between 8 and 128 characters long.
- ✓ Must not contain your name, username, etc.
- ✗ Must use at least 3 different character types:
 - ✗ Uppercase
 - ✗ Lowercase
 - ✗ Number
 - ✗ Special

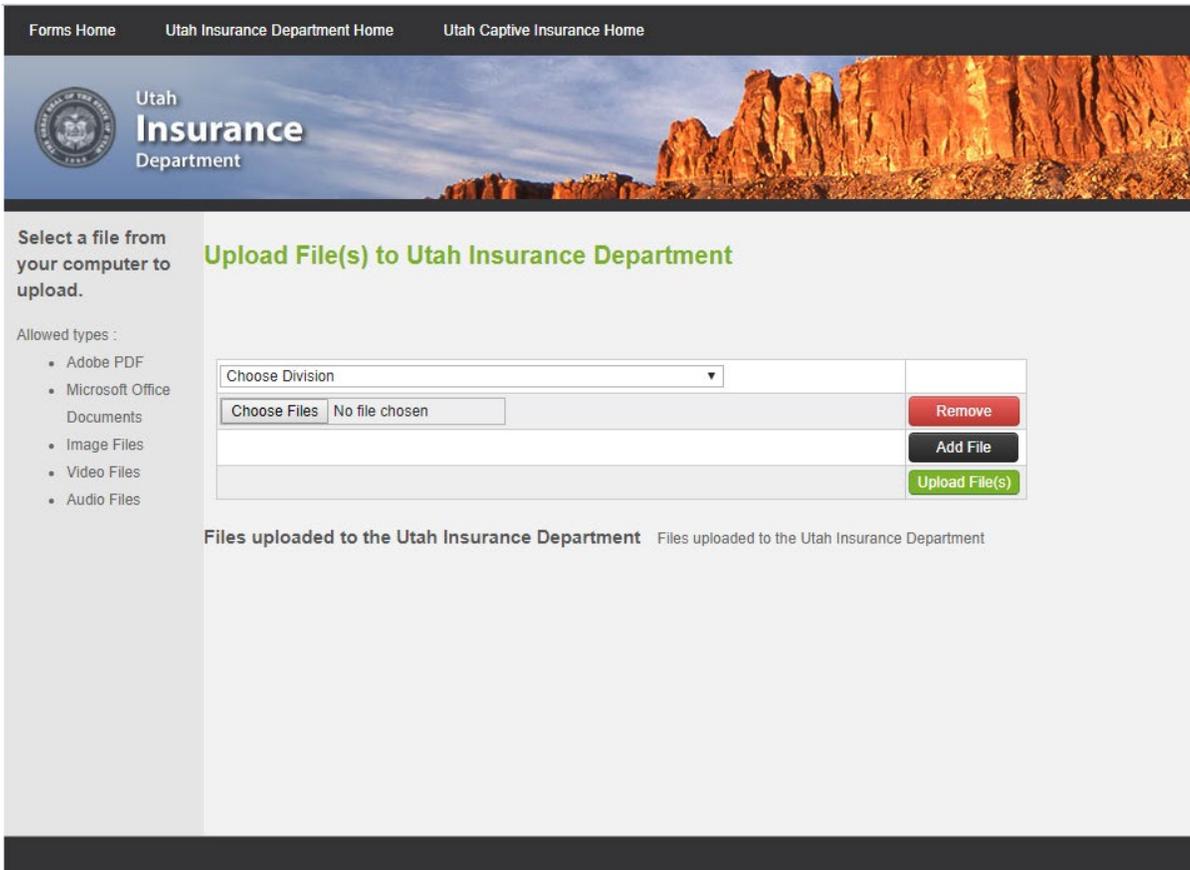
Confirm Password *

[Privacy Policy](#) | [Accessibility Policy](#)

Once logged in, you will see the site that allows you to securely upload your survey files (see Figure 6). Select “Health Research” from the *Choose Division* drop-down menu, click on *Add File* to select the signature form and survey form, using your NAIC company code in the file name, and click on “Upload Files”.

The file naming convention is “<Your NAIC Cocode>-Utah-<form file name>”. If your NAIC Cocode is “99999” your file names would resemble the following examples (e.g. 99999-Utah-PPISurvey.xlsx; 99999-Utah-PPISignature.pdf).

Figure 6: Utah ID File Upload webpage



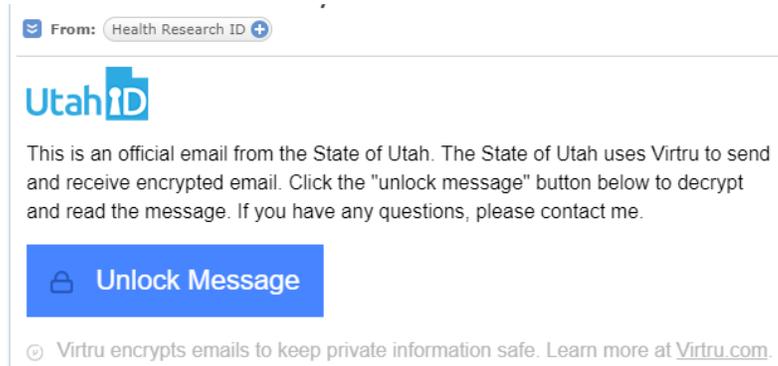
Please contact us if you have any problems or questions with uploading your files. Emailed documents will not be accepted.

VIRTU EMAIL ENCRYPTION SYSTEM

The State of Utah has adopted the Virtu platform for email encryption. In the case that we need to send you information securely, you may receive an encrypted email from the Utah Insurance Department using the Virtu encrypted email system. You will be able to identify the email using the following criteria (see Figure 7):

- The From address will normally be from uid.healthresearch@utah.gov or a utah.gov email address.
- Look for the Utah-ID logo
- Look for the *Unlock Message* button
- Look for the following text: "Virtu encrypts emails to keep private information safe. Learn more at Virtru.com"

Figure 7: UtahID Secure Email



Click *Unlock Message* to unlock the email and view the email content. If you experience problems, assistance is available through the Department of Technology Services at (801) 538-3440. Please contact the Research Assistant at uid.healthresearch@utah.gov, if you are experiencing problems in viewing the message.

PART 1: UTAH PHARMACY DRUG COSTS

PHARMACY DRUG COSTS:	Benefits paid out under a policy's pharmacy benefit and/or paid claims for a prescription medical drug product with a National Drug Code issued by the FDA.
COMPREHENSIVE HOSPITAL & MEDICAL:	Business that includes major medical, comprehensive medical and other hospital-surgical-medical benefit plans designed to be the insured member's primary health benefit plan. This category includes H16 Major Medical health benefit plans filed via SERFF as H16I, H16G, HOrg02I, or HOrg02G. Exclude all H15 Hospital, Medical, Surgical expense plans that are designed to function as a supplement to a primary health benefit plan (see Hosp-Med-Surgical (Supplement Only)). Also, exclude all Short-Term Limited Duration plans (see Short-Term Limited Duration).
HOSP-MED-SURGICAL (SUPPLEMENT ONLY):	Business that includes any hospital only expense, medical only expense, surgical only expense, hospital and medical expense, hospital and surgical expense, medical and surgical expense, and hospital, medical and surgical expense (supplement). This category includes H15I or H15G Hospital, Medical, Surgical expense plans that are designed to function as a supplement to a primary health benefit plan (e.g., H16 Major Medical). Exclude all Comprehensive Hospital & Medical plans. Also, exclude all Short-Term Limited Duration plans.
SHORT-TERM LIMITED DURATION:	Business that complies with the definition of short-term limited duration plans under § 31A-1-301(175). "Short-term limited duration health insurance" means a health benefit product that: (a) after taking into account any renewals and extensions, has a total duration of no more than 36 months; and (b) has an expiration date specified in the contract that is less than 12 months after the original effective date of coverage under the health benefit product. Short-term limited duration plans have limited medical benefits and are not considered a "health benefit plan" under Chapter 30 of the Utah Code. This category includes short-term limited duration plans filed via SERFF as H16I, H16G, H15I, or H15G product with a State Sub-TOI – Short Term. Exclude all Comprehensive Hospital & Medical plans or Hospital-Medical-Surgical (Supplement Only) plans.

COLUMN DEFINITIONS

TOP 25 DRUGS BY SPENDING:	Utah Code § 31A-48-103(2)(a) requires insurers to report data for the 25 drugs which had the greatest spending, after adjusting for rebates. Report the top 25 prescription drug products from both pharmacy and medical benefits that contributed the greatest dollar amounts to total annual spending. The list of drugs should be sorted and ranked by the greatest spending to the least spending (after adjusting for rebates), where #1 represents the greatest dollar amount of spending and #25 represents the least dollar amount of spending (out of the top 25 with greatest dollar amounts). "Drug spending" means the total allowable cost of the drug, before cost sharing, after adjusting for rebates.
NDC CODE:	11-digit national drug code (NDC) for each drug. This number identifies the labeler, product, and trade package size. Utah Code § 31A-48-103(2)(a) requires the insurer to report the strength and dosage of each drug. Reporting by 11-digit NDC code provides this information as the Insurance Department can use the NDC code to extract the product information, including the strength and dosage of the drug from the FDA database.
DRUG NAME:	The name the prescription drug product that was sold to the member and was paid for by the insurer on the claim.
NUMBER OF PRESCRIPTIONS FILLED:	The number of unique drug claims received for the prescription drug during the reporting year. Count drug claims by unique date of service. Each time a claim is filled under the prescription is counted as a "prescription" meaning "the number of times a prescription was filled". For example, a member who receives a 30-day supply a drug each month has 1 doctor's prescription on file, but has filled the prescription once a month for twelve months. Count the 12 claims (1 claim each time the prescription was filled), not the 1 time the doctor issued a medical prescription for the patient.
NUMBER OF MEMBERS:	The number of unique individual persons who filed claims for the prescription drug during the reporting year. Count the number of insured members who received this drug during the reporting year. For example, a member who receives a 30-day supply of a drug each month would have 12 prescriptions filled. Count 1 member, not the 12 drug claims.

DRUG TYPE:	“Drug type” means the drug classification under the health insurer’s formulary. The FDA classifies drugs as either Generic or Brand. If the insurer also classifies a drug as a Specialty drug under their formulary, the drug should be broken out as a Specialty drug for the purposes of the survey. Please use the letters G, B, or S to classify each drug.
GENERIC:	Generic drugs as classified by the FDA. Exclude Brand name drugs and Specialty drugs
BRAND:	Brand name drugs as classified by the FDA. Exclude Generic drugs and Specialty drugs
SPECIALTY:	Generic or Brand name drug classified as a Specialty drug on the health insurer’s drug formulary list. Specialty drugs are prescription drug products that require special handling, have high costs, or are only available through specialty pharmacies. Use the classification that is currently used during the report year on the health insurer’s drug formulary list.
TOTAL DRUG SPENDING:	“Drug spending” means the allowable cost of the drug, before cost sharing, after adjusting for drug rebates. Total drug spending should be the total of the insurers’ portion and the members’ portion. In cases where the health insurer is not primary on the claim and the insurer paid less than the allowable, keep the insurers’ paid amount and adjust the total allowable to match.
INSURERS’ PORTION OF DRUG SPENDING:	“Insurers’ portion of drug spending” means the insurer cost after cost sharing, after adjusting for drug rebates. This is the portion of the total allowable cost paid by the insurer.
MEMBERS’ PORTION OF DRUG SPENDING:	“Members’ portion of drug spending” means the insurer cost after cost sharing, after adjusting for drug rebates. This is the portion of the total allowable cost paid by the member.

ROW DEFINITIONS

TOTAL HEALTH BENEFIT PLAN SPENDING:	“Health benefit plan spending” means all of the health care services paid for under a comprehensive hospital & medical health benefit plan. This is the total paid claims for the report year. Report all spending as the dollar amount for the allowable cost of the health care service prior to cost sharing, after adjusting for drug rebates. Include a break out the total health care benefit plan spending for total allowable, the insurers’ portion, and the members’ portion, after adjusting for drug rebates.
TOTAL DIRECT EARNED PREMIUM:	“Direct earned premium” is the premium income received by the health insurer from all sources (after risk adjustment) that was allocated to the insurer’s loss experience, expenses, and profit during the report year. Report only direct earned premium for comprehensive hospital & medical health benefit plans.
TOTAL CUMULATIVE MEMBER MONTHS:	Enter the cumulative year-end member months for all comprehensive hospital & medical business during the report year. To calculate member months, first count the number of insured members during each month of the year. This produces 12 member counts (one for each month). Then sum total all 12-member counts. This total is the cumulative member months for the year. For example, if your company had 10 insured members during each of the 12 months of the year, the cumulative member months would be calculated as follows: 10 members x 12 months = 120 member months.
ESTIMATED PREMIUM IMPACT:	Premium impact will be estimated as percentage by dividing the total costs of a drug category by the total direct earned premium. As required by Utah Code § 31A-48-103(2)(a), premium impact estimates will be created for the top 25 drugs, Specialty drugs, and total pharmacy drug spending. Annual percent changes in spending and premium will be calculated separately using the data provided for each report year.



UTAH INSURANCE DEPARTMENT

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