

UTAH ACCIDENT & HEALTH SURVEY (STLD SUPPLEMENT) INSTRUCTIONS

The Short-Term Limited Duration Supplement is a follow-up survey for the 2022 Utah Accident & Health Survey. All responses will be recorded as answers to the 2022 Utah Accident & Health Survey. All companies who reported short-term limited duration business on part 1, line 3 of the 2022 Utah Accident & Health Survey, must complete and submit the Short-Term Limited Duration Supplement. Please note that this survey applies only to 2022 business. If you do not have any short-term limited duration business and reported zero on part 1, line 3 of the 2022 Utah Accident & Health Survey then you are exempt from filing the Short-Term Limited Duration Supplement and should not file this form. "None" reports are not required. Just file the 2022 Utah Accident & Health Survey without the Short-Term Limited Duration Supplement.

This follow-up survey is designed to collect data on short-term limited duration insurance coverage in greater detail. All data values reported on the survey form should balance to the data reported on part 1, line 3 of the Utah Accident & Health Survey for 2022.

The completed survey form should be sent to the Utah Insurance Department **by April 1, 2023**. All submissions should be made via the Utah Insurance Department (UID) secure file upload website at: <https://forms.uid.utah.gov/fileUploads/>. Any other forms of data submissions 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.

The survey form is divided into two major parts:

In part 1, companies report detailed information regarding all of the short-term limited duration business that was reported on part 1, line 3 of the 2022 Utah Accident & Health Survey. The information reported here should balance to the information reported on the 2022 Utah Accident & Health Survey.

In part 2, companies break out their membership with short-term limited duration insurance coverage by the age group of the member and the duration of the coverage in days.

SIGNATURE FORM

The last component of the follow-up survey is the Signature Form. The Utah Insurance Department collects the Utah Accident & Health Survey with the intent and understanding that these records are classified as protected records under § 63G-2-305(2). The Signature Form should be filed along with this follow-up 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. Each company should file one signature form per survey filing. This Signature Form covers data your company may have sent to the Utah Insurance Department during 2022 for the Utah Accident & Health Survey and any of the follow up survey supplements, including the Short-Term Limited Duration Supplement, Stop-Loss Supplement, and ASO Supplement.

TERMINOLOGY USED IN THE SURVEY

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.
IN FORCE COVERAGE:	The number of days that the member had coverage in force. This is always less than the policy contract term (until the policy contract expires). The survey is not asking for information on in force coverage. It is asking for information on the length of the policy contract (which will always be less than 12 months).
POLICY CONTRACT TERM:	"Policy Contract Term" means the total number of days that the policy will provide coverage as measured by the expiration date on the contract. The length of the coverage is provided in writing on the policy when it is issued to the member. It is not the number of the days that the member has in force coverage. Policy contracts must have an expiration date that is less than 12 months after the original effective date (see § 31A-1-301(175)(b)). Policy contracts can be renewed as long as the total duration of in force coverage is no more than 36 months (see § 31A-1-301(175)(a)). The survey is asking for the length of the policy contract term (based on an expiration date of 12 months or less).

PART 1: SHORT-TERM LIMITED DURATION INSURANCE COVERAGE IN UTAH

COLUMN DEFINITIONS

NUMBER OF INSURED MEMBERS:	For individual policies, the number of insured members must include dependents. For group policies, the number of insured members must equal the number of subscribers (certificate holders) plus dependents.
NUMBER OF INSURED POLICIES:	For individual policies, enter the number of insured policyholders. For group policies, enter the number of subscribers (certificate holders).
DIRECT PREMIUMS WRITTEN:	Enter the total premiums collected for policies written during the report year for each short-term limited duration insurance category.
DIRECT PREMIUMS EARNED:	Enter the portion of premium paid by the insured that was allocated to the insurer's loss experience, expenses, and profit during the report year for each short-term limited duration insurance category.
DIRECT LOSSES PAID:	Enter the actual amount of losses paid by the insurer during the report year for each short-term limited duration insurance category.
DIRECT LOSSES INCURRED:	Enter the total amount of losses incurred by the insurer during the report year for each short-term limited duration insurance category.

CUMULATIVE MEMBER MONTHS: Enter the cumulative year-end member months for each short-term limited duration category. If you report short-term limited duration business, you must report member months, even if the members are zero at the end of the calendar year. To calculate member months, first count the number of 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 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.

ROW DEFINITIONS

INDIVIDUAL: Short-Term Limited Duration policies issued to an individual person. For individual policies, the number of insured members must include dependents.

GROUP: Short-Term Limited Duration policies issued to a group organization. For group policies, the number of insured members must equal the number of subscribers (certificate holders) plus dependents.

TOTAL: Sum total of individual and group Short-Term Limited Duration policies.

PART 2: SHORT-TERM LIMITED DURATION BY AGE GROUP AND POLICY CONTRACT TERM

Short-Term Limited Duration plans may be issued at any time during the calendar year. Given the variation in how these plans are issued during the year, the survey requests membership data for each of the four quarters of 2022. Part 2 provides a separate reporting table for each of the four quarters.

You are requested to report your company's data for the following time periods.

PART 2-A: FIRST QUARTER (JANUARY TO MARCH) -- Data as of March 31, 2022

PART 2-B: SECOND QUARTER (APRIL TO JUNE) -- Data as of June 30, 2022

PART 2-C: THIRD QUARTER (JULY TO SEPTEMBER) -- Data as of September 30, 2022

PART 2-D: FORTH QUARTER (OCTOBER TO DECEMBER) -- Data as of December 31, 2022

For each quarter, you are to report the number of members enrolled as of end of the reporting period (e.g., March 31, 2022). Categorize the members by their age in years as of the end of the reporting period. Categorize the member's insurance coverage by the policy contract term based on the effective date when the policy was originally issued to the member (see POLICY CONTRACT TERM).

Age Categories

CALCULATING AGE IN YEARS: To complete the tables in part 2, take the total membership in Utah with short-term limited duration insurance coverage as reported in part 1, line 3, column 1 and classify the members by age. To calculate each member's age, use the member's date of birth to determine the age of the member (in years) as of the end of the reporting period. Most database software currently in use has a function that will count the number of years between two dates (e.g., between the date of birth and December 31, 2022). Use the calculated age in years for each member to classify the membership into the following categories.

Age 0 to 18:	Members age 18 and younger.
Age 19 to 26:	Members between the ages of 19 to 26.
Age 27 to 34:	Members between the ages of 27 to 34.
Age 35 to 49:	Members between the ages of 35 to 49.
Age 50 to 64:	Members between the ages of 50 to 64.
Age 65 and older:	Members 65 and older.

Total Members: Total members regardless of age. Columns 1 through 6 (the previous 6 categories) should total to column 7 (this category). The total number of members reported here should balance to the number of insured members reported in part 1, line 3, column 1.

Duration Categories

CALCULATING POLICY CONTRACT TERM (IN DAYS):

To complete the tables in part 2, take the total membership in Utah with short-term limited duration coverage as reported in part 1, line 3, column 1 and classify the members by the length of the member's policy contract. Policy contract length should be measured in the total number of days the policy provides coverage when it was issued (see POLICY CONTRACT TERM). For example, imagine you had two members with short-term limited duration plans; and one member was insured under a policy that provided coverage for 90 days, and the other member was insured under a policy that provided coverage for 360 days. Count the member as 1 under the category of "90 Days (or 3 Months)" and count the other member as 1 under the category of "360 Days (or 12 Months)" and report 2 members in the category of "Total". If there is not a category that matches the number of days exactly, select the one that most closely represents the coverage as written on the policy when it was issued to the member. For example, if the policy provides coverage for 363 days, use the "360 Days (or 12 Months)" category.



UTAH INSURANCE DEPARTMENT

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