

## UTAH ADVERSE PREAUTHORIZATION DETERMINATION SURVEY INSTRUCTIONS

As required by Utah Code § 31A-22-650, all Fraternal, Health, Life and Property & Casualty insurers in Utah with Comprehensive Hospital & Medical (Major Medical) business in either the Individual, Small Group, or Large Group Markets are required to complete and file this survey. All other insurers are exempt. Send the completed survey form to the Utah Insurance Department **by April 1, 2024**. Send all submissions to the Health Research Division at 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 reporting form should be directed to the Research Assistant via email to [uid.healthresearch@utah.gov](mailto:uid.healthresearch@utah.gov).

The survey form consists of a single table. There are seven questions that must be completed. Go to pages 6 and 7 of this document for a more detailed explanation of the data required in the survey form.

### **SIGNATURE FORM**

The Utah Adverse Preauthorization Determination Survey includes a business confidentiality signature form. The Utah Insurance Department collects the Utah Adverse Preauthorization Determination 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 reporting form. The Signature Form should be filed along with the report. This signature form ensures that the data is properly classified as a protected record under § 63G-2-305(2). This year's signature form covers data your company may have sent to the Utah Insurance Department during 2023 for the Utah Adverse Preauthorization Determination Survey.

A version of this signature form will be a standard part of the annual Utah Adverse Benefit Determination Survey going forward. Any representative of your company can sign the form. Please sign and date the Signature Form and submit an electronic copy (e.g., Adobe PDF format), along with the reporting 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

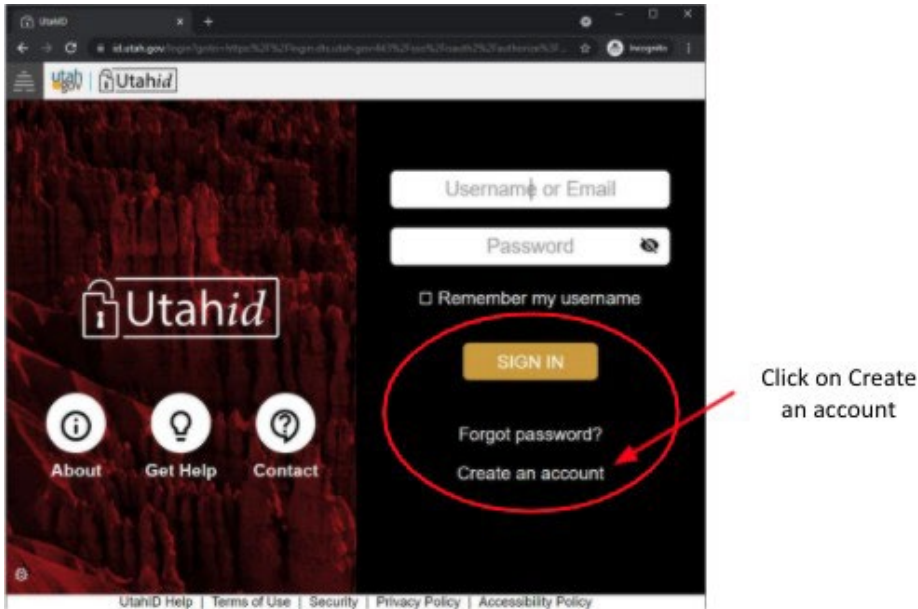
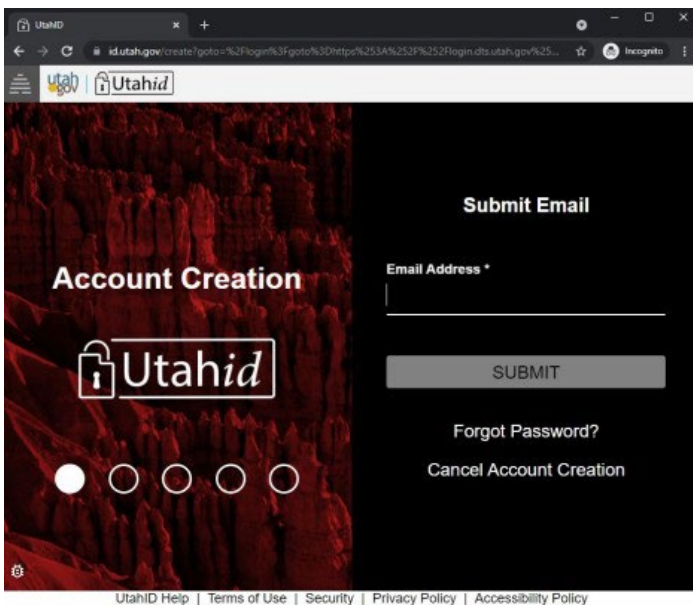


Figure 2: Utah-ID Creation Screen



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

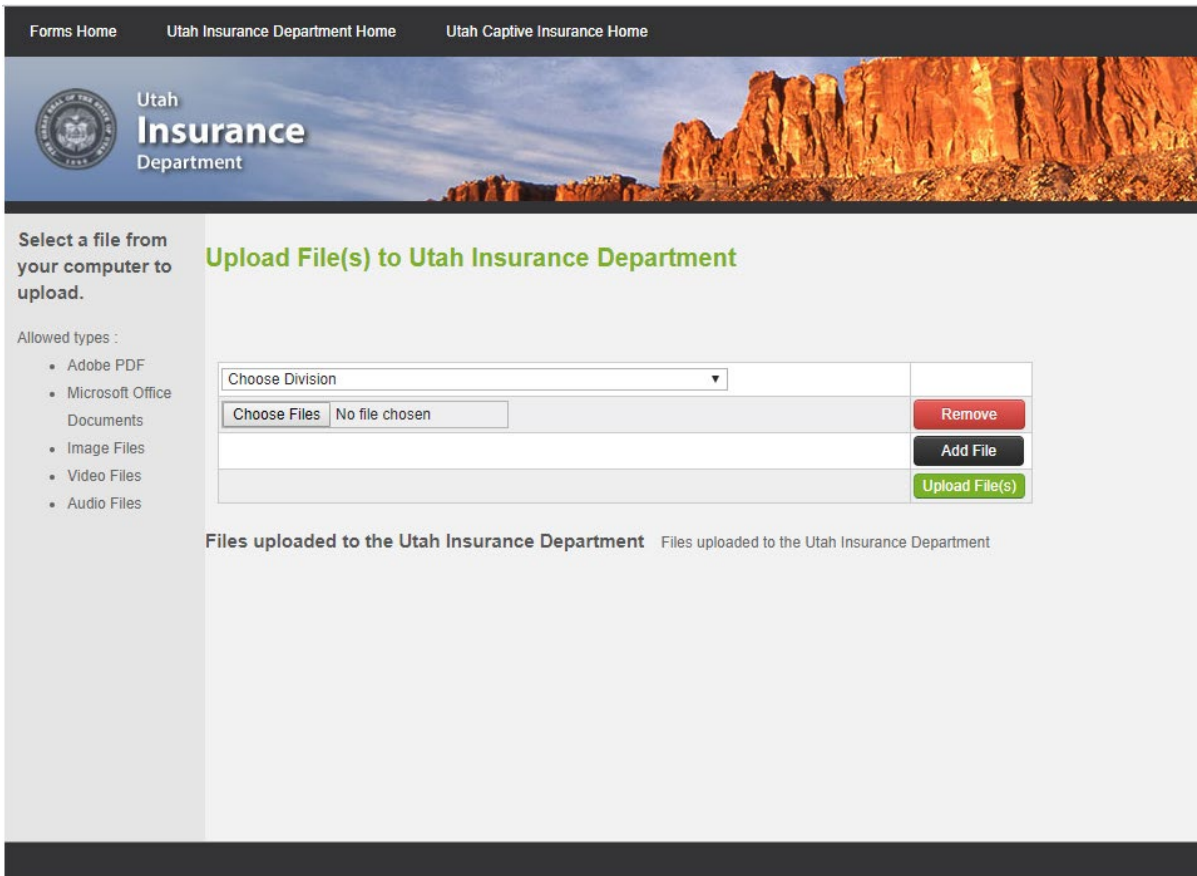
Confirm Password \*

[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”. Files submitted to any other division will not be accepted.

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-APDSurvey.xlsx; 99999-Utah-APDSignature.pdf).

Figure 6: Utah ID File Upload webpage



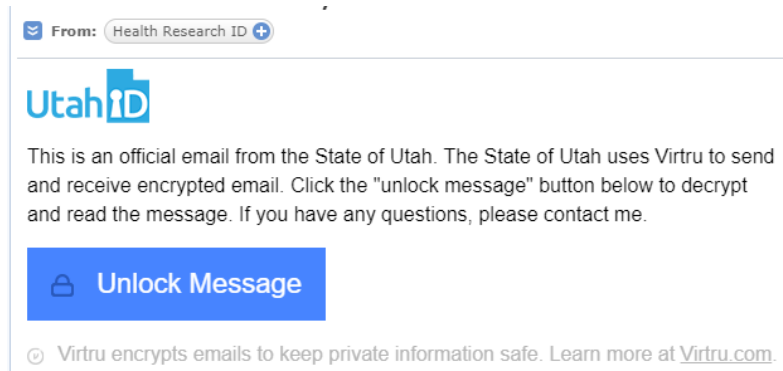
Please contact us if you have any problems or questions with uploading your files. Emailed documents will not be accepted.

## 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](mailto: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](mailto:uid.healthresearch@utah.gov), if you are experiencing problems in viewing the message.

## DEFINITION OF COMPREHENSIVE HOSPITAL & MEDICAL

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.

## TERMINOLOGY USED IN THE SURVEY

ADVERSE PREAUTHORIZATION DETERMINATION:	"Adverse preauthorization determination" means a determination by an insurer that health care does not meet the preauthorization requirement for the health care.
AUTHORIZATION:	"Authorization" means a determination by an insurer that for health care with a preauthorization requirement: <ol style="list-style-type: none"><li>1. The proposed drug, device, covered services meets all requirements, restrictions, limitations, and clinical criteria for authorization established by the insurer;</li><li>2. The drug, device, or covered service is covered by the enrollee's insurance policy; and</li><li>3. The insurer will provide coverage for the drug, device, or covered service subject to the provisions of the insurance policy, including any cost sharing responsibilities of the enrollee.</li></ol>
CALENDAR YEAR:	The time period from January 1 to December 31.
ONE WEEK:	Seven calendar days or more after the calendar day on which the insurer received the request for authorization. For example, a preauthorization request is received by an insurer on December 1 <sup>st</sup> . One week is seven days or December 8 <sup>th</sup> . Count all preauthorization requests completed (i.e., notified the provider) on day 8 and every day thereafter (e.g., December 9 <sup>th</sup> and every subsequent day thereafter).
PREAUTHORIZATION REQUEST:	"Preauthorization request" means a request for authorization of health care with a preauthorization requirement. This includes both authorizations (the request was approved) and adverse preauthorization determinations (the request was denied). If a preauthorization request was processed more than once, count the final determination of the request as of December 31, 2023. "Completed" means that the insurer processed the preauthorization request, made a determination, and notified the provider.
PREAUTHORIZATION REQUIREMENT:	"Preauthorization requirement" means a requirement by an insurer that an enrollee obtain authorization for a drug device, or service covered by the insurance policy, before receiving the drug, device, or service. Excludes urgent care and emergency care.
REPORTING REQUIREMENT:	Before April 1, 2021, and before April 1 of each year thereafter, an insurer with a preauthorization requirement shall report to the department, for the previous calendar year, the percentage of authorizations, not including a claim involving urgent care as defined in 29 C.F.R. Sec. 2560.503-1, for which the insurer notified a provider regarding an authorization or adverse preauthorization determination more than one week after the day on which the insurer received the request for authorization.

**PART 1: PREAUTHORIZATION REQUESTS BY AUTHORIZATION AND ADVERSE PREAUTHORIZATION DETERMINATION DURING 2023**

*ALL DATA IN PART 1 SHOULD REPRESENT THE TOTAL COMPREHENSIVE HOSPITAL & MEDICAL BUSINESS ACTIVITY FOR AUTHORIZATIONS AND ADVERSE PREAUTHORIZATION DETERMINATIONS IN UTAH.*

TOTAL NUMBER OF  
PREAUTHORIZATION  
REQUESTS COMPLETED:

Enter the total number of preauthorization requests completed during the 2023 calendar year (see "PREAUTHORIZATION REQUEST" and "PREAUTHORIZATION REQUIREMENT"). "Completed" means that the insurer processed the preauthorization request, made a determination, and notified the provider. Count the number of requests by each unique date of service (the date the request was made). The number of requests completed should equal the number of authorizations completed (approvals) and adverse preauthorization determinations completed (denials) reported in this survey (lines 4 and 6).

NUMBER OF  
PREAUTHORIZATION  
REQUESTS RECEIVED  
BUT NOT COMPLETED:

Enter the total number of preauthorization requests received but were not completed. "Not completed" means that the insurer received the preauthorization request during the 2023 calendar year, but the request was not processed as of December 31, 2023. This could happen if a request was received in one calendar year and completed in the next calendar year (see "PREAUTHORIZATION REQUEST" and "PREAUTHORIZATION REQUIREMENT"). Count the number of requests by each unique date of service (the date the request was made).

TOTAL NUMBER OF  
AUTHORIZATIONS  
COMPLETED:

Enter the total number of authorizations (approvals) completed during the 2023 calendar year (see "AUTHORIZATIONS"). Count authorizations by each unique date of service (the date the request was made). This count includes authorizations completed after one week (line 5). It should be a count of all the authorizations completed.

NUMBER OF  
AUTHORIZATIONS COMPLETED  
AFTER ONE WEEK:

Enter the total number of authorizations (approvals) completed after one week during the 2023 calendar year (see "AUTHORIZATIONS" and "ONE WEEK"). Count authorizations by each unique date of service (the date the request was made). This count excludes authorizations completed within 7 days. Count only those that were completed after one week.

TOTAL NUMBER OF  
ADVERSE PREAUTHORIZATION  
DETERMINATIONS COMPLETED:

Enter the total number of adverse preauthorization determinations (denials) completed during the 2023 calendar year (see "ADVERSE PREAUTHORIZATION DETERMINATIONS"). Count determinations by each unique date of service (the date the request was made). This count includes adverse preauthorization determination completed after one week (line 7). It should be a count of all the adverse preauthorization determinations completed.

NUMBER OF  
ADVERSE PREAUTHORIZATION  
DETERMINATIONS COMPLETED  
AFTER ONE WEEK:

Enter the total number of adverse preauthorization determinations (denials) completed after one week during the 2023 calendar year (see "ADVERSE PREAUTHORIZATION DETERMINATIONS" and "ONE WEEK"). Count determinations by each unique date of service (the date the request was made). This count excludes adverse preauthorization determinations completed within 7 days. Count only those that were completed after one week.



## UTAH INSURANCE DEPARTMENT

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