

90 compare health insurers and health benefit plans on the Health Insurance Exchange, which  
91 shall include consideration of:

- 92 (i) the number and cost of an insurer's denied health claims;
- 93 (ii) the cost of denied claims that is transferred to providers;
- 94 (iii) the average out-of-pocket expenses incurred by participants in each health benefit  
95 plan that is offered by an insurer in the Health Insurance Exchange;
- 96 (iv) the relative efficiency and quality of claims administration and other administrative  
97 processes for each insurer offering plans in the Health Insurance Exchange; and
- 98 (v) consumer assessment of each insurer or health benefit plan;

99 (b) adopt an administrative rule that establishes:

- 100 (i) definition of terms;
- 101 (ii) the methodology for determining and comparing the insurer transparency  
102 information;
- 103 (iii) the data, and format of the data, that an insurer shall submit to the commissioner in  
104 order to facilitate the consumer comparison on the Health Insurance Exchange in accordance  
105 with Section 63M-1-2506; and
- 106 (iv) the dates on which the insurer shall submit the data to the commissioner in order  
107 for the commissioner to transmit the data to the Health Insurance Exchange in accordance with  
108 Section 63M-1-2506; and
- 109 (c) implement the rules adopted under Subsection (4)(b) in a manner that protects the  
110 business confidentiality of the insurer.

111 **Section 2. Effective date.**

112 This bill takes effect on ~~H→~~ [July 1, 2015] January 1, 2016 ~~←H~~ .

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**Legislative Review Note**

as of 1-16-15 9:58 AM

**Office of Legislative Research and General Counsel**