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## A BILL FOR AN ACT

RELATING TO INSURANCE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. Chapter 431, Hawaii Revised Statutes, is  
2 amended by adding a new section to article 14G to be  
3 appropriately designated and to read as follows:

4           "§431:14G-    Claims data.   (a) A managed care plan shall  
5 annually provide claims data at no charge to a large group  
6 purchaser if the large group purchaser requests the information  
7 and otherwise meets the requirements of this section.

8           (b) The managed care plan shall provide claims data that a  
9 qualified statistician has determined are deidentified so that  
10 the claims data do not identify or do not provide a reasonable  
11 basis from which to identify an individual. If the statistician  
12 is unable to determine that the data has been deidentified, then  
13 the data that cannot be deidentified shall not be provided by  
14 the managed care plan to the large group purchaser. A managed  
15 care plan may provide the claims data in an aggregated form as  
16 necessary to comply with subsections (g) and (h).



- 1        (c) As an alternative to providing claims data required  
2 pursuant to subsection (a), the plan shall provide, at no charge  
3 to a large group purchaser, all of the following:
- 4        (1) Deidentified data sufficient for the large group  
5 purchaser to calculate the cost of obtaining similar  
6 services from other plans and evaluate cost-  
7 effectiveness by service and disease category;
- 8        (2) Deidentified aggregated patient-level data on  
9 demographics, prescribing, encounters, inpatient  
10 services, outpatient services, and any other data that  
11 is comparable to what is required of the plan to  
12 comply with risk adjustment, reinsurance, or risk  
13 corridors pursuant to the federal Patient Protection  
14 and Affordable Care Act, as amended by the federal  
15 Health Care and Education Reconciliation Act of 2010,  
16 and any rules, regulations, or guidance issued  
17 thereunder; and
- 18        (3) Deidentified aggregated patient-level data used to  
19 experience rate the large group, including diagnostic  
20 and procedure coding and costs assigned to each  
21 service that the plan has available.



1       (d) The managed care plan shall obtain a formal  
2 determination from a qualified statistician that the data  
3 provided pursuant to this section have been deidentified so that  
4 the data do not identify or do not provide a reasonable basis  
5 from which to identify an individual. If the statistician is  
6 unable to determine that the data has been deidentified, the  
7 managed care plan shall not provide the data that cannot be  
8 deidentified to the large group purchaser. The statistician  
9 shall document the formal determination in writing and shall,  
10 upon request, provide the protocol used for deidentification to  
11 the department.

12       (e) Data provided pursuant to this section shall only be  
13 provided to a large group purchaser that is able to demonstrate  
14 its ability to comply with state and federal privacy laws.

15       (f) Nothing in this section shall be construed to prohibit  
16 a plan and purchaser from negotiating the release of additional  
17 information not described in this section.

18       (g) All disclosures of data to the large group purchaser  
19 made pursuant to this section shall comply with the federal  
20 Health Insurance Portability and Accountability Act of 1996 and  
21 the federal Health Information Technology for Economic and



1 Clinical Health Act, Title XIII of the federal American Recovery  
2 and Reinvestment Act of 2009, and implementing regulations.

3 (h) All disclosures of data to the large group purchaser  
4 made pursuant to this section shall comply with chapter 323B.

5 (i) As used in this section, "large group purchaser" or  
6 "purchaser" means an employer with an enrollment of greater than  
7 covered lives and at least covered lives enrolled  
8 with the managed care plan providing the information or a  
9 multiemployer trust with an enrollment of greater than  
10 covered lives and at least covered lives enrolled with the  
11 health care service plan providing the information."

12 SECTION 2. New statutory material is underscored.

13 SECTION 3. This Act shall take effect on July 1, 2016.

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INTRODUCED BY: Allen Arsenetti

Don Hargis

[Signature]

Karl N. [Signature]

JAN 26 2016



# H.B. NO. 2482

**Report Title:**

Managed Care Plan; Data

**Description:**

Requires managed care plans to provide claims data at no charge to a large group purchaser if the large group purchaser requests the information and meets certain requirements.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

