
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 de-identified 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 de-identified,
13 then the data that cannot be de-identified shall not be provided
14 by the managed care plan to the large group purchaser. A
15 managed care plan may provide the claims data in an aggregated
16 form as 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) De-identified 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) De-identified 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) De-identified 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 de-identified so
4 that the data do not identify or do not provide a reasonable
5 basis from which to identify an individual. If the qualified
6 statistician is unable to determine that the data has been de-
7 identified, the managed care plan shall not provide the data
8 that cannot be deidentified to the large group purchaser. The
9 qualified statistician shall document the formal determination
10 in writing and shall, upon request, provide the protocol used
11 for de-identification to 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, 2070.



Report Title:

Managed Care Plan; Data

Description:

Requires managed care plans to provide claims data annually at no charge to a large group purchaser if the large group purchaser requests the information and meets certain requirements. (HB2482 HD1)

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

