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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) Prior to receiving any claims data, the large group  
9 purchaser shall enter into a data sharing agreement, as  
10 determined by the commissioner, with the managed care plan.

11           (c) The managed care plan shall provide claims data that a  
12 qualified statistician, as determined by the commissioner, has  
13 determined are de-identified so that the claims data do not  
14 identify or do not provide a reasonable basis from which to  
15 identify an individual. If the qualified statistician is unable  
16 to determine that the data has been de-identified, then the data  
17 that cannot be de-identified shall not be provided by the



1 managed care plan to the large group purchaser. A managed care  
2 plan may provide the claims data in an aggregated form as  
3 necessary to comply with subsections (h) and (i).

4 (d) As an alternative to providing claims data required  
5 pursuant to subsection (a), a plan may provide, at no charge to  
6 a large group purchaser, all of the following:

- 7 (1) De-identified data sufficient for the large group  
8 purchaser to calculate the cost of obtaining similar  
9 services from other plans and evaluate cost-  
10 effectiveness by service and disease category;
- 11 (2) De-identified aggregated patient-level data on  
12 demographics, prescribing, encounters, inpatient  
13 services, outpatient services, and any other data that  
14 is comparable to what is required of the plan to  
15 comply with risk adjustment, reinsurance, or risk  
16 corridors pursuant to the federal Patient Protection  
17 and Affordable Care Act, as amended by the federal  
18 Health Care and Education Reconciliation Act of 2010,  
19 and any rules, regulations, or guidance issued  
20 thereunder; and



- 1       (3) De-identified aggregated patient-level data used to  
2       experience rate the large group, including diagnostic  
3       and procedure coding and costs assigned to each  
4       service that the plan has available.
- 5       (e) The managed care plan shall obtain a formal  
6       determination from a qualified statistician, as determined by  
7       the commissioner, that the data provided pursuant to this  
8       section have been de-identified so that the data do not identify  
9       or do not provide a reasonable basis from which to identify an  
10       individual. If the qualified statistician is unable to  
11       determine that the data has been de-identified, the managed care  
12       plan shall not provide the data that cannot be de-identified to  
13       the large group purchaser. The qualified statistician shall  
14       document the formal determination in writing and shall, upon  
15       request, provide the protocol used for de-identification to the  
16       department.
- 17       (f) Data provided pursuant to this section shall only be  
18       provided to a large group purchaser that is able to demonstrate  
19       its ability to comply with state and federal privacy laws.



1        (g) Nothing in this section shall be construed to prohibit  
2 a plan and purchaser from negotiating the release of additional  
3 information not described in this section.

4        (h) All disclosures of data to a large group purchaser  
5 made pursuant to this section shall comply with the federal  
6 Health Insurance Portability and Accountability Act of 1996 and  
7 the federal Health Information Technology for Economic and  
8 Clinical Health Act, Title XIII of the federal American Recovery  
9 and Reinvestment Act of 2009, and implementing regulations.

10       (i) All disclosures of data to a large group purchaser  
11 made pursuant to this section shall comply with chapter 323B.

12       (j) As used in this section, "large group purchaser" or  
13 "purchaser" means an employer with an enrollment of greater than  
14 one hundred covered lives and at least one hundred covered lives  
15 enrolled with the managed care plan providing the information or  
16 a multiemployer trust with an enrollment of greater than one  
17 hundred covered lives and at least one hundred covered lives  
18 enrolled with the managed care plan providing the information."

19       SECTION 2. New statutory material is underscored.

20       SECTION 3. This Act shall take effect on July 1, 2112.



**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 HD2)

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

