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# A BILL FOR AN ACT

RELATING TO THE DEPARTMENT OF HUMAN SERVICES.

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

1           SECTION 1. Chapter 346, Hawaii Revised Statutes, is  
2 amended by adding a new section to part XX to be appropriately  
3 designated and to read as follows:  
4           "§346-       Access to health care, pharmacy benefits, and  
5 dental care insurance data; mandatory reporting for certain  
6 insurers. (a) Beginning November 1, 2016, providers of health  
7 insurance that provide health benefits plans funded by the  
8 Hawaii employer-union health benefits trust fund, the state  
9 medicaid agency, or both, shall provide to the health analytics  
10 program, or its designee, administrative data required by the  
11 health analytics program to determine health benefits costs,  
12 including health care services claims and payment data regarding  
13 beneficiaries of health benefits plans funded by the Hawaii  
14 employer-union health benefits trust fund, the state medicaid  
15 agency, or both.  
16           (b) Beginning July 1, 2019, providers of health insurance  
17 that provide medicare advantage (medicare part C) health



1 benefits plans to residents of the State shall provide to the  
2 health analytics program, or its designee, administrative data  
3 required by the health analytics program, including health care  
4 services claims and payment data.

5 (c) Upon request of the health analytics program,  
6 providers of health insurance doing business in the State that  
7 are not subject to subsections (a) and (b) may submit  
8 administrative data to the health analytics program, or its  
9 designee, that the health analytics program deems necessary to  
10 perform its functions.

11 (d) Subject to available funding, the health analytics  
12 program may contract with entities for the analysis of  
13 all-claims, all-payer administrative data collected under this  
14 section and processed by a data center pursuant to this section  
15 to benefit medicaid and medicare recipients, public employees,  
16 and public sector retirees and for other public purposes.

17 (e) The health analytics program shall develop and update  
18 an annual plan for the analysis, maintenance, and publication of  
19 all-claims, all-payer administrative data collected pursuant to  
20 this section. The health analytics program shall seek approval  
21 for the annual plan from the director of health, administrator



1 of the Med-QUEST division of the department of human services,  
2 and the chief information officer of the State.

3 (f) The health analytics program shall adopt rules,  
4 pursuant to chapter 91, for the schedule and frequency which  
5 providers of health insurance shall provide all-claims,  
6 all-payer administrative data to the health analytics program.  
7 Rules adopted pursuant to this subsection shall also include  
8 provisions relating to data governance, data submission, use and  
9 sharing, information security, privacy protection, reporting,  
10 and any other matter necessary for the health analytics program  
11 to perform its functions under this section. In adopting rules,  
12 the health analytics program shall consider the measures  
13 necessary to implement all-claims, all-payer administrative data  
14 submission requirements by providers of health insurance subject  
15 to this section, using methods that are reasonable and  
16 cost-effective for data submitters.

17 (g) The health analytics program or its designee shall not  
18 disclose any individual patient's personal health information in  
19 violation of state or federal law.

20 (h) To minimize any risk of data breaches and  
21 re-identification of data, the all-claims, all-payer



1 administrative data and information submitted to the health  
2 analytics program shall include only the minimum protected  
3 health information identifiers necessary to link public and  
4 private data sources and the geographic and services data to  
5 undertake studies.

6 (i) The health analytics program or its designee, and any  
7 recipient of data collected pursuant to this section, shall  
8 maintain the original all-claims, all-payer protected health  
9 information identifier in a separate database that is not linked  
10 with any other data and shall use a proxy or encrypted record  
11 identifier for data analysis.

12 (j) No person shall attempt to re-identify subjects of  
13 protected health information from the all-claims, all-payer  
14 administrative data submitted to the health analytics program or  
15 its designee. No person shall disclose all-claims, all-payer  
16 administrative data that contains direct personal identifiers,  
17 including but not limited to name, mailing address, electronic  
18 mail, telephone number, date of birth, or social security  
19 number.

20 (k) The health analytics program or its designee may  
21 acquire federal medicare data sets specific to this State and



1 made available to states. Any public agency that possesses  
2 medicare data sets specific to this State shall share the data  
3 with the health analytics program or its designee at no  
4 additional cost to the health analytics program or its designee.

5 (1) No later than twenty days prior to the convening of  
6 each regular session, the health analytics program shall submit  
7 an annual report to the legislature on the submission,  
8 maintenance, and use of all-claims, all-payer administrative  
9 data submitted to the health analytics program pursuant to this  
10 section.

11 (m) For the purposes of this section:

12 "Administrative data" means:

- 13 (1) Statistical and financial reports of information;
- 14 (2) Patient invoices or similar patient encounter data;
- 15 (3) Records of services used for or resulting from  
16 administering delivery of health care, pharmacy  
17 benefits, or dental care, including records of  
18 services provided under health benefits plans as  
19 defined in section 87A-1; and
- 20 (4) Any other records as established pursuant to rules  
21 adopted pursuant to chapter 91.



1        "Provider of health insurance" means a group health  
2 insurance contract or service agreement that may include  
3 medical, hospital, surgical, prescription drug, vision, or  
4 dental services, in which a carrier agrees to provide, pay for,  
5 arrange for, or reimburse the cost of the services, including  
6 third party administrators."

7        SECTION 2. New statutory material is underscored.

8        SECTION 3. This Act shall take effect on July 1, 2060.



**Report Title:**

Med-QUEST; All-Claims, All-Payer Data; Health Analytics Program;  
Medicare Advantage; Administrative Data

**Description:**

Requires health insurance providers that provide health benefits plans funded by the Hawaii employer-union health benefits trust fund or the state medicaid agency and providers that provide medicare advantage (medicare part C) health benefits plans to provide administrative data to the health analytics program in the department of human services. Requires the health analytics program to develop an annual plan for the analysis, maintenance, and publication of collected all-claims, all-payer administrative data. Effective 7/1/2060. (HD2)

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

