

DEPARTMENT OF HEALTH

Adoption of Chapter 11-188 (Interim)
Hawaii Administrative Rules

November 1, 2017

1. Chapter 11-188, Hawaii Administrative Rules, entitled "Submission of Administrative Data to the State Health Planning and Development Agency" is adopted as interim rules to read as follows:

"HAWAII ADMINISTRATIVE RULES

TITLE 11

DEPARTMENT OF HEALTH

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

CHAPTER 188

SUBMISSION OF ADMINISTRATIVE DATA TO THE STATE HEALTH
PLANNING AND DEVELOPMENT AGENCY

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SUBCHAPTER 1

GENERAL PROVISIONS

§11-188-1 **Scope.** The rules in this chapter govern the submission of administrative data by providers of health insurance that provide health benefit plans funded by the Hawaii employer-union health benefits trust fund and the state medicaid agency, to the state health planning and development agency (SHPDA), or its designee. The rules in this chapter are adopted by the State pursuant to section 323D-18.5, Hawaii Revised Statutes (HRS), relating to information required of health care providers. [Eff] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

MAR 17 2018

§11-188-2 **Definitions.** As used in this chapter, unless a different meaning clearly appears in the context:

"Administrative data" or "data" means:

- (1) Statistical and financial reports of information;
- (2) Provider invoices or similar patient encounter data;
- (3) Records of services used for or resulting from administering delivery of health care, pharmacy benefits, or dental care, including health care claims data, records of services provided under health benefits plans as defined in section 87A-1, HRS; and
- (4) Any other records as established pursuant to administrative rules adopted pursuant to chapter 91, HRS.

"Administrator" means the administrator of the state health planning and development agency.

"Agency" means the state health planning and development agency as established in section 323D-11, HRS.

"Annual plan" means the plan developed by the agency pursuant to section 323D-18.5, HRS.

"Carrier" means any of the following:

- (1) An insurer engaged in the business of health care or dental insurance in the State;
- (2) A business under an administrative services organization or administrative services contract arrangement;
- (3) A third party administrator, licensed by the State, that collects premiums or settles claims of residents of the State, for health care insurance policies or health benefit plans;
- (4) A governmental plan, as defined in section 414(d), Internal Revenue Code, that provides health care benefits;
- (5) A program funded or administered by the State for the provision of health care services, including medicaid;
- (6) A licensed professional employer organization acting as an administrator of a health care insurance plan;
- (7) A health benefit plan funded by a self-insurance arrangement;
- (8) The public employees' benefit and insurance program or EUTF; or
- (9) A pharmacy benefit manager, defined to be a person that provides pharmacy benefit management services on behalf of any other carrier.

"Cell size" means the count of persons that share a set of characteristics contained in a statistical cell or table.

"Data element" means the specific information collected and recorded for the purpose of health care and health service delivery. Data elements include, but are not limited to information to identify the individual, health care provider, data supplier, service provided, charge for service, payer source, medical diagnosis, and medical treatment.

"Data sharing agreement" means an agreement between a data submitter and the agency that governs the provision and use of data by the agency.

"Data submission guide" means the document referenced in section 11-188-11 for data submissions to the agency or the agency's designee.

"De-identified test database" means the database composed of de-identified test data for use by authorized individuals to test analytic algorithms and statistical methods.

"Dental claims file" means a data file composed of dental service level remittance information for all non-denied adjudicated claims for each billed dental service, including but not limited to member demographics, provider information, care and payment information, and clinical diagnosis and procedure codes.

"Designee" or "designees" means a governmental or nonprofit entity with which the agency has entered into an agreement pursuant to section 323D-18.5, HRS, to perform, on behalf of the agency, data collection and management, data analysis, reporting, and administrative functions. The pacific health informatics and data center is the agency's designee.

"Direct personal identifiers" means health care claims data relating to an individual patient, member, or enrollee that contains primary, distinct, or recognizable identifiers, including but not limited to: names; date of birth; business names when that name would serve to identify a person; postal address information other than town or city, state, and five-digit zip code; specific latitude and longitude or other geographic information that would be used to derive a postal address; telephone and fax numbers; electronic mail addresses; social security numbers; vehicle identifiers and serial numbers, including but not limited to license plate numbers; medical record numbers; health plan beneficiary numbers; certificate and license numbers; internet protocol addresses and uniform resource locators that identify a business that would serve to identify a person; and personal photographic images.

"Disclosure" or "disclose" means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

"Employer-union health benefits trust fund" or "EUTF" means the Hawaii employer-union health benefits trust fund established under chapter 87A, HRS.

"Encrypted record identifier" means a code or other means of record identification to allow patients, members, or enrollees to be tracked across the data without revealing their identity or personal health. Encrypted identifiers are not direct personal identifiers.

"Encryption" or "encrypted" means the use of an algorithmic process to transform data into a form in which the data is rendered unreadable or unusable without the use of a confidential process or key as defined in section 487N-1, HRS.

"Health benefit plan" or "health benefits plan" means a policy, contract, certificate, or agreement entered into or offered by a provider of health insurance to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, as defined in section 87A-1, HRS.

"Health care claims data" means any information consisting of, or derived directly from, member eligibility data, medical claims, pharmacy claims, dental claims, vision claims, and other data submitted by reporters to the agency or the agency's designee.

"Health care provider" means a health care facility, physician licensed under chapter 453, HRS, dentist licensed under chapter 448, HRS, chiropractor licensed under chapter 442, HRS, optometrist licensed under chapter 459, HRS, podiatrist licensed under chapter 463E, HRS, psychologist licensed under chapter 465, HRS, occupational therapist subject to chapter 457G, HRS, physical therapist licensed under chapter 461J, HRS, or any person, partnership, corporation, facility, or institution licensed, certified, or authorized by law to provide professional health care

services in the State to an individual during that individual's medical care, treatment, or confinement.

"Health insurance" means insurance against bodily injury, disablement, or death by accident, or accidental means, or the expense thereof; against disablement or expense resulting from sickness; and every insurance appertaining thereto.

"Individually identifiable health information" means information that is a subset of health information, including demographic information collected from an individual; and that:

- (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and:
 - (A) That identifies an individual; or
 - (B) With respect to which there is a reasonable basis to believe that the information can be used to identify the individual.

"Mandatory reporter" means providers of health insurance that provide health benefit plans funded by the Hawaii employer-union health benefits trust fund and the state medicaid agency, which are required under section 323D-18.5, HRS, to submit data to the agency or the agency's designee.

"Medical claims file" means a data file composed of medical service level remittance information for all non-denied adjudicated claims for each billed service including but not limited to member demographics, provider information, care and payment information, and clinical diagnosis and procedure codes, and shall include all claims related to medical, vision, and behavioral health.

"Med-QUEST" means the Hawaii state medicaid agency established to administer the medicaid program.

"Member" means the insured subscriber and any spouse or dependent covered by the subscriber's policy. The member is the subject of the activities of the claim or claim line performed by the health care provider.

"Member eligibility file" means a data file containing demographic information for each individual member eligible for medical, vision, dental, or pharmacy benefits for one or more days of coverage at any time during the reporting period.

"Pacific health informatics and data center" means the data center program of the University of Hawaii telecommunications and social informatics research program of the social science research institute of the college of social sciences of the University of Hawaii at Manoa.

"Personally identifiable information" means information relating to an individual that contains direct or indirect identifiers for which a reasonable basis exists to believe that the information can be used to identify an individual.

"Pharmacy benefit manager" means any person, business, or entity that performs pharmacy benefit management, including but not limited to a person or entity under contract with a pharmacy benefit manager to perform pharmacy benefit management on behalf of a managed care company, nonprofit hospital or medical service organization, insurance company, third-party payer, or health program administered by the State, pursuant to section 431R-1, HRS.

"Pharmacy claims file" means a data file containing service level remittance information from all non-denied adjudicated claims for each prescription, including but not limited to member demographics, provider information, charge and payment information, and national drug codes.

"Protected health information" means individually identifiable health information:

- (1) Except as provided in paragraph (2), that is:
 - (A) Transmitted by electronic media;
 - (B) Maintained in electronic media; or

- (C) Transmitted or maintained in any other form or medium.
- (2) Protected health information excludes individually identifiable health information, pursuant to 45 C.F.R. section 160.103:
 - (A) In education records covered by the family educational rights and privacy act, as amended, title 20 U.S.C. section 1232g;
 - (B) In records described at title 20 U.S.C. section 1232g(a)(4)(B)(iv);
 - (C) In employment records held by a covered entity in its role as employer; and
 - (D) Regarding a person who has been deceased for more than fifty years.

"Provider file" means a data file containing information on every health care provider contracted by the provider of health insurance during the reporting period.

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

"Report" means a combination of data or information collected and produced by the agency or its designee(s), including but not limited to a compilation, study, or analysis designed to meet the needs of specific audiences, without personally identifiable information.

"Social security number" means the social security number of a member or subscriber.

"Subscriber" means the individual responsible for payment of premiums or whose employment is the basis for eligibility for membership in a health benefit plan.

"Third party administrator" means any person who, on behalf of a health insurer or purchaser of health

benefits, receives or collects charges, contributions, or premiums for, or adjusts or settles claims on or for residents of the State of Hawaii, health care providers and facilities.

"Voluntary reporter" means a provider of health insurance or other data source provider that is not required to provide data but agrees to provide data in accordance with a data use agreement. [Eff **MAR 17 2018**] (Auth: HRS §§87A, 323D-12, 323D-18.5, 323D-62, 487N-1; 45 C.F.R. §160.103, 45 C.F.R. §164.502) (Imp: HRS §§323D-12, 323D-18.5)

SUBCHAPTER 2

DATA GOVERNANCE

§11-188-3 Purpose. Data governance is the exercise of authority and management planning, oversight, monitoring, and securing the health care claims data entrusted to the agency and its designee(s). Data governance at the agency fosters a culture of shared responsibility, accountability and active participation among state agencies and the health care community in the use of health care claims data entrusted to the agency. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-4 Goals. The goals of data governance at the agency are to:

- (1) Promote the use of claims data to enable studies on the cost and quality of care, population health, health disparities, consumer transparency in the cost and quality of health care, health care planning, and to inform public policy;

- (2) Protect the privacy and security of data and information under the stewardship of the agency;
- (3) Support a culture of responsible data use for informed and actionable decision making;
- (4) Promote the use of resources to meet the data and information needs of the community;
- (5) Increase transparency and accountability to the public and policymakers by providing access to relevant information;
- (6) Establish reasonable and cost-effective methods of data collection for providers of health insurance; and
- (7) Ensure compliance with all applicable federal, state, and county statutes, rules, and policies with regard to data that falls within the purview of this chapter, and subject to the confidentiality and privacy laws that govern the reporter that supplied the data, including allowable uses and disclosures required by law, public health activities, and health oversight activities, which shall include but not be limited to:
 - (A) The Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010);
 - (B) Section 2794 of the Public Health Service Act, including but not limited to prohibitions on conflicts of interest in the governance of data centers;
 - (C) The Health Insurance Portability and Accountability Act of 1996 (HIPAA,) Pub. L. No. 104-191, 110 Stat. 1936 (1996), and its regulations at 45 C.F.R. parts 160, 160, and 164;
 - (D) Health Information Technology for Economic and Clinical Health Act (HITECH), Pub. L. No. 111-5, 123 Stat. 226 (2009); and
 - (E) Protection of Human Subjects, 45 C.F.R. section 46. [Eff **MAR 17 2010**]

(F) (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-5 Scope. Data governance applies to the following:

- (1) State employees, contractors, or any of the agency's designees including their employees, and agents (including out of state governmental entities or nonprofits and private firms or entities and individuals, third party administrators) with authorized access to health care claims data entrusted to the agency;
- (2) All health care claims data collected, analyzed, and reported on by the agency or any of the agency's designees, regardless of where the data is located and in what medium it is stored (e.g., physical or electronic), how it is accessed, and how it is transmitted; and
- (3) Sensitive information that is subject to privacy considerations or is classified as confidential and is therefore subject to protection from public access or inappropriate disclosure. [Eff **MAR 17 2018**
] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-6 Steering committee. (a) The steering committee's responsibilities include:

- (1) Providing project direction and executive leadership;
- (2) Reviewing, requiring changes, and approving the annual plan developed by the agency;
- (3) Defining clear and consistent structures, models, and processes that promote efficient

- use of resources to meet the information and analytical needs of the agency's community;
- (4) Providing guidance and recommendations concerning health care claims data, including expanding access, improving quality, assuring data privacy and security, and improving performance;
 - (5) Providing final approval of all requests for data and reports; and
 - (6) Facilitating the identification, prioritization, and methods of analysis and evaluation for health care costs, programs, disparities, and medical loss ratios with other stakeholders.

(b) The steering committee shall consist of the administrator of the agency, directors or designees of the departments of health, budget and finance, commerce and consumer affairs and the insurance commissioner, human services, EUTF, the office of enterprise technology services, and the University of Hawaii. Oversight and final approval of work products are the responsibility of the steering committee.

[Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-7 Conflicts of interest. All members of the steering committee shall meet the conflicts of interest requirements of title 42 U.S.C. section 300gg-94(d)(2). Members of the steering committee shall not be controlled or influenced by, and may not have any corporate relation to, any individual or entity that may make or receive payments for health care services based on the agency's analysis of health care costs. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62; 42 U.S.C. section 300gg-94(d)(2)) (Imp: HRS 323D-12, 323D-18.5)

SUBCHAPTER 3

DATA SUBMISSION

§11-188-8 Data submission schedule. All data shall be submitted in the form and manner compliant with the data submission guide. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-9 Data submission requirements for mandatory reporters. Mandatory reporters or their designees shall regularly submit health care claims data to the agency or the agency's designee, for each applicable health line of business, including but not limited to, comprehensive major medical plans, third party administrator plans, administrative services only plans, medicare supplemental plans, medicare part C, medicare part D, pharmacy, dental, and vision. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-10 Protected health information identifiers. To minimize the risk of data breaches and re-identification of data, the data and information submitted to the agency shall include only the minimum protected health information identifiers according to the data submission guide necessary to link the public and private data sources and the geographic and services data to undertake studies. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-11 Data submission guide. Mandatory and voluntary reporters shall comply with the data submission guide. The data submission guide may be amended annually. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-12 Submission method. All data shall be submitted through secure file transfer protocol or media that is properly encrypted in accordance with the data submission guide. No data shall be sent to the agency or any of the agency's designees without proper encryption. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62, 487N-1) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-13 General requirements for data submission.

(a) All data shall be submitted to the agency or the agency's designee, as separate files in the format described in the data submission guide.

(b) Files shall be encrypted and submitted in the method specified by the data submission guide.

(c) All submissions shall include the following:

(1) Adjustment records with the appropriate positive or negative fields with the medical, pharmacy, and dental claims file submissions;

(2) Claims for services under capitation or other alternative payment arrangement shall be reported with claims file submissions;

(3) Records for the medical, pharmacy, and dental claims file submissions shall be reported pursuant to the data submission guide;

(4) Claims where multiple parties have financial responsibility shall be included with all medical, pharmacy, and dental claims file submissions; and

(5) Wholly denied claims shall be excluded from all medical, pharmacy, and dental claims file submissions. However, when a claim contains both fully processed and paid service lines and partially processed or partially denied service lines, all lines shall be included as part of the health care claims data submission.

(d) Records within medical, pharmacy, and dental claims files shall be selected and submitted according to the data submission guide. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-14 Test data requirements. Mandatory and voluntary reporters shall submit test data as specified in the data submission guide to the agency or the agency's designee. The agency may request additional submissions of test data as needed. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-15 Data standards compliance review. Upon submission, the agency or the agency's designee shall evaluate each submitted file against thresholds and standards pursuant to the data submission guide. Reporters with nonconforming files shall be notified of the noncompliance. Reporters shall correct and resubmit nonconforming files within fifteen business days of notification. Failure to resubmit conforming data may result in compliance actions. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-16 Data submission for voluntary reporters. Voluntary reporters, with approval of the

administrator, may submit health care claims data to the agency or the agency's designee. Voluntary reporters shall enter into an agreement with the agency or the agency's designee prior to submitting health care claims data, in a format defined in accordance with the standards identified in the data submission guide. [Eff **MAR 17 2010**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-17 Extensions or waivers to data submission requirements. (a) Reporters who temporarily cannot meet the terms and conditions of this chapter shall submit a written request to the administrator as soon as the reporter has determined that an extension or waiver is required. Reporters shall follow procedures identified in the data submission guide, and each written request shall include:

- (1) The specific requirement to be extended or waived;
- (2) The specific reason the extension or waiver is being requested;
- (3) The methodology and timeframe proposed to eliminate the necessity of the extension or waiver; and
- (4) The time frame required to come into compliance.

(b) The administrator will review the extension or waiver request and respond within thirty days of receipt of written request. [Eff **MAR 17 2010**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

SUBCHAPTER 4

DATA USE AND REPORTING

§11-188-18 Policy statement. It is the policy of the agency to hold itself accountable for the privacy and security of the data entrusted to it while keeping that data accessible for appropriate use. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-19 Annual plan. The agency shall develop an annual plan for the protection, collection per the parameters specified in the data submission guide, analysis, maintenance, and publication of data collected. The agency shall seek approval for the annual plan from the director of health, administrator of the Med-QUEST division of the department of human services, and the chief information officer of the State. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-20 Data use. The agency and the agency's designees shall use the data for studies on the cost and quality of care, population health, health disparities, consumer transparency in the cost and quality of health care, health care planning, and to inform public policy. Initial studies will be conducted for the EUTF, state medicaid agency, department of health, state legislature, department of commerce and consumer affairs, state health planning and development agency, and publicly accessible reporting. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-21 Minimum reporting. (a) The agency shall, at a minimum, issue reports from the health care claims data at an aggregate level to describe patterns of incidence and variation of targeted medical conditions, state and regional cost patterns, and utilization of services.

(b) The health care claims data reports will be available to the public and shall be de-identified, aggregated, and summarized in reports to achieve the purposes of the agency. All reports shall protect patient privacy and confidentiality in accordance with the Health Insurance Portability and Accountability Act, including standards for the de-identification of protected health information. [Eff **MAR 17 2018**]
 (Auth: HRS §§323D-12, 323D-18.5, 323D-62; 45 C.F.R. §160.103, 45 C.F.R. §164.502) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-22 Requests for reports. A government agency engaged in efforts to improve health care or public health outcomes for members under health benefits plans funded by the EUTF or the state medicaid agency may request a specialized report, excluding personally identifiable information, from the agency by submitting to the administrator a written request detailing the purpose of the project, the data elements required for analysis, the specific analysis requested to be undertaken, and other information as required by the administrator. [Eff **MAR 17 2018**]
 (Auth: HRS §§323D-12, 323D-12.6, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

SUBCHAPTER 5

INFORMATION SECURITY, DATA PRIVACY, AND
CONFIDENTIALITY PROTECTION

§11-188-23 Overview. This subchapter addresses the information security, data privacy, and confidentiality concerns for health care claims data. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62, 487N-1; 45 C.F.R. part 164) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-24 Health Insurance Portability and Accountability Act. The agency, the agency's designees, and any recipient of data, such as subcontractors and business associates, shall comply with the applicable Health Insurance Portability and Accountability Act's security, privacy, and confidentiality rules, including uses and disclosures required by law, public health activities, and health oversight activities, and shall not disclose any individual patient's personal health information or personal identifiers in violation of state or federal law. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62; 45 C.F.R. Part 160, 45 C.F.R. Part 164) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-25 Identifiers. The agency, the agency's designees, such as subcontractors and business associates of the agency or the agency's designee, shall maintain the original direct personal identifiers in a separate database that is not linked with any other data and shall use a proxy or encrypted record identifier for data analysis. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-26 Re-identification of personal information.

The agency and the agency's designees, shall not attempt to re-identify subjects of protected health information submitted to the agency or its designee. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

§11-188-27 Disclosure of data with direct personal identifiers. No person or entity shall disclose data that contain direct personal identifiers. No report shall include a cell size of ten or less to prevent the re-identification of individuals. [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

SUBCHAPTER 6

MISCELLANEOUS PROVISIONS

§11-188-28 Severability. If any provision of this chapter, or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the chapter which can be given effect without the invalid provision or application, and to this end the provisions of this chapter are severable." [Eff **MAR 17 2018**] (Auth: HRS §§323D-12, 323D-18.5, 323D-62) (Imp: HRS §§323D-12, 323D-18.5)

2. The adoption of chapter 11-188, Hawaii Administrative Rules, shall take effect upon the filing with the Office of the Lieutenant Governor;

provided that pursuant to Session Laws of Hawaii, SLH 2016, Act 139, §3, these interim rules shall be effective until rules are adopted pursuant to 323D-18.5(e), HRS, to replace the interim rules.

I certify that the adoption of chapter 11-188 rules shall take effect upon filing with the Office of the Lieutenant Governor.



Virginia Pressler, M.D.
Director of Health
State of Hawaii

APPROVED:



David Y. Ige
Governor
State of Hawaii

Dated: 03-07-2018

APPROVED AS TO FORM:



Deputy Attorney General

Filed