

Effective 5/13/2014

26-33a-106.1 Health care cost and reimbursement data.

- (1) The committee shall, as funding is available:
 - (a) establish a plan for collecting data from data suppliers, as defined in Section 26-33a-102, to determine measurements of cost and reimbursements for risk-adjusted episodes of health care;
 - (b) share data regarding insurance claims and an individual's and small employer group's health risk factor and characteristics of insurance arrangements that affect claims and usage with the Insurance Department, only to the extent necessary for:
 - (i) risk adjusting; and
 - (ii) the review and analysis of health insurers' premiums and rate filings; and
 - (c) assist the Legislature and the public with awareness of, and the promotion of, transparency in the health care market by reporting on:
 - (i) geographic variances in medical care and costs as demonstrated by data available to the committee; and
 - (ii) rate and price increases by health care providers:
 - (A) that exceed the Consumer Price Index - Medical as provided by the United States Bureau of Labor Statistics;
 - (B) as calculated yearly from June to June; and
 - (C) as demonstrated by data available to the committee; and
 - (d) provide on at least a monthly basis, enrollment data collected by the committee to a not-for-profit, broad-based coalition of state health care insurers and health care providers that are involved in the standardized electronic exchange of health data as described in Section 31A-22-614.5, to the extent necessary:
 - (i) for the department or the Medicaid Office of the Inspector General to determine insurance enrollment of an individual for the purpose of determining Medicaid third party liability;
 - (ii) for an insurer that is a data supplier, to determine insurance enrollment of an individual for the purpose of coordination of health care benefits; and
 - (iii) for a health care provider, to determine insurance enrollment for a patient for the purpose of claims submission by the health care provider.
- (2)
 - (a) The Medicaid Office of Inspector General shall annually report to the Legislature's Health and Human Services Interim Committee regarding how the office used the data obtained under Subsection (1)(d)(i) and the results of obtaining the data.
 - (b) A data supplier shall not be liable for a breach of or unlawful disclosure of the data obtained by an entity described in Subsection (1)(b).
- (3) The plan adopted under Subsection (1) shall include:
 - (a) the type of data that will be collected;
 - (b) how the data will be evaluated;
 - (c) how the data will be used;
 - (d) the extent to which, and how the data will be protected; and
 - (e) who will have access to the data.

Amended by Chapter 118, 2014 General Session

Amended by Chapter 425, 2014 General Session

Amended by Chapter 425, 2014 General Session, (Coordination Clause)