

142.301 Definitions for KRS 142.301 to 142.363.

As used in KRS 142.301 to 142.363:

- (1) "Assessment" means the Medicaid ambulance service provider assessment established in KRS 142.318;
- (2) "Charitable provider" means any provider which does not charge its patients for health-care items or services, and which does not seek or accept Medicare, Medicaid, or other financial support from the federal government or any state government. The collaboration with public hospitals, agencies, or other providers in the delivery of patient care; affiliation with public institutions to provide health-care education; or the pursuit of research in cooperation with public institutions or agencies shall not be considered as the receipt of government support by a charitable provider;
- (3) "Commissioner" means the commissioner of the Department of Revenue or that person's authorized representative;
- (4) "Department" means the Department of Revenue;
- (5) "Dispensing" means to deliver one (1) or more doses of a prescription drug in a suitable container, appropriately labeled for subsequent administration or use by a patient or other individual entitled to receive the prescription drug;
- (6) "Entity" means any firm, partnership, joint venture, association, corporation, company, joint stock association, trust, business trust, syndicate, cooperative, or other group or combination acting as a unit;
- (7) "Gross revenues" means the total amount received in money or otherwise by a provider for the provision of health-care items or services in Kentucky, less the following:
 - (a) Amounts received by any provider as an employee or independent contractor from another provider for the provision of health-care items or services if:
 1. The employing or contracting provider receives revenue attributable to health-care items or services provided by the employee or independent contractor receiving payment; and
 2. The employing or contracting provider is subject to the tax imposed by KRS 142.303, 142.307, 142.309, 142.311, 142.314, 142.315, 142.316, 142.361, or 142.363 on the receipt of that revenue;
 - (b) Amounts received as a grant or donation by any provider from federal, state, or local government or from an organization recognized as exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code for:
 1. Research; or
 2. Administrative or operating costs associated with the implementation and operation of an experimental program;
 - (c) Salaries or wages received by an individual provider as an employee of a charitable provider, the federal government, or any state or local governmental entity;
 - (d) Salaries or wages received by an individual provider as an employee of a

- public university for the provision of services at a student health facility; and
- (e) Amounts received by an HMO on a fixed, prepayment basis as premium payments;
- (8) "Ground ambulance provider" means a ground ambulance provider licensed in accordance with administrative regulations promulgated by the Kentucky Board of Emergency Medical Services and designated by the Kentucky Board of Emergency Medical Services to pay an assessment;
 - (9) "Health and family services secretary" means the secretary of the Cabinet for Health and Family Services or that person's authorized representative;
 - (10) "Health-care items or services" means:
 - (a) Inpatient hospital services;
 - (b) Outpatient hospital services;
 - (c) Nursing-facility services;
 - (d) Services of intermediate-care facilities for individuals with intellectual disabilities;
 - (e) Physicians' services provided prior to July 1, 1999;
 - (f) Licensed home-health-care-agency services;
 - (g) Outpatient prescription drugs;
 - (h) HMO services;
 - (i) Regional community services for mental health and individuals with intellectual disabilities;
 - (j) Psychiatric residential treatment facility services;
 - (k) Medicaid managed care organization services; and
 - (l) Supports for community living waiver program services;
 - (11) "Health-maintenance organization" or "HMO" means an organization established and operated pursuant to the provisions of Subtitle 38 of KRS Chapter 304;
 - (12) "Hospital" means an acute-care, rehabilitation, or psychiatric hospital licensed under KRS Chapter 216B;
 - (13) "Hospital services" means all inpatient and outpatient services provided by a hospital. "Hospital services" does not include services provided by a noncontracted, university-operated hospital, or any freestanding psychiatric hospital, if necessary waivers are obtained by the Cabinet for Human Resources, Cabinet for Health Services, or Cabinet for Health and Family Services from the Health Care Financing Administration or Centers for Medicare and Medicaid Services, or hospitals operated by the federal government;
 - (14) "Inpatient hospital services," "outpatient hospital services," "intermediate-care-facility services for individuals with intellectual disabilities," "physician services," "licensed home-health-care-agency services," and "outpatient prescription drugs" have the same meaning as set forth in regulations promulgated by the Secretary of the Department of Health and Human Services and codified at 42 C.F.R. pt. 440, as in effect on December 31, 1993;
 - (15) "Medicaid" means the state program of medical assistance as administered by the

Cabinet for Health and Family Services in compliance with 42. U.S.C. sec. 1396;

- (16) "Nursing-facility services" means services provided by a licensed skilled-care facility, nursing facility, nursing home, or intermediate-care facility, excluding services provided by intermediate-care facilities for individuals with intellectual disabilities and services provided through licensed personal care beds;
- (17) "Person" means any individual, firm, partnership, joint venture, association, corporation, company, joint stock association, estate, trust, business trust, receiver, trustee, syndicate, cooperative, assignee, governmental unit or agency, or any other group or combination acting as a unit and the legal successor thereof;
- (18) "Provider" means any person receiving gross revenues for the provision of health-care items or services in Kentucky, excluding any facility operated by the federal government;
- (19) "Psychiatric residential treatment facility" has the same meaning as provided in KRS 216B.450;
- (20) "Regional community services programs for mental health and individuals with an intellectual disability" means programs created under the provisions of KRS 210.370 to 210.480;
- (21) "Supports for Community Living Waiver Program" has the same meaning as provided in KRS 205.6317; and
- (22) "Total bed capacity" means the combination of licensed nursing home beds, licensed nursing facility beds, and licensed intermediate-care facility beds.

Effective: April 5, 2024

History: Amended 2024 Ky. Acts ch. 94, sec. 3, effective April 5, 2024. -- Amended 2020 Ky. Acts ch. 110, sec. 1, effective July 15, 2020. -- Amended 2012 Ky. Acts ch. 146, sec. 11, effective July 12, 2012. -- Amended 2005 Ky. Acts ch. 73, sec. 2, effective June 20, 2005; ch. 85, sec. 522, effective June 20, 2005; ch. 99, sec. 20, effective June 20, 2005; and ch. 120, sec. 1, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 101, effective July 15, 1998. -- Amended 1996 Ky. Acts ch. 110, sec. 3, effective August 1, 1996. -- Created 1994 Ky. Acts ch. 512, sec. 96, effective July 15, 1994.

Legislative Research Commission Note (4/5/2024). Under the authority of KRS 7.136, the reviser of statutes has renumbered the subsections in this statute during codification to place the terms in alphabetical order. The words in the text were not changed.