

216.2925 Administrative regulations -- Reports, lists, forms, and formats required.

- (1) The Cabinet for Health and Family Services shall establish by promulgation of administrative regulations pursuant to KRS Chapter 13A those data elements required to be submitted to the cabinet by all hospitals and ambulatory facilities, including a timetable for submission and acceptable data forms. Each hospital and ambulatory facility shall be required to report on a quarterly basis information regarding the charge for and quality of the procedures and health-care services performed therein, and as stipulated by administrative regulations promulgated pursuant to KRS Chapter 13A. The cabinet shall accept data that, at the option of the provider, is submitted through a third party, including but not limited to organizations involved in the processing of claims for payment, so long as the data elements conform to the requirements established by the cabinet. The cabinet may conduct statistical surveys of a sample of hospitals, ambulatory facilities, or other providers in lieu of requiring the submission of information by all hospitals, ambulatory facilities, or providers. On at least a biennial basis, the cabinet shall conduct a statistical survey that addresses the status of women's health, specifically including data on patient age, ethnicity, geographic region, and payor sources. The cabinet shall rely on data from readily available reports and statistics whenever possible.
- (2) The cabinet shall require for submission to the cabinet by any group of providers, except for physicians providing services or dispensaries, first aid stations, or clinics located within business or industrial establishments maintained solely for the use of their employees, including those categories within the definition of provider contained in KRS 216.2920 and any further categories determined by the cabinet, at the beginning of each fiscal year after January 1, 1995, and within the limits of the state, federal, and other funds made available to the cabinet for that year, and as provided by cabinet promulgation of administrative regulations pursuant to KRS Chapter 13A, the following:
 - (a) A list of medical conditions, health services, and procedures for which data on charge, quality, and outcome shall be collected and published;
 - (b) A timetable for filing information provided for under paragraph (a) of this subsection on a quarterly basis;
 - (c) A list of data elements that are necessary to enable the cabinet to analyze and disseminate risk-adjusted charge, quality, and outcome information, including mortality and morbidity data;
 - (d) An acceptable format for data submission that shall include use of the uniform:
 1. Health claim form pursuant to KRS 304.14-135 or any other universal health claim form to be determined by the cabinet if in the form of hard copy; or
 2. Electronic submission formats as required under the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. sec. 300gg et seq., in the form of magnetic computer tape, computer diskettes, or other electronic media through an electronic network;

- (e) Procedures to allow health care providers at least thirty (30) days to review information generated from any data required to be submitted by them, with any reports generated by the cabinet to reflect valid corrections by the provider before the information is released to the public; and
 - (f) Procedures pertaining to the confidentiality of data collected.
- (3) The cabinet shall coordinate but not duplicate its data-gathering activities with other data-collection activities conducted by the Department of Insurance, as well as other state and national agencies that collect health-related service, utilization, quality, outcome, financial, and health-care personnel data, and shall review all administrative regulations promulgated pursuant to KRS 216.2920 to 216.2929 to prevent duplicate filing requirements. The cabinet shall periodically review the use of all data collected under KRS 216.2920 to 216.2929 to assure its use is consistent with legislative intent.
 - (4) The cabinet shall conduct outcome analyses and effectiveness studies and prepare other reports pertaining to issues involving health-care charges and quality.
 - (5) The cabinet may independently audit any data required to be submitted by providers as needed to corroborate the accuracy of the submitted data. Any audit may be at the expense of the cabinet and shall, to the extent practicable, be coordinated with other audits performed by state agencies.
 - (6) The cabinet may initiate activities set forth in subsection (1) or (2) of this section at any time after July 15, 1996.
 - (7) The Cabinet for Health and Family Services shall collect all data elements under this section using only the uniform health insurance claim form pursuant to KRS 304.14-135, the Professional 837 (ASC X12N 837) format, the Institutional 837 (ASC X12N 837) format, or its successor as adopted by the Centers for Medicare and Medicaid Services.

Effective: June 27, 2025

History: Amended 2025 Ky. Acts ch. 121, sec. 17, effective June 27, 2025. -- Amended 2020 Ky. Acts ch. 36, sec. 36, effective July 15, 2020. -- Amended 2010 Ky. Acts ch. 24, sec. 319, effective July 15, 2010. -- Amended 2008 Ky. Acts ch. 71, sec. 2, effective July 15, 2008. -- Amended 2005 Ky. Acts ch. 99, sec. 475, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 420, effective July 15, 1998; and ch. 427, sec. 10, effective July 15, 1998. -- Amended 1996 Ky. Acts ch. 371, sec. 27, effective July 15, 1996. -- Created 1994 Ky. Acts ch. 512, Pt. 2, sec. 8, effective July 15, 1994.

Legislative Research Commission Note (6/27/2025). 2025 Ky. Acts ch. 121, sec. 24, provides that the Act, which amended this statute, may be cited as the Mary Carol Akers Birth Centers Act.