

▲ 902 KAR 19:020. Data reporting by health care providers.

▲ RELATES TO: KRS 216.2920-216.2929

▲ STATUTORY AUTHORITY: KRS 216.2925

▲ NECESSITY, FUNCTION, AND CONFORMITY: KRS 216.2925 mandates the Cabinet for Health Services to promulgate administrative regulations requiring specified health care providers to provide the cabinet with data on cost, quality and outcomes of health care services provided in the Commonwealth. This administrative regulation establishes the data elements, forms, and timetables the cabinet requires to carry out this mandate.

▲ Section 1. Definitions. (1) "Agent" means any entity with which the cabinet may contract pursuant to carrying out its statutory mandates and may designate to act on behalf of the cabinet to collect, edit or analyze data from providers.

▲ (2) "Ambulatory surgeries" mean surgeries performed on an ambulatory or outpatient basis in a hospital or freestanding ambulatory surgery center, in accordance with Section 2(2)(b) of this administrative regulation.

▲ (3) "Cabinet" means the Cabinet for Health Services or its agent.

▲ (4) "Coding and transmission specifications" or "Kentucky State Data Submission Manual" means the technical directives the cabinet issues concerning technical matters subject to frequent change, including codes and data for uniform provider entry into particular character positions and fields of the uniform billing forms and uniform provider formatting of fields and character positions for purposes of electronic data transmissions.

▲ (5) "Hospitalization" means the inpatient medical episode identified by a patient's admission date, length of stay and discharge date, and identified by a provider-assigned patient control number unique to that inpatient episode, and shall not include inpatient services a hospital may provide in swing, nursing facility, skilled, intermediate or personal care beds, hospice, and major ambulatory surgeries notwithstanding that these may occur in hospitals.

▲ (6) "Provider" means a hospital, ambulatory facility, clinic or other entity of any nature providing hospitalizations, mammograms or ambulatory surgeries as defined in the Kentucky State Data Submission Manual.

▲ (7) "Record" means the documentation of a hospitalization or outpatient service in the format as defined by the State Data Submission Manual as approved by the Statewide Data Advisory Committee on a computer readable electronic medium.

▲ (8) "Standard Billing Form" means the uniform billing form identified by the Center for Medicare and Medicaid Services or its successor as recommended by the National Uniform Billing Committee and adopted by the Kentucky Uniform Billing Committee for use by hospitals and other providers in billing for hospitalizations and outpatient encounters.

▲ Section 2. Data Collection.

▲ (1) Hospitalization records. Hospitals shall document every hospitalization they provide on a Standard Billing Form, and shall, from every record, copy and provide to the cabinet not less than the data specified in Section 9 of this administrative regulation.

▲ (2) Ambulatory surgeries and mammography records. (a) Hospitals, clinics, ambulatory facilities and other entities of any nature providing ambulatory surgeries or mammograms shall document on a Standard Billing Form, the ambulatory surgeries and mammograms they provide, as defined in Section 1 of this administrative regulation, and shall, from every record, copy and provide to the cabinet not less than the data specified in Section 9 of this administrative regulation.

▲ (b)

▲ 1. An emergency room visit shall be included as an ambulatory surgery if the patient:

▲ a. Had a surgical procedure listed in paragraph (c) of this subsection; and

▲ b. Utilized a surgical suite (including endoscopy rooms).

▲ 2. If the procedure was done in the emergency room, and not a surgical suite, the patient record shall not be submitted.

▲ (c) The required ambulatory surgery procedure codes are defined in the State Data Submission Manual.

▲ (3) Data collection on patients. Providers shall submit required data on every patient as provided in Section 9 of this administrative regulation, whether a bill is to be generated or the services are to remain unbilled.

▲ Section 3. Data Finalization and Submission. (1) Submission of final data. Data shall be deemed final for purposes of submission to the cabinet as soon as a record is sufficiently final that the provider could submit it to a payor for billing purposes, regardless whether the record has actually been submitted to a payor.

▲ (a) Finalized data shall not be withheld from submission to the cabinet on grounds that it remains subject to adjudication by a payor.

▲ (b) Data on hospitalizations shall not be submitted to the cabinet before a patient is discharged or before the record is sufficiently final that it could be used for billing.

▲ (2) Submission responsibility.

▲ (a) If a patient is served by a mobile health service, specialized medical technology service, or another situation where one (1) provider provides services under contract or other arrangement with another provider, responsibility for providing the specified data to the cabinet shall reside with the entity that bills for the service or would do so if a service is unbilled.

▲ (b) Charges for physician services occurring within a hospital shall be reported to the cabinet. Responsibility for reporting the physician charge data shall rest with the hospital if the physician is an employee of the hospital. A physician charge contained

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within a record generated by a hospital shall be clearly identified in a separate field within the record so that the cabinet may ensure comparability when aggregating them with other hospital records that do not contain any physician charges.

(3) Transmission of records.

(a) Records submitted to the cabinet shall be uniformly completed and formatted according to coding and transmission specifications issued by the cabinet.

(b) Hospitals shall submit records on computer-readable electronic media, and other providers with capability to submit records on computer-readable electronic media shall do so.

(c) Providers shall provide back-up security against accidental erasure or loss of the data until incomplete or inaccurate records identified by the cabinet, if any, have been corrected and resubmitted.

(d) A provider who submits records in the form of paper copies shall deliver the copies to the cabinet, or send them in secure packaging by mail postmarked no later than the due date established in Section 4 of this administrative regulation.

(e) Personal identification fields including the patient's name, Social Security number, street address and four (4) digit zip code suffix if any (but not city or five (5) digit zip code) shall be rendered unreadable on paper copies before the copies are submitted to the cabinet, and shall not be included with electronically submitted data.

(4) Verification and audit trail for electronic data submissions.

(a) Each provider shall maintain a date log of data submissions and the number of records contained in each submission, and shall make the log available for inspection upon request by the cabinet.

(b) The cabinet shall periodically, by electronic message or mail, verify to each provider the receipt of the provider's data transmissions and the number of records in each transmission.

(c) A provider shall immediately notify the cabinet of a discrepancy between the provider's date log and a verification notice.

Section 4. Data Submission Timetable. (1) Quarterly submissions. Providers shall submit data at least once for each calendar quarter. A quarterly submission shall:

(a) Contain data, which during that quarter became final as specified in Section 3(1) of this administrative regulation; and

(b) Be submitted to the cabinet not later than forty-five (45) days after the last day of the quarter.

1. If the 45th day falls on a weekend or holiday, the submission due date shall become the next following working day.

2. Calendar quarters shall be January 1 through March 31, April 1 through June 30, July 1 through September 30, and October 1 through December 31.

(2) Submissions more frequent than quarterly. Providers may submit data after records become final as specified in Section 3(1) of this administrative regulation, and at a frequency a provider deems convenient for accumulating and submitting batch data.

Section 5. Data Corrections. (1) Editing. Data received by the cabinet shall upon receipt be edited to ensure completeness and validity of the data for further processing. Computer editing routines shall identify for correction every record in which the submitted contents of required fields are not consistent with the cabinet's coding and transmission specifications.

(2) Time permitted for corrections. The cabinet shall allow providers thirty (30) days in which to submit corrected copies of initially submitted data the cabinet identifies as incomplete or invalid as a result of edits.

(a) The thirty (30) days shall begin on the date of the cabinet's notice informing the provider that corrections are required.

(b) Providers shall submit corrected data by electronic transmission or postmarked mailing within the thirty (30) days.

(c) Corrected data submitted to the cabinet shall be uniformly completed and formatted according to the cabinet's coding and transmission specifications.

(d) The cabinet shall grant a provider an extension of time to submit corrections, if the provider has formally informed the cabinet of significant problems in performing the corrections and has formally requested, in writing, an extension of time beyond the thirty (30) day limit.

(3) Percentage error rate.

(a) When editing data upon its initial submission, the cabinet shall identify and return to the provider for correction every record in which one (1) or more required data elements fails to pass the edit.

(b) When editing data that a provider has submitted, the cabinet shall check for an error rate in each field of zero percent.

(c) The cabinet may return for further correction any submission of allegedly corrected data in which the provider fails to achieve a corrected error rate of 100 percent in each field of the data elements.

(d) For the first data submission, the cabinet shall not count as errors any data for patients admitted prior to thirty (30) days following official release of coding and transmission specifications.

Section 6. Fines for Noncompliance. (1) A provider failing to meet quarterly submission guidelines as established in Sections 4 and 5 of this administrative regulation shall be assessed a fine of \$500 per violation.

(a) The cabinet shall notify a noncompliant provider by certified mail, return receipt requested, of the assessment of the fine and documentation of the reporting deficiency.

(b) A provider shall have thirty (30) days from the date of the notification letter, to pay the fine which shall be made payable to the Kentucky State Treasurer and returned by certified mail to the Kentucky Cabinet for Health and Family Services, Office of Health Policy, 275 East Main Street, 3 W-E, Frankfort, Kentucky 40621.

(c) Fines during a calendar year shall not exceed \$1,500 per provider.

(2) Providers experiencing extenuating circumstances or hardships may request from the cabinet, in writing, a data submission extension or waiver, to be awarded in extreme cases only.

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▲ (b) Providers shall notify the Office of Health Policy on or before the last day of the data reporting period to receive an extension or waiver for that period.

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▲ (c) Extensions and waivers shall be extended to providers on a case-by-case basis, at the discretion of the cabinet and shall not exceed a continuous period of greater than six (6) months.

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▲ (d) A provider shall not apply for more than three (3) extensions or waivers during a calendar year.

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▲ Section 7. Appeals. (1) A provider notified for noncompliance and assessed a fine pursuant to Section 6(1) of this administrative regulation shall have the right of appeal within thirty (30) days of the date of the notification letter.

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▲ (a) If the provider believes the action by the cabinet is unfair, without reason, or unwarranted, and the provider wishes to appeal, he shall appeal in writing to the Secretary of the Cabinet for Health Services, 5th Floor, 275 East Main Street, Frankfort, Kentucky 40621.

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▲ (b) Appeals shall be filed in accordance with KRS Chapter 13B.

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▲ (2) Upon receipt of the appeal, the secretary, or his designee, shall issue a notice of hearing no later than twenty (20) days before the date of the hearing. The notice of the hearing shall comply with KRS 13B.110. The secretary shall appoint a hearing officer to conduct the hearing in accordance with KRS Chapter 13B.

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▲ (3) The hearing officer shall issue a recommendation in accordance with KRS 13B.110. Upon receipt of the recommended order following consideration of any exceptions filed pursuant to KRS 13B.110(4), the secretary shall enter a final decision pursuant to KRS 13B.120.

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▲ Section 8. Working Contacts. (1) By January 1 of each calendar year, a provider required by this administrative regulation to submit data shall report by letter to the cabinet the names and telephone numbers of a designated working contact person and a back-up person to facilitate technical staff follow-up in dealing with daily working details by employees of the cabinet.

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▲ (a) A provider's designated contact and back-up shall not be the chief executive officer unless no other person employed by the provider has the requisite technical expertise.

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▲ (b) The designated working contact shall be the person responsible for review of the provider's data for accuracy prior to the publication by the cabinet.

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▲ (2) If the chief executive officer, designated contact person or back-up person changes during the year, the name of the replacing person shall be reported immediately to the cabinet.

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Section 9. Required Data Elements. Billing data. Providers shall ensure that each copy of Standard Billing Form submitted to the cabinet contains at least the following data elements as provided for on the Standard Billing Form. Asterisks identify elements that shall not be blank and shall contain data or a code as specified in the cabinet's coding and transmission specifications.

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DATA ELEMENT LABEL

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*Provider Assigned Patient Control Number

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*Type of Bill (inpatient, outpatient or other)

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*National Provider Identifier or Federal Tax Number

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*Statement Covers Period

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*Newborn Patient Birth Weight in grams

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*Patient City and Zip Code

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*Patient Birth date

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*Patient Sex

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*Race & Ethnicity

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Patient Marital Status

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*Admission/Start of Care Date

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Admission Hour

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*Type of Admission

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*Source of Admission

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*Patient Status (at end of service or discharge)

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*Provider Assigned Medical Record Number

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Occurrence Codes & Dates

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Value Codes and Amounts

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*Revenue Codes/Groups

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Units of Service

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*Total Charges by Revenue Code Category

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*Payer Identification - Payer Name

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*Principal Diagnosis Code with Present on Admission Identifier

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Secondary and Other Diagnosis Codes with Present on Admission Identifiers

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External Cause of Injury Code (E-codes)

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*Procedure Coding Method Used

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Principal Procedure Code & Date

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Secondary and Other Procedure Codes & Date

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*Attending Physician National Provider Identifier (NPI)

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Other Provider National Identifier (NPI)

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Operating Clinician ID - Physician performing Primary Procedure.

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1-3rd Payer Names

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Diagnosis Version Qualifier - ICD version 9.0 or 10.0 or current version.

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Inpatient Admitting Diagnosis or Outpatient Reason for Visit.

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Outpatient CPT/HCPCS Service Code & Date

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Section 10. Incorporation by Reference. (1) The following material is incorporated by reference:

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(a) Form UB-04, May 2007; and

(b) Kentucky State Data Submission Manual, June 2007.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Cabinet for Health and Family Services, 275 East Main Street, Frankfort, Kentucky, 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (23 Ky.R. 2384; Am. 3037; 3358; 3779; eff. 3-19-97; 27 Ky.R. 1354; 1813; eff. 1-15-2001; Recodified from 902 KAR 17:040, 6-7-04.)

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or ambulatory surgery in the format of a UB-92 whether constituted as a paper form or on a computer readable electronic medium

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(8) "UB-92" means the uniform billing form identified by the federal Health Care Financing Administration as HCFA Form 1450, as recommended by the National Uniform Billing Committee and adopted by the Kentucky Uniform Billing Committee for use by hospitals and other providers in billing for hospitalizations and ambulatory encounters.

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Section 9. Required Data Elements. UB-92 data. Providers shall ensure that each copy of UB-92 data submitted to the cabinet contains at least the following data elements as provided for on the UB-92 form.

Asterisks identify elements that shall not be blank and shall contain data or a code as specified in the cabinet's coding and transmission specifications.

FIELD #	DATA ELEMENT LABEL
3	*Provider Assigned Patient Control Number
4	*Type of Bill (inpatient, outpatient or other)
5	*Federal Tax Number or Employer Identification Number (EIN)
6	*Statement Covers Period
11	Patient Birth Weight (state-reserved field)
13	*Patient City and Zip Code
14	*Patient Birth date
15	*Patient Sex
16	Patient Marital Status
17	*Admission/Start of Care Date
18	Admission Hour
19	*Type of Admission
20	*Source of Admission
22	*Patient Status (at end of service or discharge)
23	*Provider Assigned Medical Record Number
32-35	Occurrence Codes & Dates
39-41	Value Codes and Amounts
42	*Revenue Codes/Groups
46	Units of Service
47	*Total Charges by Revenue Code Category
50	*Payor Identification - Payor Name
67	*Principal Diagnosis Code
68-75	Secondary and Other Diagnosis Codes
77	External Cause of Injury Code (E-code)
79	*Procedure Coding Method Used
80	Principal Procedure Code & Date
81	Secondary and Other Procedure Codes & Date
82	*Attending Physician Unique Physician Identification Number (UPIN) or alternate number
83	Other Physician UPIN or alternate number

Section 10. Incorporation by Reference. (1) The following material is incorporated by reference:

- (a) Form UB-92, August 2000; and
- (b) UB-92 Submission Manual, November 1999.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Cabinet for Health Services, 275 East Main Street, Frankfort, Kentucky, 40601, Monday through Friday, 8 a.m. to 4:30 p.m. (23 Ky.R. 2384; Am. 3037; 3358; 3779; eff. 3-19-97; 27 Ky.R. 1354; 1813; eff. 1-15-2001; Recodified from 902 KAR 17:040, 6-7-04.)