

1 CABINET FOR HEALTH AND FAMILY SERVICES

2 Office of Health Policy

3 (Amended After Comments)

4 900 KAR 7:030. Data reporting by health care providers.

5 RELATES TO: KRS Chapter 13B, 216.2920-216.2929

6 STATUTORY AUTHORITY: KRS 216.2923(3), 216.2925

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 216.2925 requires that the  
8 Cabinet for Health and Family Services promulgate administrative regulations requiring  
9 specified health care providers to provide the cabinet with data on cost, quality, and  
10 outcomes of health care services provided in the Commonwealth. KRS 216.2923(3) au-  
11 thorizes the cabinet to promulgate administrative regulations to impose fines for failure  
12 to report required data. This administrative regulation establishes the required data el-  
13 ements, forms, and timetables for submission of data to the cabinet and fines for non-  
14 compliance.

15 Section 1. Definitions. (1) "Agent" means any entity with which the cabinet may con-  
16 tract to carry out its statutory mandates, and which it may designate to act on behalf of  
17 the cabinet to collect, edit, or analyze data from providers.

18 (2) "Ambulatory facility" is defined by KRS 216.2920(1).

19 (3) "Cabinet" is defined by KRS 216.2920(2).

20 (4) "Coding and transmission specifications", "Kentucky Inpatient and Outpatient Data  
21 Coordinator's Manual for Hospitals", or "Kentucky Data Coordinator's Manual for

1 Ambulatory Facilities" means the document containing the technical directives the  
2 cabinet issues concerning technical matters subject to frequent change, including codes  
3 and data for uniform provider entry into particular character positions and fields of the  
4 standard billing form and uniform provider formatting of fields and character positions for  
5 purposes of electronic data transmissions.

6 (5) "Hospital" is defined by KRS 216.2920(6).

7 (6) "Hospitalization" means the inpatient medical episode identified by a patient's  
8 admission date, length of stay, and discharge date, that is identified by a provider-  
9 assigned patient control number unique to that inpatient episode, except for:

10 (a) Inpatient services a hospital may provide in swing, nursing facility, skilled,  
11 intermediate or personal care beds; or

12 (b) Hospice care.

13 (7) "National Provider Identifier" or "NPI" means the unique identifier assigned by the  
14 Centers for Medicare and Medicaid Services to an individual or entity that provides  
15 health care services and supplies.

16 (8) "Outpatient services" means services performed on an outpatient basis in a hospi-  
17 tal in accordance with Section 3(2) of this administrative regulation or services per-  
18 formed on an outpatient basis by an ambulatory facility in accordance with Section 4 of  
19 this administrative regulation.

20 (9) "Provider" means a hospital, ambulatory facility, clinic, or other entity of any na-  
21 ture providing hospitalizations, mammograms, or outpatient services as defined in the  
22 Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals or the Ken-  
23 tucky Data Coordinator's Manual for Ambulatory Facilities.

1 (10) "Record" means the documentation of a hospitalization or outpatient service in  
2 the format prescribed by the Kentucky Inpatient and Outpatient Data Coordinator's  
3 Manual for Hospitals or the Kentucky Data Coordinator's Manual for Ambulatory Facili-  
4 ties as approved by the Statewide Data Advisory Committee on a computer readable  
5 electronic medium.

6 (11) "Standard Billing Form" means the uniform health insurance claim form pursuant  
7 to KRS 304.14-135, the Professional 837 (ASC X12N 837) format, the Institutional 837  
8 (ASC X12N 837) format, or its successor as adopted by the Centers for Medicare and  
9 Medicaid Services, or the HCFA 1500 for use by hospitals and other providers in billing  
10 for hospitalizations and outpatient services.

11 Section 2. Medicare Provider-Based Entity. A licensed outpatient facility that is a  
12 Medicare provider-based entity of a hospital and reports under the hospital's provider  
13 number shall be separately identifiable through a facility-specific NPI.

14 Section 3. Data Collection for Hospitals. (1) Inpatient hospitalization records. **A hos-**  
15 **pital[Hospitals]** shall document every hospitalization **it provides[they provide]** on a  
16 Standard Billing Form and shall, from every record, copy and provide to the cabinet the  
17 data specified in Section 12 of this administrative regulation.

18 (2) Outpatient services records.

19 (a) **A hospital[Hospitals]** shall document on a Standard Billing Form the outpatient  
20 services **it provides[they provide]** and shall from every record, copy and provide to the  
21 cabinet the data specified in Section 12 of this administrative regulation.

22 (b) **A hospital[Hospitals]** shall submit records that contain the required outpatient  
23 services procedure codes specified in the Kentucky Inpatient and Outpatient Data Co-

1 ordinator's Manual for Hospitals.

2 (3) Data collection on patients. **A hospital**~~[Hospitals]~~ shall submit required data on  
3 every patient as provided in Section 12 of this administrative regulation, regardless of  
4 the patient's billing or payment status.

5 Section 4. Data Collection for Ambulatory Facilities. (1) Outpatient services records.

6 (a) **An** ambulatory **facility**~~[facilities]~~ shall document on a Standard Billing Form the  
7 outpatient services **it provides**~~[they provide]~~ and shall, for every record, copy and pro-  
8 vide to the cabinet the data specified in Section 13 of this administrative regulation.

9 (b) **An** ambulatory **facility**~~[facilities]~~ shall submit records that contain the required  
10 outpatient services procedure codes specified in the Kentucky Data Coordinator's Man-  
11 ual for Ambulatory Facilities.

12 (2) Data collection on patients. **An** ambulatory **facility**~~[facilities]~~ shall submit re-  
13 quired data on every patient as provided in Section 13 of this administrative regulation,  
14 regardless of the patient's billing or payment status.

15 Section 5. Data Finalization and Submission by Providers. (1) Submission of final  
16 data.

17 (a) Data shall be final for purposes of submission to the cabinet as soon as a record  
18 is sufficiently final that the provider could submit it to a payor for billing purposes, re-  
19 gardless of whether the record has actually been submitted to a payor.

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

22 (c) Data on **a hospitalization**~~[hospitalizations]~~ shall not be submitted to the cabinet  
23 before a patient is discharged and before the record is sufficiently final that it could be

1 used for billing.

2 (2) Data submission responsibility.

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

8 (b) Charges for physician services provided within a hospital shall be reported to the  
9 cabinet.

10 1. Responsibility for reporting the physician charge data shall rest with the hospital if  
11 the physician is an employee of the hospital.

12 2. A physician charge contained within a record generated by a hospital shall be  
13 clearly identified in a separate field within the record so that the cabinet may ensure  
14 comparability when aggregating data with other hospital records that do not contain  
15 physician charges.

16 (3) Transmission of records.

17 (a) Records submitted to the cabinet by a hospital~~[hospitals]~~ shall be uniformly  
18 completed and formatted according to coding and transmission specifications set forth  
19 by the Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals.

20 (b) Records submitted to the cabinet by an ambulatory facility~~[facilities]~~ shall be  
21 uniformly completed and formatted according to coding and transmission specifications  
22 set forth by the Kentucky Data Coordinator's Manual for Ambulatory Facilities.

23 (c) Each provider~~[All providers]~~ shall submit data by electronic transmission as

1 specified by the Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hos-  
2 pitals and the Kentucky Data Coordinator's Manual for Ambulatory Facilities.

3 (d) **Each provider[Providers]** shall provide back-up security against accidental  
4 erasure or loss of the data until all incomplete or inaccurate records identified by the  
5 cabinet have been corrected and resubmitted.

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

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

10 (b) The cabinet shall, within twenty-four (24) hours of submission, verify by electronic  
11 message to each provider the receipt of the provider's data transmissions and the num-  
12 ber of records in each transmission.

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

15 Section 6. Data Submission Timetable for Providers. (1) Quarterly submissions. **Each**  
16 **provider[Providers]** shall submit data at least once for each calendar quarter. A quar-  
17 terly submission shall:

18 (a) Contain data, which during that quarter became final as specified in Section 5(1)  
19 of this administrative regulation; and

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

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

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

3 (2) Submissions more frequent than quarterly. A provider**[Providers]** may submit  
4 data after records become final as specified in Section 5(1) of this administrative regula-  
5 tion and at a reasonable frequency convenient to a provider for accumulating and sub-  
6 mitting batch data.

7 Section 7. Data Corrections for Providers. (1) Editing. Data received by the cabinet  
8 shall, upon receipt, be edited to ensure completeness and validity of the data. Computer  
9 editing routines shall identify for correction every record in which the submitted contents  
10 of required fields are not consistent with the cabinet's coding and transmission specifi-  
11 cations contained in the Kentucky Inpatient and Outpatient Data Coordinator's Manual  
12 for Hospitals and the Kentucky Data Coordinator's Manual for Ambulatory Facilities.

13 (2) Submission of corrections. The cabinet shall allow a provider**[providers]** thirty  
14 (30) days in which to submit corrected copies of initially submitted data the cabinet iden-  
15 tifies as incomplete or invalid as a result of edits.

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

18 (b) A provider**[Providers]** shall submit to the cabinet corrected data by electronic  
19 transmission-within thirty (30) days.

20 (c) Corrected data submitted to the cabinet shall be uniformly completed and format-  
21 ted according to the cabinet's coding and transmission specifications contained in the  
22 Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals and the  
23 Kentucky Data Coordinator's Manual for Ambulatory Facilities.

1 (3) Percentage error rate.

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

5 (b) When editing data that a provider has submitted, the cabinet shall check for an er-  
6 ror rate per quarter of no more than one (1) percent of records or not more than ten (10)  
7 records, whichever is greater.

8 (c) The cabinet may return for further correction any submission of allegedly correct-  
9 ed data in which the provider fails to achieve a corrected error rate per quarter of no  
10 more than one (1) percent of records or not more than ten (10) records, whichever is  
11 greater.

12 Section 8. Fines for Noncompliance for Providers. (1) A provider failing to meet quar-  
13 terly submission guidelines as established in Sections 6 and 7 of this administrative  
14 regulation shall be assessed a fine of \$500 per violation.

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

18 (3) A provider shall have thirty (30) days from the date of receipt of the notification let-  
19 ter to pay the fine which shall be made payable to the Kentucky State Treasurer and  
20 sent by certified mail to the Kentucky Cabinet for Health and Family Services, Office of  
21 Health Policy, 275 East Main Street 4 W-E, Frankfort, Kentucky 40621.

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

23 Section 9. Extension or Waiver of Data Submission Timelines. (1) **A provid-**

1 er[Providers] experiencing extenuating circumstances or a hardship[hardships] may  
2 request from the cabinet, in writing, a data submission extension or waiver.

3 (a) A provider[Providers] shall request an extension or waiver from the Office of  
4 Health Policy on or before the last day of the data reporting period to receive an exten-  
5 sion or waiver for that period.

6 (b) An extension or waiver[Extensions and waivers] shall not exceed a continu-  
7 ous period of greater than six (6) months.

8 (2) The cabinet shall consider the following criteria in determining whether to grant an  
9 extension or waiver:

10 (a) Whether the request was made due to an event beyond the provider's control,  
11 such as a natural disaster, catastrophic event, or theft of necessary equipment or infor-  
12 mation;

13 (b) The severity of the event prompting the request; and

14 (c) Whether the provider continues to gather and submit the information necessary  
15 for billing.

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

18 Section 10. Appeals for Providers. (1) A provider notified of its noncompliance and  
19 assessed a fine pursuant to Section 8(1) of this administrative regulation shall have the  
20 right to appeal within thirty (30) days of the date of the notification letter.

21 (a) If the provider believes the action by the cabinet is unfair, without reason, or un-  
22 warranted, and the provider wishes to appeal, it shall appeal in writing to the Secretary  
23 of the Cabinet for Health and Family Services, 5th Floor, 275 East Main Street, Frank-

1 fort, Kentucky 40621.

2 (b) **An appeal[Appeals]** shall be filed in accordance with KRS Chapter 13B.

3 (2) Upon receipt of the appeal, the secretary or designee shall issue a notice of hear-  
4 ing no later than twenty (20) days before the date of the hearing. The notice of the hear-  
5 ing shall comply with KRS 13B.050. The secretary shall appoint a hearing officer to  
6 conduct the hearing in accordance with KRS Chapter 13B.

7 (3) The hearing officer shall issue a recommendation in accordance with KRS  
8 13B.110. Upon receipt of the recommended order, following consideration of any excep-  
9 tions filed pursuant to KRS 13B.110(4), the secretary shall enter a final decision pursu-  
10 ant to KRS 13B.120.

11 Section 11. Working Contacts for Providers. (1) On or before the last day of the data  
12 reporting period, a provider shall report by electronic transmission to the cabinet the  
13 names and telephone numbers of a designated contact person and one (1) back-up  
14 person to facilitate technical follow-up in data reporting and submission.

15 (a) A provider's designated contact and back-up shall not be the chief executive of-  
16 ficer unless no other person employed by the provider has the requisite technical exper-  
17 tise.

18 (b) The designated contact shall be the person responsible for review of the provid-  
19 er's data for accuracy prior to the publication by the cabinet.

20 (2) If the chief executive officer, designated contact person, or back-up person  
21 changes during the year, the name **and telephone number** of the replacing person  
22 shall be reported immediately to the cabinet.

23 Section 12. Required Data Elements for Hospitals. (1) **A hospital[Hospitals]** shall

1 ensure that each record submitted to the cabinet contains at least the data elements  
2 identified in this section and as provided on the Standard Billing Form.

3 (2) A single asterisk identifies [~~Asterisks identify~~] elements that shall not be blank  
4 and shall contain data or a code as specified in the cabinet's coding and transmission  
5 specifications contained in the Kentucky Inpatient and Outpatient Data Coordinator's  
6 Manual for Hospitals.

7 (3) Double asterisks identify elements that shall not be blank if present on the record  
8 and shall contain data or a code as specified in the cabinet's coding and transmission  
9 specifications contained in the Kentucky Inpatient and Outpatient Data Coordinator's  
10 Manual for Hospitals.

11 (4) Additional data elements, as specified in the Kentucky Inpatient and Outpatient  
12 Data Coordinator's Manual for Hospitals, shall be required by the cabinet to facilitate  
13 proper collection and identification of data.

Required	DATA ELEMENT LABEL
Yes	*Provider Assigned Patient Control Number
Yes	**Provider Assigned Medical Record Number
Yes	*Type of Bill (inpatient, outpatient or other)
Yes	**Federal Tax Number or Employer Identification Number

	(EIN)
Yes	*Facility-specific NPI
Yes	*Statement Covers Period
Yes	*Patient City and Zip Code
Yes	*Patient Birth date
Yes	*Patient Sex
Yes	*Admission/Start of Care Date
Yes	**Admission Hour
Yes	*Type of Admission
Yes	*Source of Admission
Yes	*Patient Status (at end of service or discharge)
No	Occurrence Codes & Dates
<u>Yes</u> [ <del>No</del> ]	**Value Codes and Amounts, including birth weight in grams
Yes	*Revenue Codes/Groups
Yes	*HCPCS/Rates/Hipps Rate

	Codes
<b><u>Yes</u></b> [No]	*Units of Service
Yes	*Total Charges by Revenue Code Category
Yes	*Payor Identification - Payor Name
Yes	*National Provider Identifier
Yes	*Diagnosis Version Qualifier - ICD version 9.0 or 10.0
Yes	*Principal Diagnosis Code
<b><u>Yes</u></b> [No]	*Principal Diagnosis Code present on admission identifier for non-Medicare claims
Yes	*Principal Diagnosis Code present on admission identifier for Medicare claims
Yes	**Secondary and Other Diagnosis Codes [ <del>if present</del> ]
<b><u>Yes</u></b> [No]	**Secondary and Other

	Diagnosis code present on admission identifier [ <del>if present</del> ] for non-Medicare claims
Yes	<b>**Secondary and Other</b> Diagnosis code present on admission identifier [ <del>if present</del> ] for Medicare claims
<u>Yes[No]</u>	<b>*Inpatient Admitting Diagnosis</b> <del>[or Outpatient reason for visit]</del>
<u>Yes</u>	<b>**Outpatient reason for visit</b>
Yes	*External Cause of Injury Code (E-code) if present
<u>Yes[No]</u>	*External Cause of Injury (E-code) present on admission identifier on non-Medicare claims if present
Yes	*External Cause of Injury (E-code) present on admission identifier on Medicare claims if

	present
Yes	*Principal Procedure Code & Date if present
Yes	**Secondary and Other Procedure Codes & Date if present
Yes	*Attending Physician NPI/QUAL/ID
<u>Yes[No]</u>	*Operating Clinician ID Number/NPI
<u>Yes[No]</u>	**Other Physician NPI/QUAL/ID
Yes	*Race
Yes	*Ethnicity
<u>[Yes</u>	<del>*Procedure Coding Method]</del>

1 Section 13. Required Data Elements for Ambulatory Facilities.(1) An ambulatory fa-  
2 cility[facilities] shall ensure that each record submitted to the cabinet contains at least  
3 the data elements identified in this section and as provided on the Standard Billing  
4 Form.

5 (2) A single asterisk identifies[Asterisks identify] elements that shall not be blank

1 and shall contain data or a code as specified in the cabinet's coding and transmission  
2 specifications contained in the Kentucky Data Coordinator's Manual for Ambulatory Fa-  
3 cilities.

4 (3) **Double asterisks identify elements that shall not be blank if present on the**  
5 **record and shall contain data or a code as specified in the cabinet's coding and**  
6 **transmission specifications contained in the Kentucky Data Coordinator's Manual**  
7 **for Ambulatory Facilities.**

8 (4) Additional data elements, as specified in the Kentucky Data Coordinator's Manual  
9 for Ambulatory Facilities, shall be required by the cabinet to facilitate proper collection  
10 and identification of data.

Required	DATA ELEMENT LABEL
Yes	*Patient Birth date
Yes	*Patient Sex
Yes	*Zip Code
Yes	*1st Individual Payer ID#
Yes	*Admission/Start of Care Date
Yes	*Type of Bill
Yes	*Principal Diagnosis Code
Yes	**Secondary and Other

	Diagnosis Codes if present
Yes	*Principal Procedure Code & Date
Yes	**Secondary and Other Procedure Codes & Date if present
Yes	*1st Units of Service
Yes	*1st Charge
<u>Yes[No]</u>	**Secondary and Other Units of Service and Charge
Yes	*Total Charges for the Case
Yes	*Attending Clinician NPI
Yes	*Provider Assigned Patient ID#
Yes	**1st Insurer Group #
<u>Yes[No]</u>	**2nd Insurer Group #
Yes	*Operating Clinician NPI
Yes	*Billing Facility-specific NPI

Yes	**Federal Tax Number or Employer Identification Number (EIN)
Yes	*Statement Covers Period
Yes	*Primary Payor Name
<u>Yes[No]</u>	**Secondary Payor Name
Yes	*Race
Yes	*Ethnicity
Yes	*HCPCS/Rates/Hipps Rate Codes

1 Section 14. Incorporation by Reference. (1) The following material is incorporated by  
2 reference:

3 (a) "Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals", re-  
4 vised August[October][January] 1, 2014; and

5 (b) "Kentucky Data Coordinator's Manual for Ambulatory Facilities," revised Au-  
6 gust[October][January]1, 2014.

7 (2) This material may be inspected, copied, or obtained, subject to applicable copy-  
8 right law, at the Cabinet for Health and Family Services, 275 East Main Street 4WE,  
9 Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.

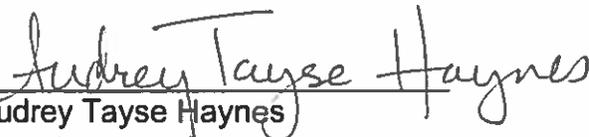
900 KAR 7:030

REVIEWED:

  
\_\_\_\_\_  
Emily Whelan Parento  
Executive Director  
Office of Health Policy

2/31/14  
Date

APPROVED:

  
\_\_\_\_\_  
Audrey Tayse Haynes  
Secretary  
Cabinet for Health and Family Services

8/7/14  
Date

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation: 900 KAR 7:030  
Contact Person: Diona Mullins, Policy Advisor  
Office of Health Policy  
(502) 564-9592

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation provides clarification and instruction to specified health care providers on the process necessary to submit copies of administrative claims data to the Cabinet.

(b) The necessity of this administrative regulation: This administrative regulation is necessary so that health care providers have a uniform mechanism with timeframes and instructions with which to submit the required data. The administrative regulation incorporates by reference the data submission manuals for hospitals and ambulatory care facilities. Revisions to the manuals were necessary to change the ICD-10-CM/PCS implementation date from October 1, 2014 to October 1, 2015. Three new payer codes were added in the Amended After Comments administrative regulation.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation is necessary to ensure that health care providers have a uniform mechanism with timeframes and instructions with which to submit the required data to enable the Cabinet to publish the data and reports as required by KRS 216.2925.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation provides detailed instructions to specified health care providers relating to the data elements, forms and timetables necessary to comply with the statute.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This administrative regulation incorporates by reference updated data reporting manuals. Revisions to the manuals were necessary to change the ICD-10-CM/PCS implementation date from October 1, 2014 to October 1, 2015. Three (3) new payer codes were added in the Amended After Comments administrative regulation.

(b) The necessity of the amendment to this administrative regulation: On April 1, 2014, President Obama signed the Protecting Access to Medicare Act of 2014 which delayed the implementation of ICD-10-CM/CPS until 2015. This amendment is necessary to revise the data submission manuals accordingly.

(c) How the amendment conforms to the content of the authorizing statutes: This amendment conforms to the content of the authorizing statute by providing a standardized method of reporting by hospitals and ambulatory care facilities.

(d) How the amendment will assist in the effective administration of the statutes: The amendment will assist in the effective administration of the statutes as it provides detailed instructions for submission of required data elements.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This administrative regulation will affect 229 hospitals and ambulatory facilities which submit data to the Cabinet.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Each entity will collect and submit data as required. Entities are already required to submit data. This administrative regulation incorporates by reference data reporting manuals, which were revised to change the implementation of the ICD-10-CM/PCS from October 1, 2014 to October 1, 2015. Three (3) new payer codes were added in the Amended After Comments administrative regulation.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): Each entity will collect and submit data as required. Entities are already required to submit data. This regulation incorporates by reference manuals that were revised to provide detailed submission requirements. Therefore, no additional cost will be incurred by entities to comply with this amendment.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The data reporting manuals were revised to change the implementation of the ICD-10-CM/PCS from October 1, 2014 to October 1, 2015. Three (3) new payer codes were added in the Amended After Comments administrative regulation.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: No additional costs will be incurred to implement this administrative regulation. The Office of Health Policy currently collects data and has the necessary data collection system in place.

(b) On a continuing basis: No additional costs will be incurred.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The source of funding for the implementation and enforcement of this administrative regulation will be the Office of Health Policy's existing budget. No new funding will be needed to implement the provisions of the amended regulation.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No increase in fees or funding is necessary.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: This administrative regulation does not establish any fees and does not increase any fees either directly or indirectly.

(9): TIERING: Is tiering applied? (Explain why or why not) Tiering was not appro-

priate in this administrative regulation because the administrative regulation applies equally to all those individuals or entities regulated by it.

## FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Regulation: 900 KAR 7:030  
Contact Person: Diona Mullins, 502-564-9592

1. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? This amendment may impact any government owned, controlled or proposed hospitals and ambulatory care facilities.

2. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. The authorizing statutes are KRS 216.2920-216.2929.

3. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This administrative regulation will not generate any revenue.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? This administrative regulation will not generate any revenue.

(c) How much will it cost to administer this program for the first year? No additional costs will be incurred to implement this administrative regulation.

(d) How much will it cost to administer this program for subsequent years? No additional costs will be incurred to implement this administrative regulation on a continuing basis.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): None

Expenditures (+/-): None

Other Explanation: None

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
Office of Health Policy

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(Amended After Comments)

Summary of Material Incorporated by Reference

1. "Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals", revised August 1, 2014. Changes include:
  - Cover Page - Revised date changed to August 1, 2014.
  - The implementation date of ICD-10-CM/PCS has been changed from October 1, 2014 to October 1, 2015 throughout the manual.
  - Three new payer codes have been added:
    - Kentucky Cooperative Health Plan (98994)
    - Wellcare Health Commercial Plan (98992) effective January 1, 2015
    - Care Source KY Commercial Plan (98993) effective January 1, 2015

Total number of pages -168

2. "Kentucky Data Coordinator's Manual for Ambulatory Facilities", revised August 1, 2014. Changes include:
  - Cover Page - Revised date changed to August 1, 2014.
  - The implementation date of ICD-10-CM/PCS has been changed from October 1, 2014 to October 1, 2015 throughout the manual.
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Total number of pages- 74

STATEMENT OF CONSIDERATION RELATING TO  
900 KAR 7:030  
Office of Health Policy

Amended After Comments

(1) The public hearing on 900 KAR 7:030, scheduled for June 23, 2014 at 9:00 a.m. in the Health Services Building was cancelled; however written comments were received during the public comment period.

(2) The following individuals submitted written comments via the public comment process:

<u>NAME AND TITLE</u>	<u>AGENCY/ORGANIZATION/ENTITY/OTHER</u>
Melanie Moch Director Data Collection and Training	Kentucky Hospital Association Louisville, KY
Emily Whelan Parento Executive Director	Office of Health Policy Frankfort, KY

(3) The following individuals from the promulgating administrative body responded to the comments received:

<u>NAME AND TITLE</u>	<u>AGENCY/ORGANIZATION/ENTITY/OTHER</u>
Emily Whelan Parento Executive Director	Office of Health Policy
Diona Mullins Policy Advisor	Office of Health Policy

SUMMARY OF COMMENTS AND AGENCY'S RESPONSES

(1) Subject: Material Incorporated by Reference: Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals and Kentucky Data Coordinator's Manual for Ambulatory Facilities

(a) Comment: Melanie Moch, Kentucky Hospital Association provided the following comment:

"We would like to amend the Kentucky Inpatient and Outpatient Data Coordinators Manual for Hospitals and Ambulatory Facilities to incorporate the following new Kentucky payers and the coordinating KY IPOP payer codes: Wellcare Health Commercial Plan (98992), Care Source KY Commercial Plan (98993) and Kentucky Health Cooperative Health Plan (98994). ...KHA and its member hospitals would like to be able to provide future analysis of the specific exchange payer sources in order to see the impact of health care reform, hospital utilization and the impact on the patient health status in Kentucky."

(b) Response: The Kentucky Health Cooperative Health Plan offered services in 2014 while Wellcare Health Commercial Plan and Care Source KY Commercial Plan will not offer services until 2015. The Cabinet will revise the manuals to incorporate Kentucky Cooperative Health Plan (98994). Wellcare Health Commercial Plan (98992) and Care Source KY Commercial Plan (98993) will also be incorporated with an effective date of January 1, 2015.

(2) Subject: Tables in Sections 12 and 13

(a) Comment: Agency staff identified data elements in Sections 12 and 13 which required changes to be consistent with the manuals incorporated by reference.

(b) Response: Revisions will be made to the tables to correctly identify which data elements shall not be blank and which data elements shall not be blank if present on the record.

(3) Subject: Drafting and Formatting Changes

(a) Comment: Agency staff determined that a number of drafting and formatting changes were needed to comply with KRS Chapter 13A by correcting section numbering, changing plural to singular, and clarifying intent.

(b) Response: Drafting and formatting changes will be made as needed.

**SUMMARY OF STATEMENT OF CONSIDERATION  
AND  
ACTION TAKEN BY PROMULGATING ADMINISTRATIVE BODY**

The Office of Health Policy (OHP) has considered the comments received regarding 900 KAR 7:030 and is amending the administrative regulation as follows:

**Page 3**  
**Section 3(1)**  
**Line 14**

After "Inpatient", lowercase "Hospitalization".  
**Lines 14 and 15**

After "records.", insert "A hospital".

Delete "Hospitals".

**Line 15**

After "every hospitalization", insert "it provides".

Delete "they provide".

**Page 3**

**Section 3(2)(a)**

**Line 19**

After "(a)", insert "A hospital".

Delete "Hospitals".

**Lines 19 and 20**

After "outpatient services", insert "it provides".

Delete "they provide".

**Page 3**

**Section 3(2)(b)**

**Line 22**

After "(b)", insert "A hospital".

Delete "Hospitals".

**Page 4**

**Section 3(3)**

**Line 2**

After "patients.", insert "A hospital".

Delete "Hospitals".

**Page 4**

**Section 4(1)**

**Lines 5 and 6**

Lowercase "Services Records".

**Page 4**

**Section 4(1)(a)**

**Line 7**

After "(a)", insert "An".

Lowercase "Ambulatory".

Insert "facility".

Delete "facilities".

**Line 8**

After "services", insert "it provides".

Delete "they provide".

**Page 4**

**Section 4(1)(b)**

**Line 10**

After "(b)", insert "An".  
Lowercase "Ambulatory".  
Insert "facility".  
Delete "facilities".

**Page 4**  
**Section 4(2)**  
**Line 13**

After "patients.", insert "An".  
Lowercase "Ambulatory".  
Insert "facility".  
Delete "facilities".

**Page 4**  
**Section 5(1)(c)**  
**Line 23**

After "Data on", insert "a hospitalization".  
Delete "hospitalizations".

**Page 5**  
**Section 5(3)(a)**  
**Line 17**

After "cabinet by", insert "a hospital".  
Delete "hospitals".

**Page 5**  
**Section 5(3)(b)**  
**Line 20**

After "cabinet by", insert "an".  
After "ambulatory", insert "facility".  
Delete "facilities".

**Page 5**  
**Section 5(3)(c)**  
**Line 23**

After "(c)", insert "Each provider".  
Delete "All providers".

**Page 6**  
**Section 5(3)(d)**  
**Line 3**

After "(d)", insert "Each provider".  
Delete "Providers".

**Page 6**

**Section 6(1)**

**Lines 15 and 16**

After "submissions.", insert "Each provider".  
Delete "Providers".

**Page 7**

**Section 6(2)**

**Line 3**

After "quarterly.", insert "A provider".  
Delete "Providers".

**Page 7**

**Section 7(2)**

**Line 14**

After "shall allow", insert "a provider".  
Delete "providers".

**Page 7**

**Section 7(2)(b)**

**Line 19**

After "(b)", insert "A provider".  
Delete "Providers".

**Page 9**

**Section 9(1)**

**Line 1**

After "(1)", insert "A provider".  
Delete "Providers".

**Line 2**

After "circumstances or", insert "a hardship".  
Delete "hardships".

**Page 9**

**Section 9(1)(a)**

**Line 4**

After "(a)", insert "A provider".  
Delete "Providers".

**Page 9**

**Section 9(1)(b)**

**Line 7**

After "(b)", insert "An extension or waiver".  
Delete "Extensions and waivers".

**Page 10**  
**Section 10(1)(b)**  
**Line 3**

After "(b)", insert "An appeal".  
Delete "Appeals".

**Page 10**  
**Section 11(2)**  
**Line 22**

After "the name", insert "and telephone number".

**Page 11**  
**Section 12(1)**  
**Line 1**

After "(1)", insert "A hospital".  
Delete "Hospitals".

**Page 11**  
**Section 12(2)**  
**Line 4**

After "(2)", insert "A single asterisk identifies".  
Delete "Asterisks identify".

**Page 11**  
**Section 12(3)**  
**Line 7**

After "(3)", insert the following:  
Double asterisks identify elements that shall not be blank if present on the record and shall contain data or a code as specified in the cabinet's coding and transmission specifications contained in the Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals.  
(4)

**Page 11**  
**Section 12(3)**  
**Table Row 3, Column 2**

Before "\*\*Provider Assigned Medical", insert "\_".

**Page 11**  
**Section 12(3)**  
**Table Row 5, Column 2**

Before "\*\*Federal", insert "\_".

**Page 12**

**Section 12(3)**

**Table Row 3, Column 2**

Before "Admission Hour", insert "\_".

**Page 12**

**Section 12(3)**

**Table Row 8, Column 1 (for the row concerning "Value Codes and Amounts")**

Before "No", insert "Yes".

Delete "No".

**Table Row 8, Column 2**

Before "Value", insert "\*\*\*".

**Page 12**

**Section 12(3)**

**Table Row 11, Column 1 (for the row concerning "Units of Service")**

Before "No", insert "Yes".

Delete "No".

**Table Row 11, Column 2**

Before "Units", insert "\_".

**Page 13**

**Section 12(3)**

**Table Row 1, Column 1 (for the row concerning "Principal Diagnosis Code")**

Before "No", insert "Yes".

Delete "No".

**Table Row 1, Column 2**

Before "Principal", insert "\_".

**Page 13**

**Section 12(3)**

**Table Row 3, Column 2**

Before "\*\*Secondary", insert "\_".

After "Codes", delete "if present".

**Page 13**

**Section 12(3)**

**Table Row 4, Column 1 (for the row concerning "Secondary and Other Diagnosis code present on admission identifier if present for non-Medicare claims")**

Before "No", insert "Yes".

Delete "No".

**Table Row 4, Column 2**

Before "Secondary", insert "\*\*\*".

After "identifier", delete "if present".

**Page 13**

**Section 12(3)**

**Table Row 5, Column 2 (for the row concerning “\*\*Secondary and Other Diagnosis code present on admission identified if present for Medicare claims”)**

Before “\*\*Secondary”, insert “\_”.

After “identifier”, delete “if present”.

**Page 13**

**Section 12(3)**

**Table Row 6, Column 1 (for the row concerning “Inpatient Admitting”)**

Before “No”, insert “Yes”.

Delete “No”.

**Table Row 6, Column 2**

Before “Inpatient”, insert “\_”.

After “Diagnosis”, delete “or Outpatient reason for visit”.

Following this deletion, insert the following new row:

Yes	** Outpatient reason for visit
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**Page 13**

**Section 12(3)**

**Table Row 8, Column 1 (for the row concerning “External Cause of Injury (E-code)”)**

Before “No”, insert “Yes”.

Delete “No”.

**Table Row 8, Column 2**

Before “External”, insert “\_”.

**Page 14**

**Section 12(3)**

**Table Row 4, Column 2 (for the row concerning “\*\*Secondary and Other Procedure Codes”)**

Before “\*\*Secondary”, insert “\_”.

**Page 14**

**Section 12(3)**

**Table Row 6, Column 1 (for the row concerning “Operating Clinician”)**

Before “No”, insert “Yes”.

Delete “No”.

**Table Row 6, Column 2**

Before “Operating”, insert “\_”.

**Page 14**

**Section 12(3)**

**Table Row 7, Column 1 (for the row concerning “Other Physician NPI/QUAL/ID”)**

Before “No”, insert “Yes”.

Delete “No”.

**Table Row 7, Column 2**  
Before "Other", insert "\_".

**Page 14**  
**Section 12(3)**  
**Table Row 10, Columns 1 and 2 (for the row concerning "Procedure Coding Method")**  
Delete this row in its entirety (including "Yes" and "Procedure Coding Method").

**Page 14**  
**Section 13(1)**  
**Line 1**  
After "(1)", insert "An".  
Lowercase "Ambulatory".  
**Line 2**  
Insert "facility".  
Delete "facilities".

**Page 14**  
**Section 13(2)**  
**Line 4**  
After "(2)", insert "A single asterisk identifies".  
Delete "Asterisks identify".

**Page 15**  
**Section 13(3)**  
**Line 2**  
After "(3)", insert the following:  
Double asterisks identify elements that shall not be blank if present on the record and shall contain data or a code as specified in the cabinet's coding and transmission specifications contained in the Kentucky Data Coordinator's Manual for Ambulatory Facilities.  
(4)

**Page 15**  
**Section 13(3)**  
**Table Row 9, Column 2 (for the row concerning "Secondary and Other Diagnosis Codes if present)**  
Before "Secondary", insert "\_".

**Page 15**  
**Section 13(3)**  
**Table Row 11, Column 2 (for the row concerning "Secondary and Other Procedure Codes & Date")**  
Before "Secondary", insert "\_".

**Page 15**

**Section 13(3)**

**Table Row 14, Column 1 (for the row concerning "Secondary and Other Units")**

Before "No", insert "Yes".

Delete "No".

**Table Row 14, Column 2**

Before "Secondary", insert "\*\*\*".

**Page 16**

**Section 13(3)**

**Table Row 6, Column 1 (for the row concerning "2<sup>nd</sup> Insurer Group")**

Before "No", insert "Yes".

Delete "No".

**Table Row 6, Column 2**

Before "2nd", insert "\*\*\*".

**Page 16**

**Section 13(3)**

**Table Row 9, Column 2**

Before "\*\*Federal", insert "\_".

**Page 16**

**Section 13(3)**

**Table Row 12, Column 1 (for the row concerning "Secondary Payor Name")**

Before "No", insert "Yes".

Delete "No".

**Table Row 12, Column 2**

Before "Secondary", insert "\*\*\*".

**Page 16**

**Section 14(1)(a)**

**Line 4**

After "revised", insert "August".

Delete "October".

**Page 16**

**Section 14(1)(b)**

**Line 5**

After "revised", insert "August".

Delete "October".

**CHANGES TO MATERIAL INCORPORATED BY REFERENCE:**

**For the Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals:**

**\* On Cover Page, change the revised date from "October 1, 2014" to "August 1,**

2014”.

\* On Page 2, change the revised date from “October 1, 2014” to “August 1, 2014”.

\* On Page 3, under “File Formats”, change Payer Mapping Codes from “page 62-63” to “page 62-64”.

\* On Page 3, under “File Formats”, change Payer Mapping Codes from “page 108-109” to “page 109-110”.

\* On Page 26, Page 64, and Page 110, add the following payer codes:

Kentucky Cooperative Health Plan (98994)

Wellcare Health Commercial Plan (98992) effective 01/01/2015

Care Source KY Commercial Plan (98993) effective 01/01/2015

**For the Kentucky Data Coordinator’s Manual for Ambulatory Facilities:**

\* On Cover Page, change the revised date from “October 1, 2014” to “August 1, 2014”.

\* On Page 2, change the revised date from “October 1, 2014” to “August 1, 2014”.

\* On Page 2, under “File Formats”, change Payer Mapping Codes from “page 17” to “page 17-18”.

\* On Page 2, under “File Formats”, change Payer Mapping Codes from “page 39-41” to “page 41”.

\* On Page 17-18 and Page 41, add the following payer codes:

Kentucky Cooperative Health Plan (98994)

Wellcare Health Commercial Plan (98992) effective 01/01/2015

Care Source KY Commercial Plan (98993) effective 01/01/2015