

Survey Registration

Respondent Information

Identification #: 123456

Facility: *****Test Production Site

Survey: MRI

Survey Year: 2023 ▼

Respondent First Name: *

Respondent Last Name: *

Respondent Phone: *

Respondent eMail: *

Respondent Additional eMail:

Administrator First Name: *

Administrator Last Name: *

Administrator Phone: *

Administrator eMail: *

Administrator Additional eMail:

2023 Instructions for Survey

Magnetic Resonance Imaging

This survey is for the reporting period: January 1, 2023 through December 31, 2023.

INTRODUCTION: The Kentucky Annual Survey and Registry of MRI Equipment is required to be completed and submitted via the internet. The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online. The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, 2024. For purposes of this Survey and Service Report you will complete data for the period of January 1, 2023 through December 31, 2023.

Physician Exempt MRI Surveys are no longer required and is no longer collected for Exempt MRI facilities.

You are responsible for the accuracy of the data reported in this survey. Please double check all entries. Retain a copy of the completed survey for your files. Annual data is required to be submitted via the secure data web page: <https://prdweb.chfs.ky.gov/OHPSurvey/>. Paper surveys are no longer accepted as an official submission. All surveys must be submitted via the internet. Failure to submit data timely and correct may result in the Office of the Inspector General, Division of Health Care being contacted regarding a possible licensure deficiency.

All survey extension requests must be approved by the Survey Administrator.

Each year the MRI Registry of Equipment must be updated to include the current make, model and serial number for each MRI. The survey portion should include the number of MRI procedures performed and the number of patients served. The survey also asks if the equipment is freestanding, mobile or hospital based. This information is based on who holds the license to provide the service. Example: If a hospital holds the license, but uses a mobile, the equipment is considered hospital based not mobile. The mobile provider page should only be completed by mobile MRIs that hold the license to provide the service.

If there are any questions concerning the preparation of this survey, please contact the survey administrator at (502) 564-5798 or email consurvey@ky.gov.

Continue

Survey Administrator Information

Michele Bushong
Cabinet for Health and Family Services
(502) 564-5798
consurvey@ky.gov

2023 Certificate of Need Approved MRI Registry Data

MRI Service Section

License Number: 123456 Agency: *****Test Production Site

If less than twelve (12) months of operation, give beginning and ending date(s) in the comment box.

Total MRI Procedures:

Mobile:

Fixed:

Total:

Total MRI Patients:

Mobile:

Fixed:

Total:

Total number of hours per week facility was operational:

Check Service Type: Freestanding Mobile Hospital

(Please check box according to who holds the license. Example: a hospital that uses a relocatable unit, but holds the license is a hospital based, not mobile.)

If service was provided by a licensed mobile health service give name of provider:

Number of devices stationed on site:

Mobile:

Fixed:

Total:

Comment

of 255

Save

Continue

Magnetic Resonance Imaging Survey for 2023

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of *****Test Production Site, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact Division of CON at consurvey@ky.gov or (502) 564-5798 so this can be corrected.

Respondent Name: aaaa bbbbb

Administrator Name: aaaa bbbbb

Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

[Verify and Submit to State](#)

[Print](#)

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
2023	Ambulatory Surgery II		Print Ambulatory Surgery II
2023	Chemical Dependency and Residential AODE		Print Chemical Dependency
2023	Home Health II		Print Home Health II
2023	Hospice		Print Hospice
2023	Hospital		Print Hospital
2023	Long Term Care		Print Long Term Care
2023	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
2023	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
2023	Positron Emission Tomography		Print Positron Emission Tomography
2023	Private Duty Nursing		Print Private Duty Nursing
2023	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility