

216.2920 Definitions for KRS 216.2920 to 216.2929.

As used in KRS 216.2920 to 216.2929, unless the context requires otherwise:

- (1) "Ambulatory facility" means a facility, including an ambulatory surgical facility, ambulatory care clinic, alternative birth center, mobile health service, or a specialized medical technology service, which is not part of a hospital, and which is licensed pursuant to KRS Chapter 216B, and which provides one (1) or more major ambulatory procedures to patients not requiring hospitalization;
- (2) "Cabinet" means the Cabinet for Health and Family Services;
- (3) "Charge" means all amounts billed by a hospital or ambulatory facility, including charges for all ancillary and support services or procedures, prior to any adjustment for bad debts, charity contractual allowances, administrative or courtesy discounts, or similar deductions from revenue. However, if necessary to achieve comparability of information between providers, charges for the professional services of hospital-based or ambulatory-facility-based physicians shall be excluded from the calculation of charge;
- (4) "Facility" means any hospital or other health care facility, whether operated for profit or not, required to be licensed pursuant to KRS Chapter 216B;
- (5) "Health-care provider" or "provider" means any facility and service required to be licensed pursuant to KRS Chapter 216B, pharmacist as defined pursuant to KRS Chapter 315, and any of the following independent practicing practitioners:
 - (a) Physicians, osteopaths, and podiatrists licensed pursuant to KRS Chapter 311;
 - (b) Chiropractors licensed pursuant to KRS Chapter 312;
 - (c) Dentists licensed pursuant to KRS Chapter 313;
 - (d) Optometrists licensed pursuant to KRS Chapter 320;
 - (e) Physician assistants regulated pursuant to KRS Chapter 311;
 - (f) Nurse practitioners licensed pursuant to KRS Chapter 314; and
 - (g) Other health-care practitioners as determined by the Cabinet for Health and Family Services by administrative regulation promulgated pursuant to KRS Chapter 13A;
- (6) "Hospital" means a facility licensed pursuant to KRS Chapter 216B as either an acute-care hospital, psychiatric hospital, rehabilitation hospital, or chemical dependency treatment facility;
- (7) "Procedures" means those surgical, medical, radiological, diagnostic, or therapeutic procedures performed by a provider, as periodically determined by the cabinet in administrative regulations promulgated pursuant to KRS Chapter 13A as those for which reports to the cabinet shall be required. "Procedures" also includes procedures that are provided in hospitals or other licensed ambulatory facilities, or those which require the use of special equipment, including fluoroscopic equipment, computer tomographic scanners, magnetic resonance imagers, mammography, ultrasound equipment, or any other new technology as periodically determined by the cabinet;
- (8) "Quality" means the extent to which a provider renders care which obtains for patients optimal health outcomes; and

(9) "Secretary" means the secretary of the Cabinet for Health and Family Services.

Effective: June 20, 2005

History: Amended 2005 Ky. Acts ch. 99, sec. 473, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 418, effective July 15, 1998; and ch. 427, sec. 7, effective July 15, 1998. -- Amended 1996 Ky. Acts ch. 371, sec. 24, effective July 15, 1996. -- Created 1994 Ky. Acts ch. 512, Pt. 2, sec. 5, effective July 15, 1994.