Kentucky

PDMP acronym:  KASPER  
Agency Responsible:  Kentucky Cabinet for Health and Family Services  
Agency Type:  Office of Inspector General  
Website:  www.chfs.ky.gov/KASPER  
Email:  eKASPER.admin@ky.gov  
Register Website:  https://chfs.ky.gov/agencies/os/oig/deppb/Pages/kasper.aspx  
Query Website:  https://kog.chfs.ky.gov/home/  
Data Upload Website:  
Statistics Website:  https://chfs.ky.gov/agencies/os/oig/deppb/Pages/kasper.aspx  
Opioid Dashboard Website:  http://www.mc.uky.edu/kiprc/programs/kdopp/county-profiles.html  
Statute/Regulation Website:  http://www.lrc.ky.gov/statutes/index.aspx  
Opioid Guidelines Website:  KRS 218A.205

PDMP Contact Information

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Address</th>
<th>City State Zip</th>
<th>Telephone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hall, Jean - KASPER Program Administrator</td>
<td>8 Mill Creek Park</td>
<td>Frankfort KY 40601</td>
<td>5026099053</td>
<td>5025647876</td>
<td><a href="mailto:jeanhall@ky.gov">jeanhall@ky.gov</a></td>
</tr>
<tr>
<td>Harris, Susan - Director</td>
<td>275 E Main St, 5ED</td>
<td>Frankfort KY 40621</td>
<td>5025642815 ext 3343</td>
<td>5025647876</td>
<td><a href="mailto:susank.harris@ky.gov">susank.harris@ky.gov</a></td>
</tr>
</tbody>
</table>

State Population and Number of Registrants

| State population: 4,509,342 | DEA Prescriber total: 22,355 | DEA Dispenser total: 1,186 |
### Data Transmitter(s)

<table>
<thead>
<tr>
<th>Dispensing Practitioner</th>
<th>Pharmacy (In-State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy (Mail Order In-State)</td>
<td>Pharmacy (Mail Order Out of State)</td>
</tr>
<tr>
<td>Pharmacy (Other Out of State)</td>
<td>Veterans Administration</td>
</tr>
</tbody>
</table>

### Substances Monitored

Drugs of Concern

Schedules II - V

### Alternate Data Sources

Drug-related Convictions

Overdoses - Non-fatal

### Available Reports

- Data Dashboards
- Drug Trend Reports
- MME Calculations
- Patient Reports to Law Enforcement
- Patient Reports with Summary Data
- Peer Comparison Reports
- Prescriber Reports to Law Enforcement
- Statewide Statistics
- Dispenser Reports to Law Enforcement
- Licensee Reports to Licensing Board
- Patient Reports to Dispensers
- Patient Reports to Prescribers
- PDMP Evaluation Reports
- Prescriber Report Cards
- Registrant Reports to Prescribers

### Statistical Capabilities

- ✓ # of Prescribers Enrolled in PDMP by License Type
- ✓ # of Dispensers Enrolled in PDMP by License Type
- ✓ # of Prescribers Enrolled in PDMP by Specialty
- ✓ # of Unique Prescribers
- ✓ # of Solicited Prescriber Reports by Requestor Type
- ✓ # of Unsolicited Prescriber Reports by Recipient Type
- ✓ # of Solicited Dispenser Reports by Requestor Type
- ✓ # of Unsolicited Dispenser Reports by Recipient Type
- ✓ # of Solicited Patient Reports by Requestor Type
- ✓ # of Unsolicited Patient Reports by Recipient Type
- ✓ # of Solicited Statistical Reports by Requestor Type
- ✓ # of Unsolicited Statistical Reports by Recipient Type
- ✓ # of Unique Requestors by Requestor Type (sol. reports)
- ✓ # of Unique Recipients by Recipient Type (unsol. reports)
- ✓ # of Prescriptions Filled by CS Schedule
- ✓ # of Prescriptions Filled by Drug Class
- ✓ # of Dosage Units Dispensed by CS Schedule
- ✓ # of Dosage Units Dispensed by Drug Class
- ✓ # of Data Errors by Error Type
- ✓ # of Data Errors Corrected
- ✓ # of At-Risk Patients by Risk Factor
- ✓ Risk Factor Statistics by Time Frame
- ✓ # of In-State Queries
- ✓ # of In-State Queries by Requestor Type
- ✓ # of Interstate Queries
- ✓ # of Interstate Queries by Requestor Type
- ✓ # of Positive Matches from Interstate Queries

% Out-of-State Patients:  <5%
% Out-of-State Prescribers:  >10%
Authorized PDMP Users

Correctional Supervision/Solicited In-State
Dispenser Delegates - Licensed/Solicited In-State
Dispenser Delegates - Licensed/Solicited Out-of-State
Dispenser Delegates - Unlicensed/Solicited In-State
Dispenser Delegates - Unlicensed/Solicited Out-of-State
Dispensers - Pharmacists/Solicited In-State
Dispensers - Pharmacists/Solicited Out-of-State
Drug Courts/Solicited In-State
Healthcare Facilities and Institutions/Solicited In-State
Law Enforcement - Federal/Solicited In-State
Law Enforcement - Federal/Solicited Out-of-State
Law Enforcement - Local/Solicited In-State
Law Enforcement - Local/Solicited Out-of-State
Law Enforcement - State/Solicited In-State
Law Enforcement - State/Solicited Out-of-State
Medicaid Drug Utilization and Review/Solicited In-State
Medicaid Drug Utilization and Review/Solicited Out-of-State
Medicaid Fraud and Abuse/Solicited In-State
Medicaid Fraud and Abuse/Solicited Out-of-State
Medical Examiners and Coroners/Solicited In-State
Medical Residents/Solicited In-State
Medical Residents/Solicited Out-of-State
Nurse Practitioners/Solicited In-State
Nurse Practitioners/Solicited Out-of-State
Physician Assistants/Solicited In-State
Prescriber Delegates - Licensed/Solicited In-State
Prescriber Delegates - Licensed/Solicited Out-of-State
Prescriber Delegates - Unlicensed/Solicited In-State
Prescriber Delegates - Unlicensed/Solicited Out-of-State
Prescribers/Solicited In-State
Prescribers/Solicited Out-of-State
Prosecutors/Solicited In-State
Regulatory and Licensing Boards/Solicited In-State
Regulatory and Licensing Boards/Solicited Out-of-State
Regulatory and Licensing Boards/Unsolicited In-State
Researchers/Solicited In-State
Researchers/Solicited Out-of-State
Engaged PDMP Users

- Correctional Supervision/Solicited In-State
- Dispenser Delegates - Licensed/Solicited In-State
- Dispenser Delegates - Licensed/Solicited Out-of-State
- Dispenser Delegates - Unlicensed/Solicited In-State
- Dispenser Delegates - Unlicensed/Solicited Out-of-State
- Dispensers - Pharmacists/Solicited In-State
- Dispensers - Pharmacists/Solicited Out-of-State
- Drug Courts/Solicited In-State
- Law Enforcement - Federal/Solicited In-State
- Law Enforcement - Federal/Solicited Out-of-State
- Law Enforcement - Local/Solicited In-State
- Law Enforcement - Local/Solicited Out-of-State
- Law Enforcement - State/Solicited In-State
- Law Enforcement - State/Solicited Out-of-State
- Medicaid Drug Utilization and Review/Solicited In-State
- Medicaid Fraud and Abuse/Solicited In-State
- Medical Examiners and Coroners/Solicited In-State
- Medical Residents/Solicited In-State
- Nurse Practitioners/Solicited In-State
- Nurse Practitioners/Solicited Out-of-State
- Physician Assistants/Solicited In-State
- Prescriber Delegates - Licensed/Solicited In-State
- Prescriber Delegates - Licensed/Solicited Out-of-State
- Prescriber Delegates - Unlicensed/Solicited In-State
- Prescriber Delegates - Unlicensed/Solicited Out-of-State
- Prescribers/Solicited In-State
- Prescribers/Solicited Out-of-State
- Prosecutors/Solicited In-State
- Regulatory and Licensing Boards/Solicited In-State
- Regulatory and Licensing Boards/Solicited Out-of-State
- Regulatory and Licensing Boards/Unsolicited In-State
- Researchers/Solicited In-State
- Researchers/Solicited Out-of-State
### Budget

<table>
<thead>
<tr>
<th>Total Annual Budget:</th>
<th>PDMP Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Employees - Operational:</td>
<td>15</td>
</tr>
<tr>
<td># of Employees - Technical:</td>
<td>15</td>
</tr>
<tr>
<td># of Employees - Analytical:</td>
<td>1</td>
</tr>
<tr>
<td># of Employees - Other:</td>
<td>0</td>
</tr>
</tbody>
</table>

### Funding Source(s)

- BJA Grant
- CDC Grant
- State General Fund

### Technologies

- Data Collection Entity: In-House
- Data Collection Vendor name: In-House
- Data Storage Entity: In-House
- Data Storage Vendor name: In-House
- Report Generation Entity: In-House
- Report Generation Vendor name: In-House
- Data Access Method: Web Portal/On-Line
- Data Access Entity: In-House
- Data Access Vendor name: In-House

#### ASAP Version Utilized: 4.2B

- State HIE in place
- RxCheck Integration Allowed
- VHA VISTA integration
- HL7 FHIR connectivity

### Patient Matching

- Referential Matching
- Deterministic Matching
- Manual Matching
- Probabilistic Matching
- Probabilistic and Manual Matching
- Other Matching

- Manual review process for approximately 3-4%

- Access to patient matching algorithms

- Patient Matching Metrics Available: True positive matches

- Patient matching data elements: Patient identification (i.e., driver license, social security number), Patient last name, Patient first name, Patient address, Patient date of birth

### Integration(s) Available

<table>
<thead>
<tr>
<th>Integration Type</th>
<th>% Providers</th>
<th>Hub Used</th>
<th>Paid by Fed Gov't</th>
<th>Paid by State Gov't</th>
<th>Paid by Facility</th>
<th>Paid by Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR Integration</td>
<td>25-49%</td>
<td>RxCheck &amp; PMPi</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HIE Integration</td>
<td>Unknown</td>
<td>RxCheck</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PDS Integration</td>
<td>&lt;10%</td>
<td>RxCheck &amp; PMPi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Data Downloaded/Stored
- Data Manipulated for Analysis
- Data Incorporated with Interstate Data
<table>
<thead>
<tr>
<th>Interstate Data Sharing Partner(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
</tr>
<tr>
<td>Alabama</td>
</tr>
<tr>
<td>Arkansas</td>
</tr>
<tr>
<td>Colorado</td>
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<tr>
<td>Florida</td>
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<tr>
<td>Illinois</td>
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<tr>
<td>Illinois</td>
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<tr>
<td>Indiana</td>
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<tr>
<td>Maryland</td>
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<tr>
<td>Michigan</td>
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<tr>
<td>Minnesota</td>
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<tr>
<td>Missouri</td>
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<tr>
<td>New Mexico</td>
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<tr>
<td>Ohio</td>
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<tr>
<td>Oklahoma</td>
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<td>South Carolina</td>
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<tr>
<td>Tennessee</td>
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<tr>
<td>Utah</td>
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<tr>
<td>Virginia</td>
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<tr>
<td>Washington</td>
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<tr>
<td>West Virginia</td>
</tr>
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### PDMP Policies

<table>
<thead>
<tr>
<th>Enabling legislation enacted:</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDMP operational:</td>
<td>1999</td>
</tr>
<tr>
<td>User access date (any method):</td>
<td>1999</td>
</tr>
<tr>
<td>User electronic access date:</td>
<td>2005</td>
</tr>
<tr>
<td>Date received electronic data:</td>
<td>1999</td>
</tr>
<tr>
<td>Interstate sharing start date:</td>
<td>2011</td>
</tr>
<tr>
<td>Law/Statute citation:</td>
<td>KY Rev Statute §218A.202; §§218A.240; 218A.245; 218A.172; 218A.390; 218A.391</td>
</tr>
<tr>
<td>Dr Shopper law/statute:</td>
<td>Kentucky Revised Statute 218A(140)</td>
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<tr>
<td>Pill Mill law/statute:</td>
<td>KRS 218A.175</td>
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<tr>
<td>Pain Clinic law/statute:</td>
<td>KRS 218A.175</td>
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<tr>
<td>Unauthorized Use or Disclosure:</td>
<td>KY Rev Statute §218A.202(12)</td>
</tr>
<tr>
<td>Payment method captured</td>
<td>☑</td>
</tr>
<tr>
<td>Ability to id prescriber specialty</td>
<td>☑</td>
</tr>
<tr>
<td>Patient consent required before PDMP data release</td>
<td>☐</td>
</tr>
<tr>
<td>Ability for users to set thresholds for alert notices</td>
<td>☐</td>
</tr>
<tr>
<td>Ability for users to do user-led alert notices</td>
<td>☑</td>
</tr>
<tr>
<td>Mandatory E-Prescribing (EPCS)</td>
<td>☑</td>
</tr>
<tr>
<td>Compliance Process for Enrollment Mandates</td>
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</tr>
<tr>
<td>Compliance Process for Query Mandate</td>
<td>☑</td>
</tr>
<tr>
<td>ICD-10 Codes Collected</td>
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</tr>
<tr>
<td>Deceased Patient Field</td>
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</tr>
<tr>
<td>Patient ID Required to be Presented to Dispenser</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to de-id data</td>
<td>☑</td>
</tr>
<tr>
<td>Authority to release de-id data</td>
<td>☑</td>
</tr>
<tr>
<td>De-identified data sharing conditions:</td>
<td>MOU between Cabinet and research agency. Completion of Institutional Review Board if appropriate.</td>
</tr>
<tr>
<td>Data Retention Policy</td>
<td>☑</td>
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<tr>
<td>Data Retention Time:</td>
<td>Indefinite</td>
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<tr>
<td>All Information Purged</td>
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</tr>
<tr>
<td>Patient Information Purged</td>
<td>☐</td>
</tr>
<tr>
<td>Prescriber Information Purged</td>
<td>☐</td>
</tr>
<tr>
<td>Dispenser Information Purged</td>
<td>☐</td>
</tr>
<tr>
<td>Drug Information Purged</td>
<td>☐</td>
</tr>
<tr>
<td>HIPAA Covered Entity</td>
<td>☐</td>
</tr>
<tr>
<td>Identifiable Data to State Health Dept</td>
<td>☐</td>
</tr>
<tr>
<td>Identifiable Data to local Health Dept</td>
<td>☐</td>
</tr>
<tr>
<td>Certified as CMS Specialized Registry</td>
<td>☐</td>
</tr>
<tr>
<td>ID Types Reported:</td>
<td>Patient</td>
</tr>
</tbody>
</table>

**Record Retention Details:**
We do not permanently purge any prescription history data. Prescription history data is moved to offline storage after three years and maintained indefinitely. Report images are purged after two years.

**Patient Notification of Breach:**

**Written Notification of Breach:**

**Patient Breach Notification Method:**
Mail

**E-prescribing required substances:**
Controlled Substances

**Authority to enforce PDMP mandates:**
Regulatory/Licensing Board
Supervisor Review/audit of Delegate Accounts  Number of Delegates allows: not limited

Auto Enroll with License Renewal or App

Enrollment Method:
Criteria for Dispensers to get account to upload data
Criteria for Prescriber delegates to get account:
Criteria for Dispenser delegates to get account:
Criteria for PAs to get account:
Criteria for Nurse Practitioners to get account:
DeA registration number, professional license number, and home state driver’s license number. Kentucky requires an application to be created via a web portal. A hardcopy of the application (and an account terms of use agreement) must then be printed, signed, notarized and submitted along with copies of the applicant's credentials (DEA license, professional license, driver's license).

Criteria for other users to get account:
Requirements for Patients to get PDMP Report:
Practitioners and pharmacists may provide the patient with a copy of their KASPER report. The report can also be placed in the patient's medical record, and is then subject to disclosure like any other component of the patient's medical record.

Requirements for others to get PDMP Report
Criteria for Online Non-healthcare accounts:
Licensing/regulatory Board investigators, Law Enforcement investigators (federal, state, and local), Medical Examiner/coroners

PDMP Data for Epidemiological Purposes: Authority to Release

Law Enforcement On-line access to PDMP
Law Enforcement Written Request access to PDMP

Law Enforcement On-line access to PDMP
Law Enforcement Written Request access to PDMP
Enrollment Mandates

Dispenser - Mandatory PDMP Enrollment
Prescriber - Mandatory PDMP Enrollment

Effective Date(s): July 20, 2012

Details:
All practitioners authorized to prescribe controlled substances must register with the PDMP. All pharmacists authorized to dispense controlled substances must register with the PDMP.

Use Mandates

Prescriber - Mandatory PDMP Use

Effective Date(s): July 1, 2012; June 16, 2021

Details:
Prior to initial prescription for a C-II and no less than every three months. Additional PDMP query requirements specific to the individual prescriber licensure boards. Prior to the initial prescribing or administration of a Schedule II controlled substance, the dentist shall obtain and review a PDMP report for the 12-month period immediately preceding the patient encounter and appropriately utilize that data in the evaluation and treatment of the patient. Provides that the query requirement does not apply when prescribing or administering a controlled substance as part of the patient’s hospice or end-of-life treatment, to a patient admitted to a licensed hospital as an inpatient or observation patient, during and as part of a normal and expected part of the patient’s course of care, for the treatment of pain associated with cancer or the treatment of cancer, or as necessary to treat a patient in an emergency situation. Provides that a dentist shall obtain and review a new PDMP report if the treatment extends beyond three months. Provides that if prescribing or dispensing a controlled substance, the podiatrist shall query the PDMP for all data available on the patient for the 12 month period immediately preceding the patient encounter and appropriately use that data in the evaluation and treatment of the patient. Provides that if the course of the patient’s treatment with a controlled substance extends beyond three months, the podiatrist shall, among other things, obtain and review a PDMP report on the patient no less than once every three months for all available data on the patient for the 12 month period immediately preceding the query and modify or terminate treatment as appropriate. Requires physicians, who prescribe or dispense Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone, to obtain and review a Kentucky All Schedule Prescription Electronic Reporting System (KASPER) report for that patient for the twelve (12) month period immediately preceding the initial patient encounter and appropriately utilize that information in the evaluation and treatment of the patient. A physician or physicians who prescribe FDA-approved drugs for the treatment of opioid addiction in adult patients to document in the patient’s record whether the patient is compliant with prescribing dosing as evidenced by a Kentucky All Schedule Prescription Electronic Reporting (KASPER) report released to the physician:

“Medication assisted treatment with behavior health therapy, which shall:
1. Exclude methadone-based treatment restricted to licensure in accordance with 908 KAR 1:370 and 908 KAR 1:374;
2. Require an advanced practice registered nurse, a physician, or a physician assistant who prescribes FDA-approved drugs for the treatment of opioid addiction in adult patients to:
   a. Document in the patient’s record whether or not the patient is compliant with prescribed dosing as evidenced by the results of:
      (i) A KASPER report released to the practitioner pursuant to KRS 218A.202(7)e.

KY 201 KAR 20:065
5. Professional standards for prescribing Buprenorphine-MonoProduct or Buprenorphine-Combined-with-Naloxone by APRNs for medication assisted treatment for opioid use disorder

(g) After initial induction of Buprenorphine, the APRN shall review compliance with the recommendations of the treatment plan and drug screen results at each visit to help guide the treatment plan. Current KASPER and other relevant PDMP reports shall be obtained no less frequently than once every three (3) months, to help guide the treatment plan.

902 KAR 20:160. Chemical dependency treatment services and facility specifications.
Section 5. Provision of Outpatient Behavioral Health Services, Plan of Care, and Client Records. (1) Pursuant to Section 2(3) of this administrative regulation, a chemical dependency treatment program may provide one (1) or more of the following outpatient behavioral health services for individuals with a substance use disorder or co-occurring disorder in which substance use disorder is the primary diagnosis:

(p) Medication assisted treatment with behavioral health therapy, which shall:
2. Require an advanced practice registered nurse, a physician, or a physician assistant who prescribes FDA-approved drugs for the treatment of opioid addiction in adult patients to: a. Document in the patient's record whether or not the patient is compliant with prescribed dosing as evidenced by the results of: (i) A KASPER report released to the practitioner pursuant to KRS 218A.202(7)(e);

201 KAR 20:057. Scope and standards of practice of advanced practice registered nurses. Section 6 (4)(b) An APRN [with a CAPA-CS ] shall register for a master account with the Kentucky All Schedule Prescription Electronic ReportingSystem (KASPER) within thirty (30) days of obtaining a DEA ControlledSubstance Registration Certificate, and prior to prescribing controlled substances. A copy of the KASPER master account registration certificate shall be submitted to the board via the online APRN Update portal within thirty (30) days of receipt of confirmation of registration by KASPER.
Training on Enrollment and Use

- Attorney General - Training Provided
- Dispenser - Training Required
- Licensing Board - Training Provided
- Prescriber - Training Provided
- Researcher - Training Provided

PDMP Queries

- Ability to search for multiple patients in one query: 
  - Maximum number of patients in one query: 1
  - Other Query Date Range:
  - Patient Query Date Range: 3 years
  - Minimum data elements to query for healthcare user:
    - First name, Last name, patient Identifier, date of birth, address, city, state, report from and to date
  - Query by partial data elements by healthcare user:
    - zip code, patient alias name
  - Optional data elements to query by healthcare user:
  - Minimum data elements to query for non-healthcare user:
  - Query by partial data elements by non-healthcare user:
  - Optional data elements to query by non-healthcare user:

Unsolicited Reports/Push Notifications

- Frequency unsolicited alerts/reports generated:
- Delivery method for unsolicited alerts/reports:
- Delivery method for unsolicited alerts/reports - LE:
- Delivery method for unsolicited alerts/reports - Boards:
- Unsolicited alerts/reports to practitioners not enrolled in PDMP
Veterinary Policies

Data transmission frequency for Veterinarians:
Criteria for veterinarian queries:
- Veterinarian access to owner's prescription history
- Veterinary Icon on PDMP Report

Reporting Method:
Reporting Specifications:
Data Fields:
Reporting Description:
- Reporting Mandate Compliance

Reporting Compliance Details:
Reporting Mandate Actions:
Reporting Issues:
Reporting Misc Information:
- Enrollment Mandate Compliance

Enrollment Description: 
Veterinarians can voluntarily enroll as data requesters with the PDMP and do enroll as data requestors

Enrollment Mandate Compliance Details:
Enrollment Mandate Criteria:

Query Description:
- Query Mandate Compliance

Query Mandate Compliance Details:
Query Mandate Criteria: