



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Medicaid Services**  
**Division of Program Integrity**

275 East Main Street, 6E-A  
Frankfort, KY 40621  
[www.chfs.ky.gov](http://www.chfs.ky.gov)  
502-564-5472  
502-564-3434

**Andy Beshear**  
Governor

**Eric C. Friedlander**  
Secretary

**Lisa D. Lee**  
Commissioner

**Jennifer Dudinskie**  
Director

To: Kentucky Medicaid Providers

From: Jennifer Dudinskie  
Director, Division of Program Integrity

Date: 3-9-2022

Re: Provider Education on submitting records request

Dear Provider:

This letter serves as educational direction on compliance with document requests from the Department for Medicaid Services (Department). The Centers for Medicare and Medicaid (CMS), on the behalf of the Department during a Payment Error Rate Measurement (PERM) audit, requested documentation from you on separate occasions and you have failed to comply with the requests.

907 KAR 1:672 Section 2 (6) states in relevant part, "By enrolling in the Medicaid Program, a provider, the provider's officers, directors, agents, employees, and subcontractors agree to: (h) Permit review or audit of all books or records or, at the discretion of the auditing agency, a sample of books or records related to services furnished and payments received from Medicaid, including recipient histories, case files, and recipient specific data. Failure to allow access to records may result in the provider's liability for costs incurred by the cabinet associated with the review of records, including food, lodging and mileage;"

Additionally, 907 KAR 1:672 Section 5 states in relevant part, "The activities listed in this section shall constitute unacceptable practice: (6) Failing to maintain or to make available, for purposes of audit or investigation, administrative and medical records necessary to fully disclose the medical necessity for the nature and extent of the medical care, services and supplies furnished, or to comply with other requirements established in 907 KAR 1:673, Section 2;"



KENTUCKY CABINET FOR  
HEALTH AND FAMILY SERVICES

Further, 907 KAR 1:671 Section 6 (4) states “Except as provided for in 907 KAR 1:672, failure to maintain up-to-date information, or to submit the requested information within thirty-five (35) calendar days of a request by the department, shall result in termination of a provider’s participation in the Medicaid Program.”

In accordance with your Provider Agreement, you agreed to abide by the Medicaid Program terms, conditions and regulations. We have enclosed a copy of the regulations and “Medicaid Rules Regulation Policy” with this letter for your reference. Additionally, enclosed is a list of provider educational opportunities. We encourage you to participate in an opportunity near you.

Failure to respond to requests in the future will be considered violations to your Kentucky Medicaid Provider Agreement, which could result in the termination of your Kentucky Medicaid Provider Agreement. If you have any questions, please contact Keri Witherite at (502) 564-5472.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Dudinskie". The signature is contained within a thin black rectangular border.

Jennifer Dudinskie, Director  
Division of Program Integrity