Revision:	HCFA-PM-87-14 October 1987	(BERC)		OMB No.: 0938-0193
		State/Territory:	Kentucky	
<u>Citation</u> 455.103 44 FR 41644 1902(a)(38) of the Act P.L. 100-93 (sec. 8(f))	4.31	Disclosure of Information by Providers and Fiscal Agents The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act		
435.940 Through 435.9 52 FR 5967 54 FR 8738	4.32	(a) The Medicaid a eligibility verifi	me and Eligibility Verification Systems The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960	
		435.948(a)(6), t verify eligibility	y or the correct paymer	rdance with 42 CFR Il be requested in order to nt amount and the agencies mation will be requested.
42 CFR 435.940 through 435.960 (Section 1903(r) of the Act.		for data matchin Information Sys matching with r States. The info States and other applicants and i	ng through the Public A stem (PARIS), or any s medical assistance prog ormation that is reques r entities legally entitle	successor system, including grams operated by other ted will be exchanged with of to verify Title XIX covered Title XIX services