

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-05	2. STATE District of Columbia
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		4. PROPOSED EFFECTIVE DATE April 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.252 Section 1902(a)(13) Section 1923 Section 1907(e)(7)		7. FEDERAL BUDGET IMPACT a. FFY 2010 \$1,020,880.70 b. FFY 2011 \$2,041,762.10	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT ATTACHMENT 4.19A p. 16l ATTACHMENT 4.19A pgs 16m-16y (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) ATTACHMENT 4.19A p. 16l	
10. SUBJECT OF AMENDMENT: APDRG Inpatient Hospital Reimbursement Methodology SPA			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: District of Columbia Act No: 18-203			
13. TYPED NAME John McCarthy		16. RETURN TO John McCarthy Deputy Director Department of Health Care Finance 825 N. Capitol St., NE Washington, DC 20002	
14. TITLE Deputy Director, Department of Health Care Finance			
15. DATE SUBMITTED June 14, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED 03-28-11	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL APR - 1 2010		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME [Redacted]		22. TITLE Deputy Director, CMCS	
23. REMARKS			