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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER: 11-03 | 2. STATE District of Columbia |
| | 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, 2011 |

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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| 6. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(42)(B)(i) | 7. FEDERAL BUDGET IMPACT a. FFY 11 \$0 b. FFY 12 \$0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.5, pp 1-2 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW <i>Chm. 4.5 p 36 & 37</i> |

10. SUBJECT OF AMENDMENT:

Recovery Audit Contractor Program SPA

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Resolution Number: 18-187

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL | 16. RETURN TO |
| 13. TYPED NAME Wayne Turnage <i>Wayne S</i> | Wayne Turnage Director Department of Health Care Finance 899 N. Capitol St., NE Washington, DC 20002 |
| 14. TITLE Director | |
| 15. DATE SUBMITTED March 24, 2011 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED <i>3/24/11</i> | 18. DATE APPROVED APR 13 2011 |
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PLAN APPROVED - ONE COPY ATTACHED

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL <i>April 1, 2011</i> | 20. SIGNATURE OF REGIONAL OFFICIAL <i>[Signature]</i> |
| 21. TYPED NAME <i>[Redacted]</i> | 22. TITLE <i>Associate Regional Administrator</i> |
| 23. REMARKS <i>[Redacted]</i> | |