

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-01	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE May 1, 2013
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TO: Regional Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services

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)

6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT FFY 13 \$ 6,575,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, p4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B, p4
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10. SUBJECT OF AMENDMENT:
Physician Supplemental Payment

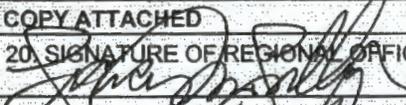
11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Linda Elam Deputy Director/Medicaid Director Department of Health Care Finance 899 N. Capitol St., NE Washington, DC 20002
13. TYPED NAME Linda Elam, Ph.D.	
14. TITLE Deputy Director/Medicaid Director	
15. DATE SUBMITTED January 31, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <i>1-31-2013</i>	18. DATE APPROVED <i>APR 29 2013</i>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <i>5-1-2013</i>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <i>Francis McCullough</i>	22. TITLE <i>Associate Regional Administrator</i>
23. REMARKS	