

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 12-07	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 October 1, 2012	

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 42 CFR 447.252 Section 1902 (a)(13) and 1902(e)(7) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 13 \$0 b. FFY 14 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-E p. 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-E p.1

10. SUBJECT OF AMENDMENT:


Medicaid Timely Claims Filing

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Resolution Number: 19-809
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Linda Elam, Ph.D. 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 August 2, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 08-02-2012	18. DATE APPROVED OCT 24 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 10-1-2012	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME FRANCIS Mc Cullough	ASSOCIATE REGIONAL Adm.