

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>13-04</b>	2. STATE District of Columbia
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<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act
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TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE January 1, 2013
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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 1902(a)(13)(C) of the Act	7. FEDERAL BUDGET IMPACT FFY 13    \$ 3,341,268.41 FFY 14    \$ 4,455,024.54 FFY 15    \$ 1,113,756.14
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3 to Attachment 4.19B p1 ..3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  NEW
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10. SUBJECT OF AMENDMENT:  
**Medicaid Reimbursement for Eligible Primary Care Services Payment**

11. GOVERNOR'S REVIEW (*Check One*)

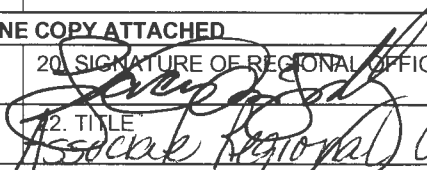
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 March 15, 2013	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED 3-19-2013	18. DATE APPROVED JUN 04 2013
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**PLAN APPROVED - ONE COPY ATTACHED**

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