

ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-2927
Minority (202) 225-3641

May 26, 2015

Dr. Shantanu Agrawal
Deputy Administrator and Director
Center for Program Integrity
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Agrawal:

Thank you for agreeing to testify on Tuesday, June 2, 2015, at 10:15 a.m. in 2322 Rayburn House Office Building, at the Subcommittee on Oversight and Investigations hearing entitled "Medicaid Program Integrity: Screening Out Errors, Fraud, and Abuse."

The attached documents provide important details concerning the preparation and presentation of your testimony.

- The first attachment describes the form your testimony must take.
- The second attachment provides you with Electronic Format Guidelines that detail how to file testimony electronically.
- The third attachment provides you the Rules for the Committee on Energy and Commerce.
- The fourth attachment provides you with a Truth-in-Testimony Disclosure form and a Truth-in-Testimony instruction sheet.

Please be aware that, in accordance with the Committee's usual practice:

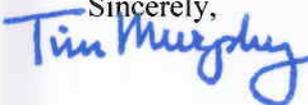
- (1) Witnesses will be required to provide sworn testimony;
- (2) Witnesses have a right to be represented by counsel, who may advise the witnesses on their

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Constitutional rights, but cannot testify. If appearing as a witness, the counsel will be sworn in; and,

- (3) Hearings are open to audio, video, and photographic coverage by accredited press representatives only.

If you have any questions concerning any aspect of your testimony, please contact Jessica Donlon of the Energy and Commerce Committee staff at (202) 225-2927.

Sincerely,


Tim Murphy
Chairman
Subcommittee on Oversight and Investigations

- Enclosures: (1) Form of Testimony
(2) Electronic Format Guidelines
(3) Rules for the Committee on Energy and Commerce
(4) Truth-in-Testimony Disclosure form