TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-001	2. STATE GEORGIA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN AMENDMENT TO BE CO	NSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI	ENDMENT (Separate Transmittal for ea	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(42)(B)(i)	7. FEDERAL BUDGET IMPACT: FFY 2011 \$0 FFY 2012 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable)	
Attachment 4.5, pp. 1-3	Attachment4.5, pp. 1-3	
10. SUBJECT OF AMENDMENT: Recovery Audit Contractors (RACs) for Medicaid		
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 SPE	CIFIED:
12. SIONATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13 TYPED NAME: JERRY DUBBERLY	Department of Community Healt Division of Medicaid	
14. TITLE: CHIEF, DIVISION OF MEDICAID	2 Peachtree Street, NW, 36 th Floo Atlanta, Georgia 30303-3159	r
15. DATE SUBMITTED:	To green the transfer of	
17. DATE RECEIVED:	18, DATE APPROVED: 03/	21/12
19. EFFECTIVE DATE OF APPROVED MATERIAL.	NE COPY ATTACHED 20. SIGNATURE OF REGIONAL OF A Second Regional Admini 22. TITLE: Division of Medicald & On	6-
21. 1 TPED NAME: Jackie Glaze 23. REMARKS:	Division of Medicard & Ch	Idren Health Opns
Approved with the following changes to item 4 as authorized by State A Block# 4 changed to read: January 1, 2012	gency on email dated 03/15 and 3/27/12;	
Block #8 changed to read; Attachment 4.5 pages 36b, 36c and 36d Block #9 changed to read; Attachment 4.5 pages 36b, 36c and 36d		
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