

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
10-004

2. STATE  
Guam

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2011

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:  
Title XIX of the Social Security Act, Section 1902/Affordable Care Act

7. FEDERAL BUDGET IMPACT:  
a. FFY \$ 0  
b. FFY \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
PROPOSED SECTION 4 - GENERAL PROGRAM  
ADMINISTRATION-4.5 Medicaid Recovery Audit Contractor  
Program      ATTACHMENT 4.5 pg 1-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
N/A

10. SUBJECT OF AMENDMENT:  
Recovery Audit Contractors (RACs)

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 SPECIFIED:  
The Governor's Office does not  
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


16. RETURN TO:  
Department of Public Health & Social Services  
Bureau of Health Care Financing Administration  
123 Chalan Kareta  
Mangilao, GU 96913-6304

13. TYPED NAME:  
Felix P. Camacho

14. TITLE:  
Governor of Guam

15. DATE SUBMITTED:  
29 DEC 2010

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 12/30/2010

18. DATE APPROVED: 2/09/2011 DN

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/01/2011

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME: Gloria Nagle, Ph.D., MPA

22. TITLE: Associate Regional Administrator

23. REMARKS: