Revision: HCFA-PM-91-8 October 1991

(MB)

ATTACHMENT 4.33-C Page 1 OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State/Territory: _	GEORG IA		
Citation		Condition or Requirement		
1906 of t	he Act	State Method on Cost Effectiveness of Employer-Based Group Health Plans		

SEE ATTACHED

TN	No. 94-009					
	ersedes		~	10-6-94		7-1-94
-		Approval	Date		Effective Date	
TIM	no. <u>New</u>					