


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-007	2. STATE Arizona
FOR: Centers for Medicare and Medicaid Services		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 March 23, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1927 and 1903(m)(2)(A) of the Social security act		7. FEDERAL BUDGET IMPACT: FFY 2010: (\$41,828,700) FFY 2011: (\$80,602,600)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.26, pages 74(c) and 74(d) Att. 3.1-A Limitations, page 9 New: Exhibit 12(a) to Att. 3.1-A Limitations, page 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.26, pages 74(c) and 74(d) Att. 3.1-A Limitations, page 9	
10. SUBJECT OF AMENDMENT: Implements prescription drug rebates.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Monica Coury			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: June 30, 2010			
17. DATE RECEIVED: June 30, 2010			
19. EFFECTIVE DATE OF APPROVAL: March 23, 2010			
21. TYPED NAME: Gloria Magle			
23. REMARKS: Pen & Ink changes to Boxes 4 and 7 made on 2/15/11 by [unclear] Pen & Ink change to Box 9 made on 2/15/11 by [unclear]			