DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-010- B	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 October 1, 2010	

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:	7. FEDERAL BUDGET IMPACT:
42 CFR 447, Subpart F; 42 CFR 440.17; 42 CFR 440.167	~~$14.0 million~~ $0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Page 2; Attachment 4.19-B	Same

10. SUBJECT OF AMENDMENT:

An update of the outpatient hospital reimbursement rates for rate year beginning October 1, 2010 to September 30, 2011 to reflect a rate freeze such that inflation factors would not be applied.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Monica Coury	Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034
14. TITLE: Assistant Director	
15. DATE SUBMITTED: September 14, ~~2009~~ 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 14, 2010	18. DATE APPROVED: DEC 3 2010
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Administrator Medicaid & Children's Health Operations

23. REMARKS:

Box 7 Pen & Ink Request from State via email dated 11/18/10.
Box 17 Pen & Ink Request from State via email dated 11/19/10.

FORM HCFA-179 (07-92)