DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES	FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-011- B	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 April 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:	7. FEDERAL BUDGET IMPACT:	
	\$ (13,356,000)	
42 CFR 447, Subpart F; 42 CFR 440.17; 42 CFR 440.167 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	SEDED PLAN SECTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable	
Page 1(a); Attachment 4.19-B		
	N/A	
10. SUBJECT OF AMENDMENT:		
An update of the outpatient hospital reimbursement rates beginning April 1, 2011 to September 30, 2011 to reflect a		
rate reduction of 5%.		
11. GOVERNOR'S REVIEW (Check One):		OIDED.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	\boxtimes OTHER, AS SPECIFIED:	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATORE OF STATE AGENCY OFFICIAL.	10. RETORN TO:	
An C	Monica Coury	
Martin	801 E. Jefferson, MD#4200	
13. TYPED NAME:	Phoenix, Arizona 85034	
Monica Coury 14. TITLE:	-	
Assistant Director		
15. DATE SUBMITTED:	-	
December 2, 2010	se andreas a la companya a companya de la companya da a 1925 sena anya mana a la califacione a companya a sena	
17. DATE RECEIVED:		
Describer 2, 2010	AL DATE APPROVED STATE	mit
PLAN APPROVED ON	ECOPY AT PACHED	A State State
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20-SECTORESOF RESIGNATION	FICIAL:
21, TYPED NAME:		
Gioria Nagle	22, TTTOE: A specifie Regional Admin	alth Operations
23. REMARKS	and the second se	
Box 7 revised by State on 12/14/10 to add budget impact amount of \$0.5	106,000, 1 4 4 4	A MA
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