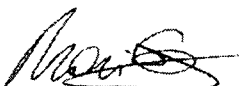



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: Centers for Medicare and Medicaid Services		1. TRANSMITTAL NUMBER: 10-012	2. STATE Arizona
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE December 31, 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: 1902(a)(42)(B)(i) and 1902(a)(42)(B)(ii) of the Social Security Act Section 6411(a)(2)(A) of the Affordable Care Act		7. FEDERAL BUDGET IMPACT: \$135,000 \$0 for FFY 2011 \$0 for FFY 2012	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.5b, pp. 36b, 36c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Expands the Recovery Audit Contractor Program			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" 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: Christine Goldberg 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Monica Coury			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: February 18, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 21, 2010		18. DATE APPROVED: MAR 01 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: December 31, 2010		20. REGIONAL OFFICIAL: 	
21. TYPED NAME: Gloria Nagle		22. TITLE: Regional Administrator Centers for Medicare and Medicaid Services Health Operations	
23. REMARKS: * (Estimate based on similar project completed in 2006) Box 7 - Changes to estimates made by State on 2-23-2011 per CMS request			